



**CONSOLIDATED HEALTH AND HUMAN SERVICES BOARD
REGULAR MEETING AGENDA**

THURSDAY, AUGUST 14, 2025 – 6:00 PM

- I. Call to Order / Invocation / Pledge of Allegiance**
- II. Adoption of Agenda**
- III. Scheduled Agenda Items**
- IV. Consolidated Human Services Updates**
 - A. D.S.S. Updates**
 - 1. DSS Report of Services - May 2025 and June 2025** Dolly Clayton
 - B. Health Department Updates**
 - 1. Budget Performance Report - June 2025** Dolly Clayton
 - 2. Activities Summary Report - June 2025** Dolly Clayton
- V. Adoption of Consent Agenda**
 - A. HHS Board Meeting Minutes 6-05-25** Dolly Clayton
 - B. Accounts Receivable and Bad Debt Write Off (Act. 33.6)** Dolly Clayton
 - C. Health & Human Services Handbook Annual Review (Act. 36.2)** Dolly Clayton
- VI. Public Comments**
- VII. Adjournment**



**Stanly County Consolidated Health and Human
Services Board
Meeting Date: August 14, 2025**

**4.A.1
Regular Agenda**

Presenter: Dolly Clayton, Health and Human Services Director
Department: Social Services

ITEM TO BE CONSIDERED

Subject

DSS Report of Services - May 2025 and June 2025

Attachments:

- Board Report - May 2025 (PDF)
- Board Report - June 2025 (PDF)

SOCIAL WORK SERVICES		5/2025	5/2024	ECONOMIC SERVICES		5/2025	5/2024
ADULT SERVICES				FOOD AND NUTRITION SERVICES (FNS)			
2	Guardianship Services	21	18	#Households		3,933	4,131
	Representative Payee	7	7	#Individuals		8,087	8,552
	Adult Care Homes Monitored	3	2	Total Monthly Allotment		\$ 1,320,386	\$ 1,360,151
	In-Home Aide Program	10	12	FNS Applications Taken		362	366
	SA In-Home	7	9	MEDICAID:			
3	CAP/DA Open Cases	70	59	Adult & Families Medicaid Applications Taken		377	384
	CAP/DA Waiting List	0	0	Adult Medicaid Inquiries		0	15
ADULT PROTECTIVE SERVICES (APS)				Family & Childrens Inquiries		0	8
	New Reports Received	28	33	NC Health Choice Cases		0	0
	Reports Accepted	9	22	Total Medicaid Recipients		18,566	17,480
	Reports Screened out	17	8	Work First/FNS/Medicaid Hearings		2	0
	APS Assist	0	0	Work First Family Assistance Cases		33	31
	APS Outreach	2	3	Work First Child Only		31	30
CHILDREN'S SERVICES				Work First Employment		2	1
	CPS Reports - Total Received	79	72	SUBSIDIZED CHILD CARE			
	Child Protective Svcs Screen-Ins	42	57	Monthly Cost		\$ 258,595	\$ 279,983
	Child Protective Svcs Screen-Outs	39	32	Children Served		516	507
	Receiving In-Home (Families)	32	36	Children on Waiting List		132	0
	Child Protective Svcs Assists (CPS & IHS)	26	11	CHILD SUPPORT ENFORCEMENT			
1	Children in Foster Care	73	72	Cases		1,901	2,100
	Children Available for Adoption	5	7	Monthly Collections		\$ 311,950.28	\$ 317,240.86
	Foster Care Homes Licensed and Relicensed	0	1	MEDICAID TRANSPORTATION			
	Non-Agency Home Studies	0	0	Trips Provided		632	746
	MAPP Class Participants	2	10	Monthly Purchased		\$ 10,258.50	\$ 14,864.76
	Number of Foster Homes	25	27	PROGRAM INTEGRITY			
	Foster Children in Non-Paid Placements	4	10	Collections		\$ 2,358.00	\$ 5,717.20
	Foster Children in Paid Kinship Placements	8	14	Incentives Paid to County		\$ 429.35	\$ 1,142.40
	Foster Care 18-21 Cases	0	0				
	ICPC Cases	6	8				
	Foster Care Assists	5	4				
	MAPP Classes Conducted	2	4				
Crisis Intervention Program				LIEAP			
	Total Applications Taken	48	76	Total Applications Taken		0	0
	Total Applications Approved	32	66	Total Applications Approved		0	0
	Total Applications Denied	16	10	Total Applications Denied		0	0

SOCIAL SERVICES	5/2025	2024/2025 Budget	% of Total Budget	5/2024	2023/2024 Budget	% of Total Budget
Revenues	\$531,800.41	\$6,149,309	77% A	\$937,991.44	\$6,014,045	86%
Expenditures	\$859,402.30	\$11,532,876	82% B	\$829,759.89	\$10,665,620	85%
PERSONNEL	5/2025					
Vacancies	16					
New Hires	1					
Interagency Transfers	0					
Turnover Rate	2.78%					
Resignations	3					
ACCOMPLISHMENTS						
FNS meet their application timeliness						
PRESSING ISSUES						
FNS, F&C's Medicaid intake unit, and Adult Medicaid vacancies. We are actively interviewing. Vacant positions in Child Welfare and Adult Services						

SOCIAL WORK SERVICES		6/2025	6/2024	ECONOMIC SERVICES		6/2025	6/2024
ADULT SERVICES				FOOD AND NUTRITION SERVICES (FNS)			
2	Guardianship Services	19	18	#Households		3,831	4,113
	Representative Payee	7	7	#Individuals		7,904	8,531
	Adult Care Homes Monitored	1	1	Total Monthly Allotment		\$ 1,280,442	\$ 1,368,107
	In-Home Aide Program	10	12	FNS Applications Taken		369	384
	SA In-Home	7	9	MEDICAID:			
3	CAP/DA Open Cases	73	58	Adult & Families Medicaid Applications Taken		371	406
	CAP/DA Waiting List	0	0	Adult Medicaid Inquiries		0	10
ADULT PROTECTIVE SERVICES (APS)				Family & Childrens Inquiries		0	4
	New Reports Received	18	22	NC Health Choice Cases		0	0
	Reports Accepted	7	11	Total Medicaid Recipients		18,655	17,434
	Reports Screened out	10	10	Work First/FNS/Medicaid Hearings		5	0
	APS Assist	0	0	Work First Family Assistance Cases		35	31
	APS Outreach	1	1	Work First Child Only		32	30
CHILDREN'S SERVICES				Work First Employment		3	1
	CPS Reports - Total Received	49	48	SUBSIDIZED CHILD CARE			
	Child Protective Svcs Screen-Ins	34	26	Monthly Cost		\$ 271,165	\$ 292,866
	Child Protective Svcs Screen-Outs	25	22	Children Served		543	527
	Receiving In-Home (Families)	36	21	Children on Waiting List		143	0
	Child Protective Svcs Assists (CPS & IHS)	22	15	CHILD SUPPORT ENFORCEMENT			
1	Children in Foster Care	75	73	Cases		1,920	2,067
	Children Available for Adoption	14	5	Monthly Collections		\$ 314,413.53	\$280,988.52
	Foster Care Homes Licensed and Relicensed	0	0	MEDICAID TRANSPORTATION			
	Non-Agency Home Studies	0	0	Trips Provided		616	774
	MAPP Class Participants	2	2	Monthly Purchased		\$ 10,603.56	\$ 12,647.51
	Number of Foster Homes	25	25	PROGRAM INTEGRITY			
	Foster Children in Non-Paid Placements	6	4	Collections		\$ 5,216.09	\$ 1,107.18
	Foster Children in Paid Kinship Placements	8	8	Incentives Paid to County		\$ 454.00	\$ 176.04
	Foster Care 18-21 Cases	0	0				
	ICPC Cases	4	6				
	Foster Care Assists	6	5				
	MAPP Classes Conducted	3	2				
Crisis Intervention Program				LIEAP			
	Total Applications Taken	32	99	Total Applications Taken		0	0
	Total Applications Approved	16	79	Total Applications Approved		0	0
	Total Applications Denied	16	20	Total Applications Denied		0	0

SOCIAL SERVICES	6/2025	2024/2025 Budget	% of Total Budget	6/2024	2023/2024 Budget	% of Total Budget
Revenues	\$769,968.13	\$6,011,546	89% A	\$856,174.94	\$6,014,045	100%
Expenditures	\$839,507.54	\$11,395,113	89% B	\$986,328.53	\$10,665,620	94%
PERSONNEL	6/2025					
Vacancies	16					
New Hires	1					
Interagency Transfers	1					
Turnover Rate	1.85%					
Resignations	1					
ACCOMPLISHMENTS						
An Adult Medicaid supervisor was hired and started 06/02/2025.						
PRESSING ISSUES						
Vacancies in all Income Maintenance units continue to be a issue. Waiting on the final outcome of the Medicaid REDA audit, Adult Medicaid Special Assistance audit and daycare monitoring. FNS has a monitoring 7./15 - 7./16 Vacant CPS positions and foster care position Ongoing foster care caseload challenges Vacant Home Care Aide positions						



**Stanly County Consolidated Health and Human
Services Board
Meeting Date: August 14, 2025**

**4.B.1
Regular Agenda**

Presenter: Dolly Clayton, Health and Human Services Director
Department: Consolidated Health and Human Services Board

ITEM TO BE CONSIDERED

Budget Performance Report - June 2025

Subject

Attachments:

- 8-14-25_Budget Performance Report_June 2025 (PDF)



Budget Performance Report

Fiscal Year to Date 06/30/25

Exclude Rollup Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 110 - General Fund										
REVENUE										
Department 3500 - Health Department Revenue										
330.10	Health & Humans Services	925,796.00	61,304.00	987,100.00	81,369.74	.00	804,412.25	182,687.75	81	868,122.45
330.18	Health & Humans Services	13,337.00	.00	13,337.00	.00	.00	9,579.28	3,757.72	72	13,337.00
330.30	Title XIX Medicaid	300,000.00	8,300.00	308,300.00	42,658.17	.00	547,944.84	(239,644.84)	178	453,789.78
330.31	Medicaid Settlement	50,313.00	.00	50,313.00	.00	.00	19,729.50	30,583.50	39	81,099.79
330.38	Medicaid Settlement - Dental	865,141.00	.00	865,141.00	.00	.00	1,060,352.50	(195,211.50)	123	1,652,800.21
330.50	Title XIX Medicaid-Dental Health	850,000.00	.00	850,000.00	23,721.92	.00	675,771.91	174,228.09	80	625,793.76
330.58	491 Community Linkages to Care for Overdose Prevention/ Response	.00	.00	.00	.00	.00	.00	.00	+++	38,750.00
330.81	543 CDC-ELC Cooperative Agreement	.00	.00	.00	.00	.00	.00	.00	+++	139,301.76
331.22	546 Communicable Disease Pandemic	.00	.00	.00	.00	.00	.00	.00	+++	130,044.00
331.27	Apprenticeship NC Program	.00	.00	.00	.00	.00	.00	.00	+++	1,460.00
331.29	Region 4 ARPA Grant (Cabarrus Health Alliance)	.00	9,500.00	9,500.00	.00	.00	.00	9,500.00	0	10,000.00
331.34	Partners Health Management	.00	315.00	315.00	.00	.00	9,375.00	(9,060.00)	2976	.00
331.35	BCBS Dental Grant	.00	.00	.00	.00	.00	38,000.00	(38,000.00)	+++	.00
411.11	Environmental Health Fees	125,000.00	.00	125,000.00	11,073.00	.00	122,806.75	2,193.25	98	127,866.13
413.10	Patient Fees	250,000.00	.00	250,000.00	13,141.65	.00	192,903.15	57,096.85	77	146,302.24
413.12	Patient Fees-Employee Wellness	4,500.00	.00	4,500.00	280.00	.00	6,160.00	(1,660.00)	137	5,660.00
413.16	Patient Fees-Dental	175,000.00	.00	175,000.00	11,456.30	.00	139,933.66	35,066.34	80	139,048.23
890.15	Misc Inc. Env. Health	.00	.00	.00	.00	.00	730.00	(730.00)	+++	.00
890.16	Misc Income Health	18,000.00	.00	18,000.00	.00	.00	240.00	17,760.00	1	1,807.68
890.67	Farmer's Market	.00	.00	.00	260.60	.00	1,350.01	(1,350.01)	+++	1,199.51
990.5158	Fund Balance App Dental	41,657.00	67,603.00	109,260.00	.00	.00	.00	109,260.00	0	.00
Department 3500 - Health Department Revenue Totals		\$3,618,744.00	\$147,022.00	\$3,765,766.00	\$183,961.38	\$0.00	\$3,629,288.85	\$136,477.15	96%	\$4,436,382.54
REVENUE TOTALS		\$3,618,744.00	\$147,022.00	\$3,765,766.00	\$183,961.38	\$0.00	\$3,629,288.85	\$136,477.15	96%	\$4,436,382.54
Fund 110 - General Fund Totals										
REVENUE TOTALS		3,618,744.00	147,022.00	3,765,766.00	183,961.38	.00	3,629,288.85	136,477.15	96%	4,436,382.54
EXPENSE TOTALS		.00	.00	.00	.00	.00	.00	.00	+++	.00
Fund 110 - General Fund Totals		\$3,618,744.00	\$147,022.00	\$3,765,766.00	\$183,961.38	\$0.00	\$3,629,288.85	\$136,477.15		\$4,436,382.54
Grand Totals										
REVENUE TOTALS		3,618,744.00	147,022.00	3,765,766.00	183,961.38	.00	3,629,288.85	136,477.15	96%	4,436,382.54
EXPENSE TOTALS		.00	.00	.00	.00	.00	.00	.00	+++	.00
Grand Totals		\$3,618,744.00	\$147,022.00	\$3,765,766.00	\$183,961.38	\$0.00	\$3,629,288.85	\$136,477.15		\$4,436,382.54



Budget by Organization Report

Through 06/30/25
Prior Fiscal Year Activity Included
Summary Listing

Organization	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% YTD Transactions	Prior Year YTD
Fund 110 - General Fund									
EXPENSE									
Department 5110 - General Health	3,545,591.00	79,419.00	3,625,010.00	223,559.54	17,889.22	3,208,299.76	398,821.02	89%	3,458,731.32
Department 5158 - Dental Clinic	1,931,798.00	67,603.00	1,999,401.00	247,880.99	24,493.38	1,820,508.70	154,398.92	91%	1,591,831.82
Department 5180 - Environment Health	714,164.00	.00	714,164.00	46,917.07	.00	669,779.27	44,384.73	94%	663,058.52
EXPENSE TOTALS	\$6,191,553.00	\$147,022.00	\$6,338,575.00	\$518,357.60	\$42,382.60	\$5,698,587.73	\$597,604.67	90%	\$5,713,621.66
Fund 110 - General Fund Totals									
EXPENSE TOTALS	6,191,553.00	147,022.00	6,338,575.00	518,357.60	42,382.60	5,698,587.73	597,604.67		5,713,621.66
Fund 110 - General Fund Totals	(\$6,191,553.00)	(\$147,022.00)	(\$6,338,575.00)	(\$518,357.60)	(\$42,382.60)	(\$5,698,587.73)	(\$597,604.67)		(\$5,713,621.66)
Grand Totals									
EXPENSE TOTALS	6,191,553.00	147,022.00	6,338,575.00	518,357.60	42,382.60	5,698,587.73	597,604.67		5,713,621.66
Grand Totals	(\$6,191,553.00)	(\$147,022.00)	(\$6,338,575.00)	(\$518,357.60)	(\$42,382.60)	(\$5,698,587.73)	(\$597,604.67)		(\$5,713,621.66)



**Stanly County Consolidated Health and Human
Services Board**
Meeting Date: August 14, 2025

4.B.2
Regular Agenda

Presenter: Dolly Clayton, Health and Human Services Director
Department: Consolidated Health and Human Services Board

ITEM TO BE CONSIDERED

Subject

Activities Summary Report - June 2025

Attachments:

- 2025-8-14_Activities Summary Report-June 2025 (PDF)

ACTIVITIES SUMMARY STANLY COUNTY HEALTH DEPARTMENT

July 2024 through June 2025														
Front Desk Check-ins		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	FY Tot
Telephone Calls (Incoming, Outgoing, Internal)		1102	1282	1204	1296	849	856	944	750	881	787	841	787	11,111
		2844	2913	3003	3009	2241	2179	2847	2374	2623	2601	2698	3054	32,386
Clinical Services														
Family Planning		27	28	21	30	28	22	32	30	37	35	37	43	370
Child Health		33	32	53	48	26	40	23	40	28	31	13	17	384
Maternal Health		11	12	7	14	9	11	5	15	14	12	10	16	136
General Clinic Services (immunizations, etc.)		62	78	95	92	58	63	51	48	43	33	31	20	674
TB Nursing Contacts		74	62	62	58	18	32	70	49	56	50	65	62	658
STD Screenings		27	20	33	36	26	21	31	32	26	30	23	22	327
Adult Health Services		152	159	186	185	127	157	177	175	212	166	163	147	2006
Child Lead follow-up		9	13	13	6	6	13	4	6	12	6	4	13	105
Clinical Services Totals		395	404	470	469	298	359	393	395	428	363	346	340	4660
Patients Seen														
# Clients seen by Nurse Practitioner		190	181	182	215	166	181	196	186	238	202	189	192	2318
# Clients Seen by Public Health Nurse		185	219	263	254	133	83	199	210	186	169	171	143	2215
Average Total Clients seen per day		18	18	22	20	18	18	19	20	20.2	18	17	16	18,683
No show		55	78	88	95	66	74	103	53	88	78	81	90	949
Outreach Services														
Care Management-High Risk Pregnancy (CMHRP) (clients served)		45	53	49	46	44	70	51	61	52	48	50	46	615
Care Management-At Risk Children(CMARCA) (clients served)		90	83	70	76	82	99	88	94	89	91	104	89	1055
Postpartum/Newborn Homevisits - distinct patients		0	0	0	0	0	0	0	0	0	0	0	0	0
Outreach Services Totals		135	136	119	122	126	169	139	155	141	139	154	135	1670
Reportable Disease Cases														
LTBI		0	0	0	0	1	1	1	1	0	1	0	1	6
TB		0	0	0	0	0	0	0	0	0	0	0	0	0
HIV		0	0	0	1	0	0	1	0	0	0	0	0	2
AIDS		0	0	0	0	0	0	0	0	0	0	0	0	0
Gonorrhea		3	1	0	2	0	1	3	6	1	4	4	4	29
Chlamydia		23	9	12	22	17	14	24	18	16	14	20	26	215
Syphilis		2	0	1	3	0	0	1	7	0	2	1	0	17
Vaccine Preventable Diseases		0	1	0	0	2	0	1	3	0	3	7	1	18
Foodborne Diseases		3	8	4	2	6	2	0	0	3	0	5	10	43
Bloodborne Pathogens Diseases		7	7	2	8	1	2	0	1	7	5	3	2	45
Vector borne Disease		2	0	0	0	0	0	0	0	0	0	3	3	8
Other Reportable Diseases		45	136	55	31	0	0	5	2	0	0	1	3	278
Bite Investigation/Rabies follow-up		11	22	16	10	16	8	10	11	13	12	2	1	132
Reportable Disease Cases Totals		96	184	90	79	43	28	46	49	40	41	46	51	793

ACTIVITIES SUMMARY STANLY COUNTY HEALTH DEPARTMENT

July 2024 through June 2025	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	FY Total
Dental													
Average Dental Clinic patients/day	40.11	29.47	41.69	41.42	41	35.87	37.81	39	36.29	35.17	32.63	32.41	36.905833
Dental Clinic Patients seen in OR	14	8	11	12	9	8	11	11	10	8	15	7	124
Dental Clinic Patients seen in Office	722	501	667	787	574	538	605	585	617	633	522	551	7302
Dental Unit Services Totals	736	509	678	799	583	546	616	596	627	641	537	558	7426
Lab Services													
In-House Tests	96	108	101	136	98	122	161	179	216	149	156	141	1663
Labs Collected Here, Sent to Outside Lab	859	927	949	938	814	684	832	1,019	949	799	810	696	10,276
Laboratory Totals	955	1035	1050	1074	912	806	993	1198	1165	948	966	837	11939
WIC													
Patient Caseload	2047	2047	2047	1672	1672	1672	1672	1672	1672	1672	1672	1672	21189
Participants Served (unduplicated)	776	723	712	793	620	655	765	664	729	691	737	692	8557
Statistical Breakdown													
No. of Clinics	22	22	20	23	18	19	21	20	21	21	21	21	249
Appts. Made	401	366	346	419	279	323	391	312	272	238	287	312	3946
Client Services													
Appts. Kept	324	312	293	356	236	258	328	264	229	193	228	276	3297
Walk-ins Served	202	170	163	209	178	147	233	164	177	177	205	200	2225
WIC Services Totals	526	482	456	565	414	405	561	428	406	370	433	476	5522
Vital Statistics													
Births - In County	19	25	12	27	20	22	29	20	22	30	8	21	255
Births - Out of County Residents	10	11	5	8	7	15	10	7	5	12	10	10	110
Deaths - In County	42	49	42	46	51	64	42	52	39	43	43	32	545
Deaths - Out of County Residents	1	2	2	5	4	0	4	1	2	3	2	3	29
Vital Statistics Totals	72	87	61	86	82	101	85	80	68	88	63	66	939
Health Education/Health Promotion													
Relationship building - group	27	36	39	33	42	38	57	45	51	45	53	46	512
Relationship building - individual	67	108	86	201	221	142	131	169	154	112	136	117	1644
Health communications (presentations, press releases, social media, website, Commons media outlets)	42	32	35	33	25	40	21	23	30	43	36	55	415
Health Promotion Activity Totals	136	176	160	267	288	220	209	237	235	200	225	218	2571
Environmental Health													
On-Site Wastewater													
Quality Assurance Activities	31	6	5	8	10	6	10	2	5	13	3	7	106

ACTIVITIES SUMMARY STANLY COUNTY HEALTH DEPARTMENT

July 2024 through June 2025	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	FY Total
Total Applications Received	43	62	51	69	35	39	39	61	66	67	67	53	652
Soil/Site Evaluations Performed	30	31	31	36	23	19	17	31	41	36	35	43	373
Total On-site Wastewater visits made	248	143	145	195	141	121	100	115	133	144	109	160	1754
Food & Lodging & Institutions													
Food and Lodging Inspections Completed	48	82	67	40	39	27	58	65	60	58	91	61	696
Total Inspections Site Visits	11	14	8	9	16	19	13	18	16	13	16	22	175
New Permits (food service)	3	3	3	6	0	0	4	4	3	3	2	3	34
Wells													
Applications Received	5	9	10	15	13	9	9	10	13	11	12	21	137
Well Permits Issued	5	7	5	11	6	10	8	6	10	8	8	8	92
Well Site Visits	12	30	25	21	9	17	33	16	10	4	4	3	184
Well Grout Inspections	2	3	3	5	0	0	0	2	0	0	0	1	16
Samples Collected	15	14	14	7	9	4	4	8	9	16	1	6	107
Other													
Child Daycare/Schools Inspections	7	12	12	4	5	1	2	1	9	19	2	0	74
Child Lead Exposure- Investigations/Visits	0	0	2	0	4	0	0	0	0	0	1	0	7
Meth Lab Inspections													
Investigations/visits	0	0	0	0	0	0	0	0	0	0	0	4	4
Swimming Pool Inspection													
Applications Received	0	0	0	0	1	2	2	0	0	7	5	0	17
Swimming Pool Inspections/Visits	17	26	3	0	2	3	3	0	0	9	17	3	83
Tattoo Artist Inspections													
Applications Received	1	1	1	2	0	0	1	1	1	1	1	2	12
Tattoo Artist Inspection	1	2	0	3	0	0	1	1	1	0	2	2	13
Complaints													
Sewage	1	2	0	1	0	1	0	1	0	1	0	3	10
Food	0	4	2	4	1	4	2	2	2	1	2	3	27
Wells	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Environmental Health Totals	480	451	387	436	314	282	306	344	379	411	378	405	4573
%Evaluations Completed w/in 10 days of request	43	69	71	75	45	63	40	44	64	57	48	60	56.58
%Existing Insp. Conducted w/in 10 days of request										100	100	100	
%Well Application Evaluations Conducted w/in 10 Days of Request	100	86	80	92	50	75	25	100	88	67	86	88	78.08



**Stanly County Consolidated Health and Human
Services Board**
Meeting Date: August 14, 2025

5.A
Regular Agenda

Presenter: Dolly Clayton, Health and Human Services Director
Department: Consolidated Health and Human Services Board

ITEM TO BE CONSIDERED

Subject

HHS Board Meeting Minutes 6-05-25

Attachments:

- 2025-06-05_HHS meeting mins. (PDF)



**CONSOLIDATED HEALTH AND HUMAN SERVICES BOARD
REGULAR MEETING MINUTES**

THURSDAY, JUNE 5, 2025 – 6:00 PM

I. Call to Order / Invocation / Pledge of Allegiance

The Stanly County Consolidated Health and Human Services Board met on Thursday, June 5, 2025 at 6:00 PM in the Health and Human Services Auditorium.

Attendee Name	Title	Status	Arrived
Ric Cain	Board Member	Present	
Beth Thomas	Board Member	Present	
Tom Norwood	Board Member	Present	
James Marshall	Board Member	Present	
Kristi Small	Board Member	Excused	
Wendell Drye	Board Member	Present	
Diane Robinson	Board Member	Excused	
Jenny Hinson	Board Member	Excused	
Amy Furr	Chairman	Present	
Teresa Lanier	Board Member	Absent	
Patty Crump	Commissioner	Present	
Brandon King	Vice Chairman	Present	
Kenny Kendall	Board Member	Present	
Dr. Mark Speight	Board Member	Excused	
Dr. James Link	Board Member	Excused	
Shaun Morgan	Board Member	Excused	
Victoria Ramos	Vice Chairman	Present	
Seena Koohestani	Board Member	Present	
Jeremy Almond	Board Member	Present	

Chair Seena Koohestani called the meeting to order, provided the invocation and led the pledge of allegiance.

II. Adoption of Agenda

A request by Chair Koohestani to amend the agenda was presented to add Health Department Fee Schedule as item No. 1, under section IV, B. The motion to adopt the agenda as amended was made by Commissioner King, seconded by Dr. Marshall. The vote passed by unanimous vote.

JUNE 5, 2025

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Brandon King, Vice Chairman
SECONDER:	James Marshall, Board Member
AYES:	Cain, Thomas, Norwood, Marshall, Drye, Furr, Crump, King, Kendall, Ramos, Koohestani, Almond
ABSENT:	Lanier
EXCUSED:	Small, Robinson, Hinson, Speight, Link, Morgan

III. Scheduled Agenda Items

1. Opioid Update *No Action Required*

Wendy Growcock provided an update on Opioids in Stanly County. The slide presentation covered many topics including the goals of the Opioid Settlement Funds with the number one goal being to save lives. She reminded the Board that Stanly County is receiving \$8,753,503.00 in opioid settlement funds over 18 years and included the payment schedule in the slide presentation. She shared that the county saw the lowest YTD opioid ED visits since 2016 and a 47% decrease from 2024, which proves these efforts are working through the programs being supported by these funds. Mrs. Growcock reviewed charts and graphs showing the trends in fatality rates in opioid and non-opioid overdoses for the county. In closing, Mrs. Growcock shared that the International Overdose Awareness Day event will be Thursday, August 28th at 6:00 pm, with more information on that to come.

Mrs. Clayton took a moment to congratulate and thank Wendy Growcock and her team, for all their hard work in the planning and guidance with distribution of settlements funds, that go to different providers that have made a successful impact on the county.

IV. Consolidated Human Services Updates

A. D.S.S. Updates

Mrs. Clayton reviewed the DSS Report included in the Board packet, which is through April, 2025. She noted Medicaid recipients had increased from March, while household receiving Food and Nutrition services were down. She highlighted great work by staff such as Family and Children's ongoing Medicaid unit is fully staffed and they await the results of the REDA monthly Medicaid audit. Mrs. Clayton shared there are still children without placement that have been staying overnight in the DSS office, with agency and county staff staying to supervise the children round the clock. They continue to reach out to community partners and Partners, Inc. to help find places for the children. Mrs. Clayton shared that she and the social workers met with the group B.A.C.A., Bikers Against Child Abuse, an international organization, who have four chapters in NC. They provide fearless support to children affected by child abuse, providing physical and emotional support to them by affiliation. She states their website with more information is bacaworld.org if anyone wanted to learn more.

B. Health Department Updates

1. FEE SCHEDULE FY25-26

Mrs. Clayton discussed the fee schedule included in the Board packet. She states this they had previously approved a fee schedule at a prior meeting but discovered this fee schedule includes all fees, while the previous one did not. A motion was made by Dr. Norwood, seconded by Beth Thomas, motion carried unanimously.

JUNE 5, 2025

MOVER:	Tom Norwood, Board Member
SECONDER:	Beth Thomas, Board Member
AYES:	Cain, Thomas, Norwood, Marshall, Drye, Furr, Crump, King, Kendall, Ramos, Koohestani, Almond
ABSENT:	Teresa Lanier
EXCUSED:	Small, Robinson, Hinson, Speight, Link, Morgan

2. BUDGET PERFORMANCE REPORT – APRIL 2025

Mrs. Clayton shared that through April, revenue is at 59% with expenses at 75%. She reminded the Board as we near the end of the fiscal year, we will begin to receive cost settlement funds.

3. HEALTH ACTIVITY REPORT – APRIL 2025

Mrs. Clayton states they are still working on strategies to improve clinic numbers, while implementing strategies to reduce no shows. They hope to see improved numbers after revamping the clinic schedule. She shared that the department recently celebrated a retirement by Ginny Burris, after 32 years of service. Her position was filled by an internal employee. She also reminded Board members of the email she sent to them regarding an online training on June 9th at 7:00 pm, from the NC Association Boards of Health, and encouraged them to attend the training as it is an opportunity to get additional training. The topic is on Artificial Intelligence in public health peril and promises.

V. Adoption of Consent Agenda

A motion was made to approve the consent agenda, after pulling the Consolidated Human Services Operating Procedures to revise, a motion was made by Commissioner King, seconded by Dr. Marshall. Motion passed by unanimous vote.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Brandon King, Vice Chairman
SECONDER:	James Marshall, Board Member
AYES:	Cain, Thomas, Norwood, Marshall, Drye, Furr, Crump, King, Kendall, Ramos, Koohestani, Almond
ABSENT:	Lanier
EXCUSED:	Small, Robinson, Hinson, Speight, Link, Morgan

A. Energy Programs Outreach Plan

B. 5-01-25 Board meeting minutes

C. Board Operating Procedures/Department Policies Review (Act. 15.3)

Public Comments

No public comment.

Adjournment

With no other business to discuss, Chair Koohestani adjourned the meeting.

 Chair

 Date

 Clerk

 Date



Stanly County Consolidated Health and Human Services Board
Meeting Date: August 14, 2025

5.B

ITEM TO BE CONSIDERED	
Subject	Accounts Receivable and Bad Debt Write Off (Act. 33.6) Health Clinical and Dental Accounts Receivable and Bad Debt Write Off for FY24-25.
Requested	Request Approval.

Attachments:

- Acct Rcv and Bad Debt_8-14-25 Board Meeting (DOCX)

**Stanly County Health Department
Accounts Receivable and Bad Debt Write-Offs
July 1, 2024 - June 30, 2025**

Clinical Programs

<u>Program</u>	<u>Outstanding Accounts Receivable</u>	<u>Bad Debt</u>
Adult Health	\$2864.95	\$738.44
Child Health	\$1207.48	\$375.48
Family Planning	\$1301.24	\$83.23
Immunization/TB/STD	\$361.89	\$21.89
Maternal Health	\$0.00	\$0.00
Total:	\$6123.56	\$1219.04
Bad Debt Write Offs		\$1219.01
Estimated Uncollectible Revenues (20%)		\$1224.72
Total Account Receivables		\$3679.80

Accounts Receivable represents the outstanding amount billed from 07/01/2024 to 03/30/2025.
Bad debt represents outstanding debt with no payments in the last 365 days.

Dental Clinic

Medicaid	\$27,000.00
Private Insurance	\$5,551.00
TOTAL	\$32,551.00
Bad Debt Write Off	\$-0.00
Estimated Uncollected Revenue (20%)	\$-6,510.20
Total Accounts Receivable	\$26,324.00



Stanly County Consolidated Health and Human Services Board
Meeting Date: August 14, 2025

5.C

ITEM TO BE CONSIDERED

Subject	Health & Human Services Handbook Annual Review (Act. 36.2) Annual Update of the Board handbook, accreditation activity 36.2. The handbook is now online and a link is provided to Board members for access. Only sections with some sort of update are included in this agenda item
Requested	Request approval.

Attachments:

- Sec. 1_HS Board Handbook_2025 (PDF)
- Sec. 2_HS Board Handbook_2025 (PDF)
- Sec. 3_HS Board Handbook_2025 (PDF)
- Sec. 5_HS Board Handbook_2025 (PDF)
- Sec. 7_HS Board Handbook_2025 (PDF)
- Sec. 9_HS Board Handbook_2025 (PDF)

Section 1



Stanly County Health & Human Services
1000 North First Street, Suite 3
Albemarle, NC 28001
Phone (704) 982-9171 Fax (704) 982-8354
www.stanlycountync.gov

Dolly Huffman Clayton, MPA,
MSW, LCSW
Health and Human Services Director
Social Services Director/Public Health
Director

I, _____, do solemnly swear (or affirm), that I will support and maintain the Constitution and Laws of the United States, and the Constitution and Laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as a member of the Stanly County Consolidated Human Services Board, so help me God.”

_____ **(Signature)**

Sworn to and subscribed before me this _____ day of
_____.
_____.

_____ **(Notary Public)**
Teresa S. Bowers

My commission expires February 6th, 2027.



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Dolly Huffman Clayton, MPA,
MSW, LCSW
Health and Human Services Director
Social Services Director/Public Health
Director

STANLY COUNTY CONSOLIDATED HUMAN SERVICES BOARD **WAIVER OF COMPENSATION**

As a member of the Stanly County Consolidated Human Services Board, you may receive a per diem in an amount established by the county Board of Commissioners.

Despite said policy, I, _____, hereby waive any and all present rights and future claims to the per diem established by the Stanly County Board of Commissioners as a compensation for my service as a member of the Stanly County Consolidated Human Services Board. This Waiver of Compensation shall remain in effect until I revoke this waiver in writing and deliver it to the Director of Human Services or until my term of appointment expires, whichever occurs first. I fully understand and agree that my right to compensation for service as a member of the Stanly County Consolidated Human Services Board, through the date of any revocation or expiration of term of appointment is forever waived.

SIGNATURE

PRINTED NAME

DATE



Stanly County Health Department

1000 North First Street, Suite 3

Albemarle, NC 28001

Phone (704) 982-9171 Fax (704) 982-8354

www.stanlycountync.gov

Dolly Huffman Clayton, MPA, MSW,
LCSW

Health and Human Services Director
Social Services Director/Public Health
Director

RECOGNITION OF PATIENTS' RIGHT TO PRIVACY

In connection with my activities and duties as an employee, board member, intern, student, or volunteer of the Stanly County Health Department, I agree to treat confidentially all clinical medical information concerning Health Department patients. I will not divulge any information to unauthorized personnel and will safeguard the patient's right to privacy by judiciously protecting that information. I have read the Stanly County Health Department's confidentiality policies including the Notice of Privacy Practices and understand that I am required by law under the Health Insurance Portability & Accountability Act (HIPAA) to maintain the privacy of all protected health information.

Signature: _____

Witness Signature: _____

Date: _____

Stanly County Health Department

1000 North First Street, Suite 3
Albemarle, NC 28001
704-982-9171



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
-

Do research

- We can use or share your information for health research.
-

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
-

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
-

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
-

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
-

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

Additional notes:

1. We do not create or manage a hospital directory.
2. North Carolina law requires us to report suspected child abuse or neglect to the Department of Social Services.
3. If you commit a crime, or threaten to commit a crime, on the premises of our program or against program personnel, we may report information about the crime or threat to law enforcement officers.
4. North Carolina law generally requires your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services.
5. Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses, including sexually transmitted disease, pregnancy, substance abuse and emotional disturbance. If you are a minor and you consent to one of these services, you have all of the authority and rights included in this Notice relating to that service.
6. Local health departments may disclose protected health information (PHI) to law enforcement officials only if the disclosure is specifically allowed by all confidentiality laws that apply to the information which may include any or all of the following: The HIPAA Privacy Rule, North Carolina confidentiality laws, such as the state statute that limits the disclosure of communicable disease information; any other applicable federal laws that address the confidentiality of the information, such as the federal regulation restricting the disclosure of information about Title X Family Planning clients.



7. HIPAA Privacy Rule Final Rule to Support Reproductive Health Care goes into effect 12/23/2024. Per Coates Canon NC Local Government Law, there are four (4) uses/disclosures that require attestation. An attestation is only necessary if someone is requesting PHI that is "potentially related" to reproductive health care for one of the following four purposes under HIPPA:

- Health oversight activities (45 CFR 164.512(d).
- Judicial and administrative proceedings (45 CFR 164. 512 (e).
- Law enforcement uses (45 CFR 164.512.(f).
- Coroner and medical examiner uses (45 CFR 164.512(g)(1).

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Original effective date: April 14, 2003, Revised September 28, 2017.

This Notice of Privacy Practices applies to the following organizations.

The Stanly County Health Department

Stanly County Health Department, Attention: Privacy Officer
 1000 North First Street, Suite 3
 Albemarle, NC 28001 704-982-9171 (main number)



Su información. Sus derechos. Nuestras responsabilidades.

Esta notificación describe cómo puede utilizarse y divulgarse su información médica, y cómo puede acceder usted a esta información. **Revisela con cuidado.**

Sus derechos

Cuando se trata de su información médica, usted tiene ciertos derechos. Esta sección explica sus derechos y algunas de nuestras responsabilidades para ayudarlo.

Obtener una copia en formato electrónico o en papel de su historial médico

- Puede solicitar que le muestren o le entreguen una copia en formato electrónico o en papel de su historial médico y otra información médica que tengamos de usted. Pregúntenos cómo hacerlo.
- Le entregaremos una copia o un resumen de su información médica, generalmente dentro de 30 días de su solicitud. Podemos cobrar un cargo razonable en base al costo.

Solicitar que corrijamos su historial médico

- Puede solicitar que corrijamos la información médica sobre usted que piensa que es incorrecta o está incompleta. Pregúntenos cómo hacerlo.
- Podemos decir "no" a su solicitud, pero le daremos una razón por escrito dentro de 60 días.

Solicitar comunicaciones confidenciales

- Puede solicitar que nos comuniquemos con usted de una manera específica (por ejemplo, por teléfono particular o laboral) o que enviemos la correspondencia a una dirección diferente.
- Le diremos "sí" a todas las solicitudes razonables.

continúa en la próxima página

Sus derechos *continuado*

Solicitar que limitemos lo que utilizamos o compartimos

- Puede solicitar que **no** utilicemos ni compartamos determinada información médica para el tratamiento, pago o para nuestras operaciones. No estamos obligados a aceptar su solicitud, y podemos decir "no" si esto afectara su atención.
- Si paga por un servicio o artículo de atención médica por cuenta propia en su totalidad, puede solicitar que no compartamos esa información con el propósito de pago o nuestras operaciones con su aseguradora médica. Diremos "sí" a menos que una ley requiera que compartamos dicha información.

Recibir una lista de aquellos con quienes hemos compartido información

- Puede solicitar una lista (informe) de las veces que hemos compartido su información médica durante los seis años previos a la fecha de su solicitud, con quién la hemos compartido y por qué.
- Incluiremos todas las divulgaciones excepto aquellas sobre el tratamiento, pago y operaciones de atención médica, y otras divulgaciones determinadas (como cualquiera de las que usted nos haya solicitado hacer). Le proporcionaremos un informe gratis por año pero cobraremos un cargo razonable en base al costo si usted solicita otro dentro de los 12 meses.

Obtener una copia de esta notificación de privacidad

- Puede solicitar una copia en papel de esta notificación en cualquier momento, incluso si acordó recibir la notificación de forma electrónica. Le proporcionaremos una copia en papel de inmediato.

Elegir a alguien para que actúe en su nombre

- Si usted le ha otorgado a alguien la representación médica o si alguien es su tutor legal, aquella persona puede ejercer sus derechos y tomar decisiones sobre su información médica.
- Nos aseguraremos de que la persona tenga esta autoridad y pueda actuar en su nombre antes de tomar cualquier medida.

Presentar una queja si considera que se violaron sus derechos

- Si considera que hemos violado sus derechos, puede presentar una queja comunicándose con nosotros por medio de la información de la página 1.
- Puede presentar una queja en la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos enviando una carta a: Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html disponible en español.
- No tomaremos represalias en su contra por la presentación de una queja.

Sus opciones

Para determinada información médica, puede decirnos sus decisiones sobre qué compartimos. Si tiene una preferencia clara de cómo compartimos su información en las situaciones descritas debajo, comuníquese con nosotros. Díganos qué quiere que hagamos y seguiremos sus instrucciones.

En estos casos, tiene tanto el derecho como la opción de pedirnos que:

- Compartamos información con su familia, amigos cercanos u otras personas involucradas en su atención.
- Compartamos información en una situación de asistencia en caso de catástrofe.
- Incluyamos su información en un directorio hospitalario.

Si no puede decirnos su preferencia, por ejemplo, si se encuentra inconsciente, podemos seguir adelante y compartir su información si creemos que es para beneficio propio. También podemos compartir su información cuando sea necesario para reducir una amenaza grave e inminente a la salud o seguridad.

En estos casos, nunca compartiremos su información a menos que nos entregue un permiso por escrito:

- Propósitos de mercadeo.
- Venta de su información.
- La mayoría de los casos en que se comparten notas de psicoterapia.

En el caso de recaudación de fondos:

- Podemos comunicarnos con usted por temas de recaudación, pero puede pedirnos que no lo volvamos a contactar.

Nuestros usos y divulgaciones

¿Cómo utilizamos o compartimos su información médica? Por lo general, utilizamos o compartimos su información médica de las siguientes maneras.

Tratamiento	• Podemos utilizar su información médica y compartirla con otros profesionales que lo estén tratando.	Ejemplo: Un médico que lo está tratando por una lesión le consulta a otro doctor sobre su estado de salud general.
Dirigir nuestra organización	• Podemos utilizar y divulgar su información para llevar a cabo nuestra práctica, mejorar su atención y comunicarnos con usted cuando sea necesario.	Ejemplo: Utilizamos información médica sobre usted para administrar su tratamiento y servicios.
Facturar por sus servicios	• Podemos utilizar y compartir su información para facturar y obtener el pago de los planes de salud y otras entidades.	Ejemplo: Entregamos información acerca de usted a su plan de seguro médico para que éste pague por sus servicios.

continúa en la próxima página

¿De qué otra manera podemos utilizar o compartir su información médica? Se nos permite o exige compartir su información de otras maneras (por lo general, de maneras que contribuyan al bien público, como la salud pública e investigaciones médicas). Tenemos que reunir muchas condiciones legales antes de poder compartir su información con dichos propósitos. Para más información en español, visite: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html

Ayudar con asuntos de salud pública y seguridad

- Podemos compartir su información médica en determinadas situaciones, como:
 - Prevención de enfermedades.
 - Ayuda con el retiro de productos del mercado.
 - Informe de reacciones adversas a medicamentos.
 - Informe de sospecha de abuso, negligencia o violencia doméstica.
 - Prevención o reducción de una amenaza seria hacia la salud o seguridad de alguien.

Realizar investigaciones médicas

- Podemos utilizar o compartir su información para investigación de salud.

Cumplir con la ley

- Podemos compartir su información si las leyes federales o estatales lo requieren, incluyendo compartir la información con el Departamento de Salud y Servicios Humanos si éste quiere comprobar que cumplimos con la Ley de Privacidad Federal.

Responder a las solicitudes de donación de órganos y tejidos

- Podemos compartir su información médica con las organizaciones de procuración de órganos.

Trabajar con un médico forense o director funerario

- Podemos compartir información médica con un oficial de investigación forense, médico forense o director funerario cuando un individuo fallece.

Tratar la compensación de trabajadores, el cumplimiento de la ley y otras solicitudes gubernamentales

- Podemos utilizar o compartir su información médica:
 - En reclamos de compensación de trabajadores.
 - A los fines de cumplir con la ley o con un personal de las fuerzas de seguridad.
 - Con agencias de supervisión sanitaria para las actividades autorizadas por ley.
 - En el caso de funciones gubernamentales especiales, como los servicios de protección presidencial, seguridad nacional y servicios militares

Responder a demandas y acciones legales

- Podemos compartir su información médica en respuesta a una orden administrativa o de un tribunal o en respuesta a una citación.

Notas adicionales:

1. No creamos o administramos directorio hospitalario.
2. La Ley de Carolina del Norte requiere reportar la sospecha de abuso o negligencia de un menor al Departamento de Servicios Sociales.
3. Si comete un delito o amenaza con cometer un delito en las instalaciones de nuestro programa o en contra del personal del mismo, podríamos reportar información acerca de este delito o amenazas a oficiales del cumplimiento de la ley.
4. La Ley de Carolina del Norte generalmente requiere su consentimiento por escrito antes de que divulguemos información médica relacionada a salud mental, incapacidades del desarrollo o servicios para el abuso de sustancias.
5. Bajo las Leyes de Carolina del Norte, menores, con o sin el consentimiento de padres o tutor legal, tienen el derecho a recibir servicio para la prevención, diagnóstico y tratamiento de ciertas enfermedades, incluyendo enfermedades de transmisión sexual, embarazo, abuso de sustancias y disturbio emocional. Si usted es menor y da consentimiento a uno de estos servicios, tiene toda la autoridad y derechos incluidos en esta Notificación relacionados a dicho servicio.
6. Departamentos de Salud locales pueden divulgar información médica protegida (PHI) a oficiales del cumplimiento de la ley solamente si la divulgación está específicamente permitida por todas las leyes de confidencialidad que aplican a dicha información, las cuales pueden incluir alguna o todas de las siguientes: Regla de privacidad HIPAA (Ley de responsabilidad y portabilidad del seguro médico), Leyes de Confidencialidad de Carolina del Norte, tales como estatutos estatales que limitan la divulgación de información de enfermedades transmisibles, cualquier otra ley federal aplicable que se dirige a la confidencialidad de información, tales como regulación federal restringiendo la divulgación de información acerca de pacientes en Planificación Familiar del programa Title X.

Nuestras responsabilidades

- Estamos obligados por ley a mantener la privacidad y seguridad de su información médica protegida.
- Le haremos saber de inmediato si ocurre un incumplimiento que pueda haber comprometido la privacidad o seguridad de su información.
- Debemos seguir los deberes y prácticas de privacidad descritas en esta notificación y entregarle una copia de la misma.
- No utilizaremos ni compartiremos su información de otra manera distinta a la aquí descrita, a menos que usted nos diga por escrito que podemos hacerlo. Si nos dice que podemos, puede cambiar de parecer en cualquier momento. Háganos saber por escrito si usted cambia de parecer.

Para mayor información en español visite: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/factsheets_spanish.html

Cambios a los términos de esta notificación

Podemos modificar los términos de esta notificación, y los cambios se aplicarán a toda la información que tenemos sobre usted. La nueva notificación estará disponible según se solicite, en nuestra oficina, y en nuestro sitio web.

Fecha de vigencia original: 2 de Octubre 2017.

Esta Notificación de Prácticas de Privacidad se aplica a las siguientes organizaciones.

Departamento de Salud del Condado de Stanly

Stanly County Health Department, Attention: Privacy Officer
1000 North First Street, Suite 3
Albemarle, NC 28001 704-982-9171 (main number)

Section 2

3. **Meetings.**

a. **Regular Meetings.**

The Board shall hold a regular meeting on the first Thursday of each month unless it is determined that a necessary quorum will not be present at the scheduled meeting date and time, or except that if a regular meeting day is a legal holiday, or except that if an emergency or special meeting is deemed necessary. In these circumstances, meetings will be rescheduled as appropriate by the Board Chair and Secretary and publicized accordingly. The meeting shall be held at the Health and Human Services Auditorium and shall begin at 6:00 PM.

b. **Attendance**

Board members are expected to attend all regular Board meetings. If a Board member misses three (3) consecutive meetings and/or attends less than 70 percent of the regularly scheduled meetings during a calendar year, the Board may request the Board of County Commissioners remove the member in accordance with North Carolina General Statute (NCGS) 153A-77(c)(iv) "habitual failure to attend meetings". Absences due to illness, family emergencies and business conflicts shall be regarded as excused, and shall not affect a Board member's status, providing prior notice is given to the Secretary and/or his/her designee.

c. **Agenda.**

The Secretary to the Board shall prepare an agenda for each meeting. Copies of the agenda shall be made available to each Board member by the end of the week before the next regular Board meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

d. **Presiding Officer.**

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

e. **Quorum.**

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being

excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

f. Voting.

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

Except as otherwise provided by Bylaws or law, all matters before the Council shall be decided by a majority vote of the members present at a meeting at which a quorum exists, unless otherwise specified herein. Any one or more or all of the members of the Council or a committee may participate in a meeting of the Council or committee by means of a conference telephone or similar communications device that allows all persons to participate in the meeting by means of a conference telephone or similar communications device shall be deemed present in person at such meeting.

g. Public Comment.

- Any person may address the Board but may only discuss one (1) topic at a time.
- The address must be limited to three (3) minutes unless the Chair grants a time extension. Discussion of a single topic will be limited to fifteen (15) minutes regardless of the number of individuals who wish to speak (groups are encouraged to select a spokesperson)
- Each speaker must give their name at the beginning of the address
- A speaker may address any issue relevant to the Human Services program areas to include the public health and social services divisions.
- The Chair may modify these rules and may adjourn or recess this portion of the meeting at any time.

h. Minutes.

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member by the end of the week before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at 1000 North First Street, Suite 3, Albemarle, NC, 28001.

4. Amendments to Operating Procedures.

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of

the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

5. Rule Making

The Stanly County Consolidated Human Services Board has the responsibility and authority of the local Board of Health to adopt rules, as necessary, to protect and promote public health. The Board shall do so in compliance with conditions set out in NC General Statutes 130A-39, by vote, at a regular meeting of the Board. The Board will adopt, amend or repeal a rule only:

- After thorough consideration by the Stanly County Consolidated Human Services Board of the available data and analysis from county and/or other staff with expertise in the subject under consideration.
- After consultation with the Office of the County Attorney regarding the subject under consideration and regard the authorities and responsibilities of the Board,
- After public notice of the proposed rule, its effective date, and where copies of the proposed rule are available, and
- After conducting a public hearing on the proposed version of the rule at a regular meeting of the Board.

6. Other Procedural Matters.

The Board shall refer to the current edition of *Robert's Rules of Order Newly Revised (RONR)* to answer procedural questions not addressed in this document, so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

7. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

8. Adjudications

The Board shall follow NC General Statute 130A-24 in all adjudication proceedings.

§ 130A-24. Appeals procedure. (a) Appeals concerning the enforcement of rules adopted by the Commission, concerning the suspension and revocation of permits and program participation by the Secretary and concerning the imposition of administrative penalties by the Secretary shall be governed by Chapter 150B of the General Statutes, the Administrative Procedure Act. (a1) Any person appealing an action taken by the Department pursuant to this Chapter or rules of the Commission shall file a petition for a contested case with the Office of Administrative Hearings as provided in G.S. 150B-23(a). The petition shall be filed not later than 30 days after notice of the action which confers the right of appeal unless a federal statute or regulation provides for a

different time limitation. The time limitation imposed under this subsection shall commence when notice of the agency decision is given to all persons aggrieved. Such notice shall be provided to all persons known to the agency by personal delivery or by the placing of notice in an official depository of the United States Postal Service addressed to the person at the latest address provided to the agency by the person. (b) Appeals concerning the enforcement of rules adopted by the local board of health and concerning the imposition of administrative penalties by a local health director shall be conducted in accordance with this subsection and subsections (c) and (d) of this section. The aggrieved person shall give written notice of appeal to the local health director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect. Upon filing of the notice, the local health director shall, within five working days, transmit to the local board of health the notice of appeal and the papers and materials upon which the challenged action was taken. (c) The local board of health shall hold a hearing within 15 days of the receipt of the notice of appeal. The board shall give the person not less than 10 days' notice of the date, time and place of the hearing. On appeal, the board shall have authority to affirm, modify or reverse the challenged action. The local board of health shall issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision. (d) A person who wishes to contest a decision of the local board of health under subsection (b) of this section shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision by the board. The scope of review in district court shall be the same as in G.S. 150B-51. (e) The appeals procedures enumerated in this section shall apply to appeals concerning the enforcement of rules, the imposition of administrative penalties, or any other action taken by the Department of Environmental Quality pursuant to Articles 8, 9, 10, 11, and 12 of this Chapter. (1983, c. 891, s. 2; 1987, c. 482; c. 827, s. 248; 1993, c. 211, s. 1; 1997-443, s. 11A.66; 1998-217, s. 33; 2015-241, s. 14.30(u).)

9. Training

New Board Members are required to receive orientation training within the first year of their first term. The local Human Services Director or his or her designee is responsible for ensuring the orientation occurs during this timeframe. All Board members are required to receive annual training related to their roles and responsibilities. The local health director is responsible for seeking input about training needs from the Board and scheduling training on an ongoing basis. Members not present during group orientation or annual trainings will be provided information from the trainings on an individual basis and will sign and date acknowledgement of individual training.

10. Human Services Director Job Description and Performance Appraisal

The North Carolina Local Public Health Accreditation Board requires input from the Consolidated Human Services Board in regards to the Human Services Director's job description and performance appraisal when the position also serves as Health Director. At least annually, the Board shall review the Human Services Director's job description and provide input to the County Manager. The minutes of the Stanly County

Consolidated Human Services Board will reflect input regarding review and approval of the job description. The Board shall provide input to the County Manager for the Human Services Director's performance appraisal at least annually. The minutes of the Stanly County Consolidated Human Services Board will reflect input regarding the Human Services Director's Performance Appraisal.

(Originally approved and adopted by the Stanly County Board of Health on January 3, 2008.)

STANLY COUNTY CONSOLIDATED HUMAN SERVICES BOARD – MEMBERS

Brandon King 34863 Ellis Springs Court Albemarle, NC 28001	<i>County Commissioner</i> 704-244-0109 bking@stanlycountync.gov	1 st Term, 01-05-2023 *Term of County Commissioner
Patty Crump 46357 Sapona Lane Norwood, NC 28128	<i>County Commissioner</i> 980-621-7435 pcrump@stanlycountync.gov	1 st Term, 01-05-2023 *Term of County Commissioner
Amy Furr 636 Faith Street Oakboro, NC 28129	<i>Consumer of Human Services</i> c. 704-975-6790 cityclerk@locustnc.com	1 st Term, 11/03/22 Expires, 11/06/26
Diane Robinson 24031 Cedar Ridge Ln. Albemarle, NC 28001	<i>Consumer of Human Services Member</i> 704-438-0888 diane.robinson0888@gmail.com	1 st Term 11/03/22 Expires 11/06/26
Teresa Lanier 32907 Chapel Rd. Norwood, NC 28128	<i>Consumer of Human Services Member</i> 704-699-4137 tlanier0759@yahoo.com	1 st Term, 11/03/22 Expires, 11/06/26
Jeremy Almond 29512 Burris Burleson Rd. New London, NC 28127	<i>Registered Nurse Member</i> 704-322-7203 jwalmond@yahoo.com	1 st Term, 11/07/24 Expires, 11/07/28
Ric Cain 809 Layfayette Dr. Albemarle, NC 28001	<i>Pharmacist Member</i> 704-983-1826 rcain@ctc.net	2 nd Term, 11/04/21 Expires, 11/06/25
Beth Thomas 425 Oak Road Norwood, NC 28128	<i>Social Worker Member</i> 704-985-4129 beth.thomas13@twc.com	2 nd Term, 11/07/23 Expires, 11/06/27
Dr. Tom Norwood 1011 Lark Haven Lane Albemarle, NC 28001	<i>Dentist Member</i> 704-983-3647 fnorwood@vnet.net	2 nd Term, 11/04/21 Expires, 11/06/25
Kenny Kendall 36544 Old Salisbury Road New London, NC 28127	<i>General Public Member</i> 980-581-0027 kennyk1400@gmail.com	1 st Term, 11/07/23 Expires, 11/06/27
Dr. James Marshall 1003 North First St. Albemarle, NC 28001	<i>Optometrist Member</i> 704-983-2202 marshall_1@windstream.net	2 nd Term, 11/16/21 Expires, 11/06/25

Dr. Mark Speight (Neal) 408 Imperial Way Albemarle, NC 28001	General Public Member 704-905-5895 nespeight@gmail.com	1st Term, 11/07/23 Expires, 11/06/27
Dr. James Link 24249 Hwy. 49 South Albemarle, NC 28001	Veterinarian Member c. 704-985-5635 o.704-463-7356 drlink78@gmail.com	1 st Term, 11/07/23 Expires, 11/06/27
Shaun Morgan, Vice-Chair 4580 Plank Road Norwood, NC 28128	General Public Member 704-906-8547 smorgan@servpro9954.com	1 st Term, 11/07/23 Expires, 11/06/27
Kristi Small 20231 Bear Creek Place Locust, NC 28097	General Public Member H. 704-985-3971 kristiwhitleysmall@gmail.com	2nd Term, 11/07/23 Expires, 11/06/27
Victoria Ramos 505 Pee Dee Avenue Albemarle, NC 28001	General Public Member 917-690-4174 ramosgenx@gmail.com	1st Term, 11/07/23 Expires, 11/06/27
Wendell Drye 41040 Mountain View Church Rd. Albemarle, NC 28001	Engineer Member 704-985-0195 jwdrye@windstream.net	2nd Term, 04/01/25 Expires, 04/01/29
Dr. Jenny Hinson 1717 Arbor Way Albemarle, NC 28001	Physician Member 704-550-7043 jennyhinson@gmail.com	1 st Term, 10/07/21 Expires, 10/07/25
Seena Koohestani, Chair 1516 Hyman Drive Albemarle, NC 28009	Consumer of Human Services Member 704-438-6938 seenakoohestani@gmail.com	1 st Term, 11/07/23 Expires, 03/03/26

*Commissioner member appointed annually



Stanly County Health & Human Services

1000 North First Street, Suite 3
 Albemarle, NC 28001
 Phone (704) 982-9171 Fax (704) 982-8354
www.stanlycountync.gov

Dolly Huffman Clayton, MPA,
 MSW, LCSW
 Health and Human Services Director
 Social Services Director/Public Health
 Director

2025 Consolidated Health & Human Services Board Regular Meeting Schedule

Month	Date	Time	Location
January	2	6:00 PM	Health & DSS Auditorium
February	6	6:00 PM	Health & DSS Auditorium
March	6	6:00 PM	Health & DSS Auditorium
April	3	6:00 PM	Health & DSS Auditorium
May	1	6:00 PM	Health & DSS Auditorium
June	5	6:00 PM	Health & DSS Auditorium
July	No scheduled meeting		
*August	14	6:00 PM	Health & DSS Auditorium
September	4	6:00 PM	Health & DSS Auditorium
October	2	6:00 PM	Health & DSS Auditorium
November	6	6:00 PM	Health & DSS Auditorium
December	No scheduled meeting		

*This meeting was changed from the first Thursday of the month (7th) to the second Thursday of the month (14th) after request and unanimous vote at the April meeting.

County Commissioners

Meetings

- 6 pm
- Commissioner's Meeting Room
Stanly Commons facility
1000 N-First Street
Albemarle

Members



Mike Barbee

Chairman

[Email Mike Barbee](#)

Phone: [704-438-3041](#)

[More Information](#)



Brandon King

Vice Chairman

[Email Brandon King](#)

Phone: [704-244-6165](#)

[More Information](#)



Patty Crump

Member

[Email Patty Crump](#)

Phone: [980-621-7435](#)

[More Information](#)



Scott Efird

Member

[Email Scott Efird](#)

Phone: [980-581-1798](#)

[More Information](#)



Trent Hatley

Member

[Email Trent Hatley](#)

Phone: [704-791-3538](#)

[More Information](#)



Bill Lawhon

Member

[Email Bill Lawhon](#)

Phone: [704-773-0155](#)

[More Information](#)



Billy Mills

Member

[Email Billy Mills](#)

Phone: [704-202-9901](#)

[More Information](#)

Overview

Stanly County is a body politic and corporate, a legal person capable of holding and managing property and possessing many powers conferred on it by law. It exercises its powers and discharges its responsibilities through its Board of Commissioners. The Stanly County Board of Commissioners provides leadership

and support and advocates for actions that foster an effective County Government to enhance the quality of life for present and future generations of the people of Stanly County.

The vision, mission and goals for our organization are identified below:

Vision

Cultivate and sustain a community environment where children and adults learn, families and businesses thrive and our residents are healthy and safe.

Mission Statement

With visionary leadership and professional staff, work to ensure overall public safety, protect and promote health and well-being, effectively carry out services mandated by State Statutes, grow the economy, encourage literacy and education and enhance the quality of life for all citizens.

Goals

- Enhance education and literacy
- Ensure public safety, health, and wellness
- Promote culture and recreational opportunities
- Enhance job opportunities and grow the local economy
- Protect natural resources and the environment to improve the quality of life
- Effectively plan public infrastructure for growth to minimize the cost of services
- Enhance services that allow for aging in place and improve access to public transportation
- Protect assets, reduce risk, and leverage the use of technology to improve organizational productivity
- Be good stewards of taxpayer dollars
- Engage citizens to understand better who we are, and create a culture of transparency

Please find a link to the Board's enterprise goal results from the past year with benchmarks and progress indicators. These results are updated annually in advance of the Board's planning retreat in February/March.

Enterprise Goal Results

The Board's major responsibilities include adopting the annual County budget, setting the County property tax rate, and assessing and establishing priorities on the many community needs, especially those related to health, education, welfare, mental health, and the environment. The Board also makes appointments to citizen advisory committees. The Commission works with 30+ departments to serve the citizens of Stanly County.

The Stanly County Board of Commissioners is composed of seven members. Five members are elected from districts and two members are elected at-large for four years on staggered terms. The members of the Board elect a chairman and vice chairman for one year. The Board's regularly scheduled meetings begin at 6 pm and are held in the Commissioner's Meeting Room at the Stanly Commons facility located at 1000 N First Street in Albemarle.

Contact Us

County Commissioners

Physical Address [View Map](#)

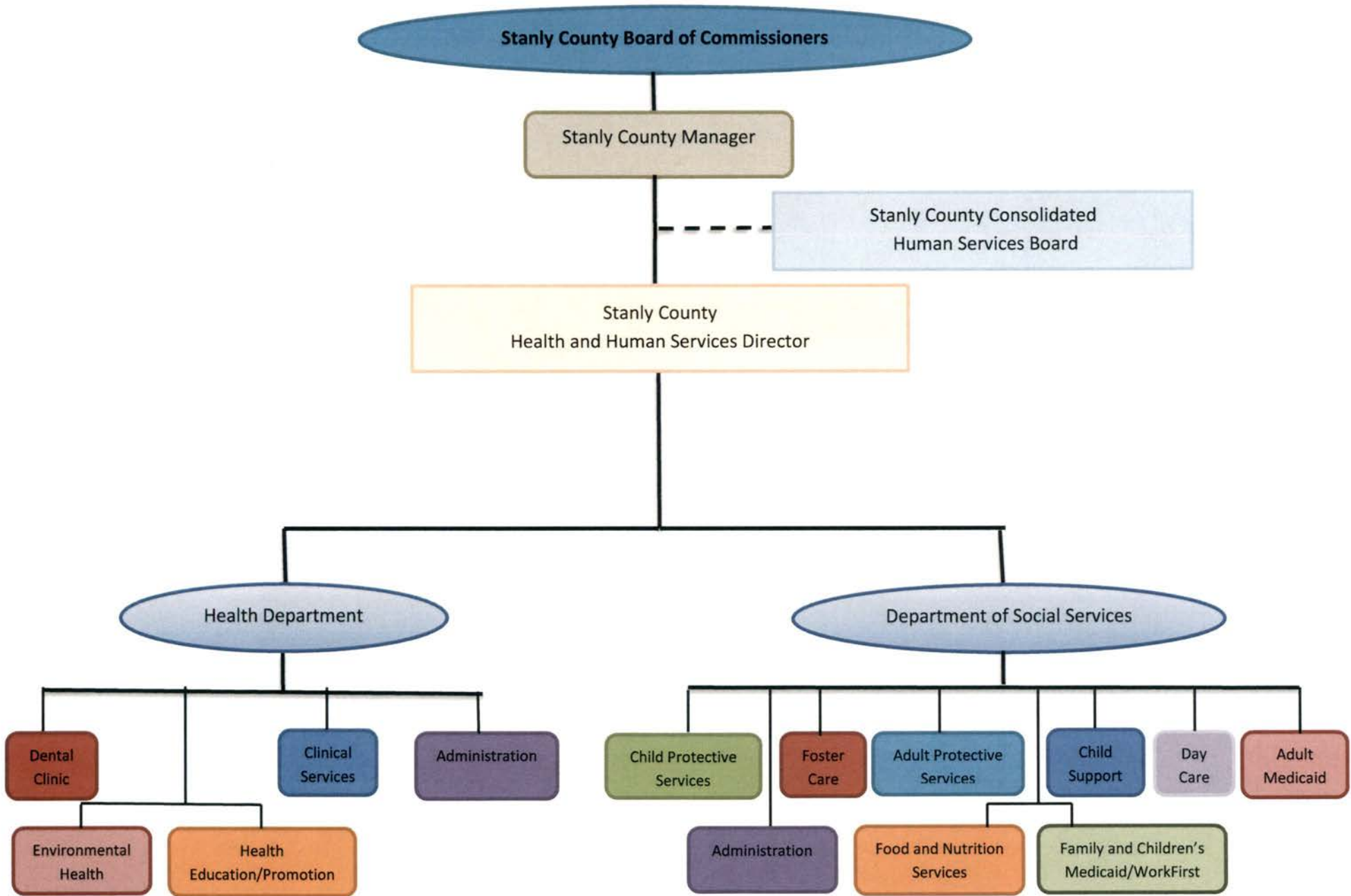
1000 N. First Street
Suite 10
Albemarle, NC 28001

[Directions](#)

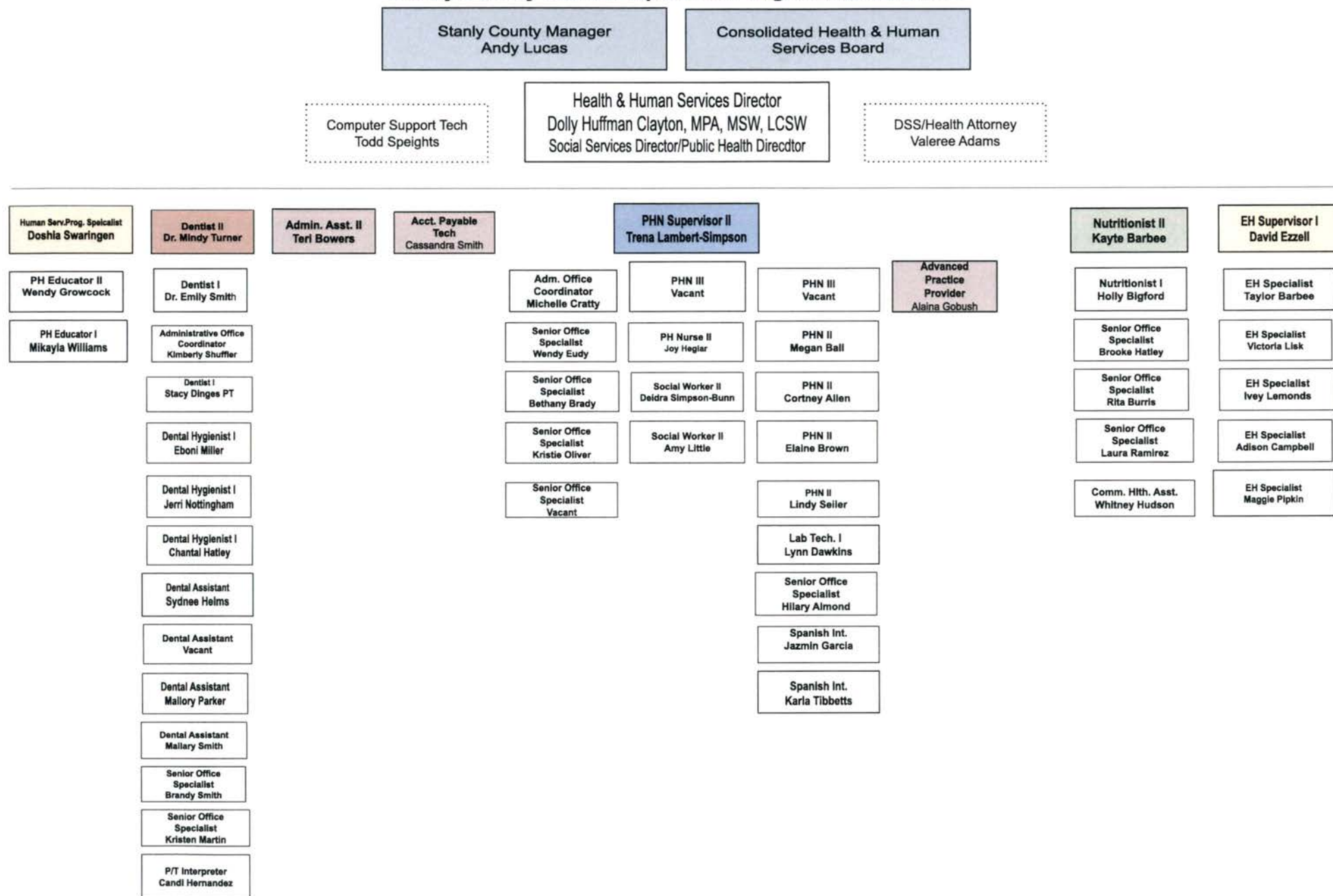
[Directory](#)

Section 3

Stanly County Consolidated Human Services Agency Organizational Chart

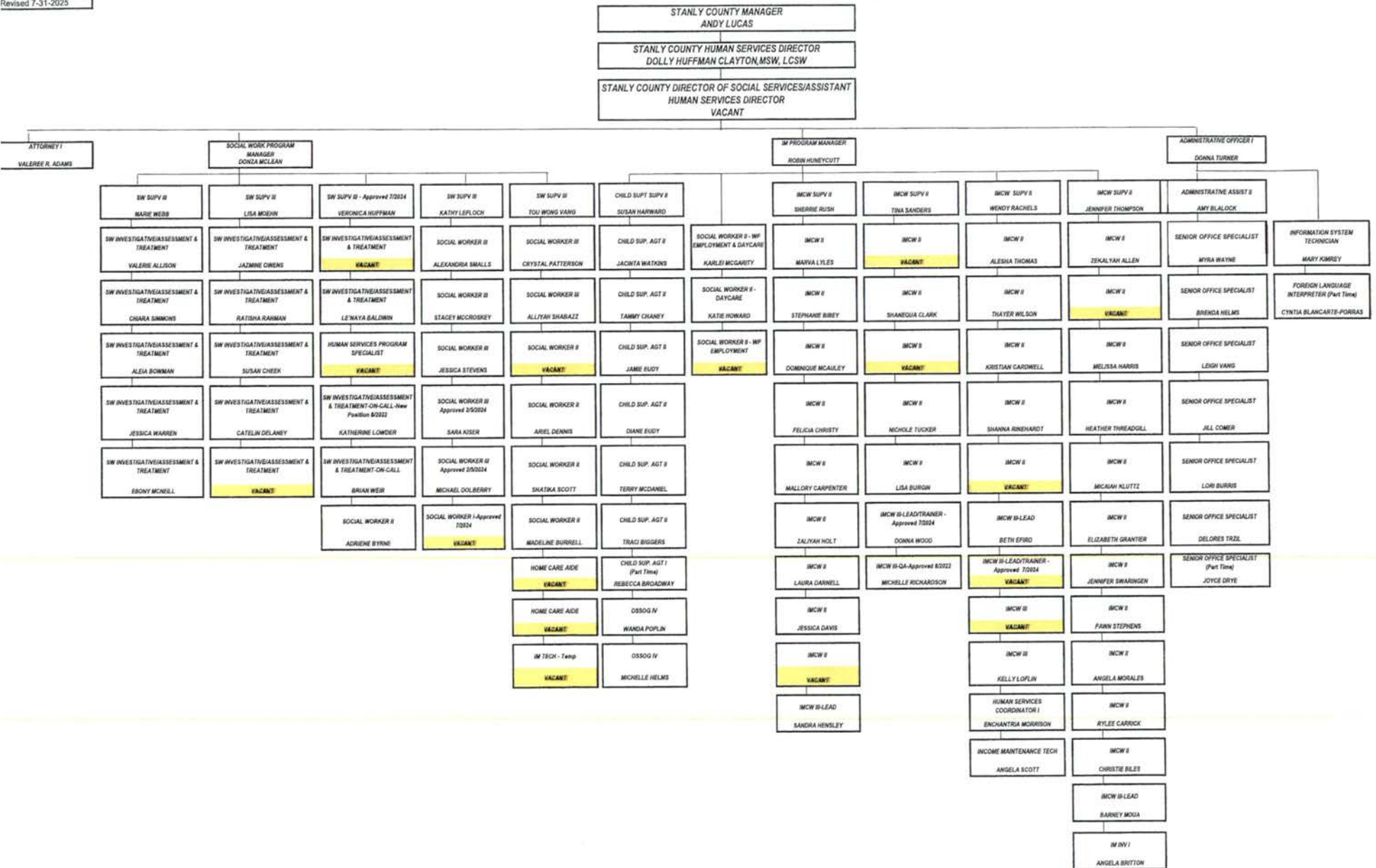


Stanly County Health Department Organizational Chart



STANLY COUNTY DEPARTMENT OF SOCIAL SERVICES ORGANIZATIONAL CHART

Revised 7-31-2025



NEWS & EVENTS

Stay up to date with your Health Department

FACEBOOK

NEWS



Stanly County Department of Public Health
4,508 followers

• ENVIRONMENTAL
Follow Page

• CHILDREN'S DENTAL
CLINIC



Stanly County Department of Public Health
21 hours ago

We've been made aware of a texting scam targeting Medicaid recipients. The scam pretends to be from your Medicaid Health Plan and falsely claims that your Medicaid benefits have been given in error. It then includes a link to "reapply" - DO NOT CLICK IT.

Here's what you need to know:

Medicaid will NEVER ask you to reapply through a text link.

If you're unsure about your benefits, contact your local DSS.

[See more](#)

2

Comment

18

News Flash

2024 Stanly County Community Health Assessment

Stanly County Health Department has shared its 2024 Community Health Assessment (CHA), which provides important information about the community's health by gathering and analyzing local data on deaths, diseases, and factors that influence health.

[Read on...](#)

Consolidated Human Services Board Meeting

Consolidated Human Services Board meetings are held monthly (except July) and are open to the public.

Meetings are held the first Thursday of the month beginning at 6:00pm in the Auditorium at the Stanly County Commons.

[Read on...](#)

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Government Websites by CivicPlus®

About Us



Vision Statement

Building a county of self-sufficient, healthy individuals, families, and communities through public health and social services, and collaboration with community partners.

Mission Statement

To promote self-sufficiency and to protect, promote, preserve, and improve the health, quality of life, and the environment of the residents and communities of Stanly County.

Strategic Goals

To promote self-sufficiency improve the health status and prevent premature death for all residents of Stanly County.

To provide leadership in the community related to key areas identified by the Community Health Assessment; substance use, mental health, access to care, and healthy living (nutrition, healthy weight, healthy environment, physical activity) through the Results Based Accountability framework.

To increase public awareness and perception of public health and social services programs to Stanly County residents and community partners.

Improve best practices, performance, and measurable outcomes of public health deliverables.

Quick Connections

- [2021 Community Resources Final \(PDF\)](#)
- [2023 Crisis Resource Services Guide \(PDF\)](#)
- [2023 State of the County Health Report \(PDF\)](#)
- [2024 Stanly County Community Health Assessment Report \(PDF\)](#)
- [Stanly County 2022 SOTCH Report \(PDF\)](#)

Contact Us

Health Department

Physical Address[View Map](#)

1000 N First St
Suite 3
Albemarle, NC 28001

Directions

Phone: [704-982-9171](#)

Fax: 704-982-8354

Appointment Line

704-986-3099

Medical Records Fax Line

704-986-3077

Dental Clinic Appointment Line

704-986-3845

Stanly County Employee Clinic Appointment Line

704-986-3097

Directory

Section 7

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Delegation of Authority

MANUAL: Administrative Manual

EFFECTIVE DATE: 12/01/2017

REVISION DATE (Applicable only if policy revised.) 05/29/25

ANNUAL REVIEW: Seena Khoshdel 6-5-25
Stanly County Consolidated Human Services Board Chair Date

Dolly Huffman Clayton MPA, MSW, LCSW 6/5/2025
Dolly Huffman Clayton, MPA, MSW, LCSW Date
Health and Human Services Director

Purpose:

North Carolina General Statute §153A-77 provides that the Human Services Director or the Director's Designee shall have the same powers and duties as a local health director as set out in North Carolina General Statute §130A-41. It is not practical or feasible for the Consolidated Human Services Director or the Director's Designee to directly perform all of the outlined responsibilities. The Statute allows the Director or Director's Designee to delegate to one or more members of their staff the authority to act as their representative.

Policy:

This document is to expressly delegate the authority, set out in North Carolina General Statute §153A-77 and North Carolina General Statute §130A-41, by the Stanly County Consolidated Human Services Director, to the Stanly County Health Director. Also by the Stanly County Health Director, in his absence or unavailability, to the Stanly County Director of Nursing.

Additionally, delegations of authority for the day-to-day operations of Stanly County General Health Clinics, WIC, Dental Clinic, Health Education, and Environmental Health are entrusted to the supervisors of these programs and include the following:

- To administer programs as directed by the Stanly County Consolidated Human Services Director;
- To sign off on policies specific to program area of oversight;
- To enforce the rules of the local board of health (Consolidated Human Services Board);
- To investigate the causes of infectious, communicable, and other diseases (§130A-144);
- To exercise quarantine authority and isolation authority pursuant to §130A-145;
- To disseminate public health information and to promote the benefits of good health;
- In consultation with the Stanly County Consolidated Human Services Director, advise local officials concerning public health matters;
- To enforce the immunization requirements (§130A, Article 6, Part 2);
- To examine and investigate cases of venereal disease (§130A, Article 6, Parts 3 and 4);
- To examine and investigate cases of tuberculosis (§130A, Article 6, Part 5);
- To examine, investigate, and control rabies (§130A, Article 6, Part 6);
- To abate public health nuisances and imminent hazards pursuant to §130A-19 and §130A-20; and
- To sign Agreement Addenda for the purposes of public health services provision as it relates to program area of oversight.

When authority has been delegated to sign for the Consolidated Human Services Director or Stanly County Health Director, the authorized signer should sign their own name and title, along with “as Director’s Designee.”

Duties not Delegated

The following items **are not** delegated:

- Signing contracts or lease agreements;
- Personnel Actions including hiring, demotions, leave without pay, and terminations;
- Signing personnel forms which include salary items (new hires, personnel evaluations/ merits, promotions, etc.); and
- Embargo of food or drink pursuant to G.S.106-125(a), (b), and (c).

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Developing Standing Orders, Policies and Procedures

MANUAL: Administrative Manual

EFFECTIVE DATE: 06/06/13

REVISION DATE (Applicable only if policy revised.) 05/29/25

ANNUAL REVIEW:

Seena Kachhani

Stanly County Consolidated Human
Services Board Chair

6-5-25

Date

Dolly Huffman Clayton, MPA, MSW, LCSW

Dolly Huffman Clayton, MPA, MSW, LCSW
Health and Human Services Director

6/5/2025

Date

Purpose:

To ensure accuracy, consistency, and standardization in the development of standing orders, policies and procedures for the Stanly County Health Department.

Policy:

Standing orders, policy and procedures will be developed, transcribed and approved to guide the practices/activities of Stanly County Health Department and its staff. Standing orders, policies and procedures will be developed in a systematic manner to ensure standards of care and effective departmental practices are upheld. All standing orders, policies, procedures adopted by the Stanly County Health Department will be recorded in a clear, concise manner, and maintained on Google Drive with access for all employees.

Definitions:

Standing order: a written document containing rules, policies, procedures, regulations and orders for the conduct of patient care in various stipulated clinical situations. Standing orders specify which staff are allowed to implement them.

Policy: a broad general statement describing management's decisions and expectations for action. A policy may be written with or without an accompanying procedure.

Procedure: a series of chronological steps to be followed in order to implement a policy. A procedure is written to support a policy. Responsibility is assigned as appropriate for completion of the procedure.

Administrative Policy: One affecting the overall activities/staff of the agency. (those affecting the activities/staff of more than one division will also be considered administrative policies)

Divisional Policy/procedure: One limited to affecting the activities/staff of a specific division of the agency

Program Standing Order/Policy/Procedure: one limited to affecting the activities/staff of specific service provided within a division of the agency

Staff: Employees (including contract personnel, volunteers, trainees, students and others whose actions, in the performance of work for Stanly County Health Department are under direct control of Stanly County Health Department, whether or not they are paid by the Stanly County Health Department

Leadership Team: Staff members assigned to report directly to the Health and Human Services Director

Expanded Leadership Team: Leadership Team and staff assigned to report directly to members of the Leadership Team

Protocol: A series of steps to complete a task or activity which does not require an accompanying policy.

Task: an assigned component of a job function

Effective Date: This is the date that the policy originally comes into effect.

Revision Date: This is the date that the policy was revised to meet a current need. Revisions do not change the substance of the policy, but clarify certain points or make limited changes to the

policy. If a policy is changed radically then retiring of the original policy and institution of a new policy should be considered.

Annual Approval: Policies are reviewed annually. Signatures and dates in this section are to represent an annual review and approval by the signee.

Discontinuation a policy: When a policy is identified as no longer useful, it is retired which means it is placed into archive.

Archiving of revised and discontinued policy: Policies placed in archive manuals kept in case question arises as to how situations or issues had been addressed during the effective period of those policies.

Procedure:

1. Administrative policies and procedures may be developed by the Leadership team or other designated staff and presented to the Leadership team for consideration and input. Approval must be obtained by the Health Director for administrative policies and procedures. Those requiring additional approval by the Stanly County Consolidated Human Services Board (Board) will be presented to the Board by the Health Director. All policies and procedures must be in the approved format (see sample format attached)
 - a. Stanly County Consolidated Human Services Board signs off on the following Administrative Policies:
 - i. Delegation of Authority
 - ii. Developing Standing Orders, Policies, and Procedures
 - iii. Diversity in the Workplace
 - iv. Fee Policy
 - v. Management of Customer Complaints
 - vi. Participation in Community Health Improvement
 - vii. Staff Orientation, Education, and Workforce Development Policy
2. Departmental (e.g. WIC, Dental, Environmental Health, etc.) policies and procedures may be developed/revised/discontinued by the Departmental or Division Supervisor (See Delegation of Authority Policy). These policies/procedures must be reviewed and approved by the Departmental Supervisor prior to implementation. Divisional supervisors are encouraged to share Divisional policies with the Leadership Team. Standing Orders may be developed/revised/discontinued by a Division Supervisor/designee. All Standing Orders must be reviewed by the Director of Nursing and signed by the Stanly County Medical Director and Advanced Practice Provider prior to implementation.
3. Standing orders, policies and procedures which are divisional or program specific and are authorized by federal and state legislation, rules or regulations, or local rules and

ordinances to carry out the program and its activities should reference this authority in the order, policy or purpose statement

4. Revisions to policies/standing orders should be highlighted in color to assist in ease of identification of the revision.
5. The Department or Division Supervisor responsible for each manual shall ensure that all revised standing orders, policies and procedures are included in the appropriate manual. Staff discontinuing a standing order/policy/ procedure will notify the Department Supervisor to remove the policy from the manual.
6. Standing orders, policies and procedures will be reviewed annually or more frequently if indicated. Divisional Supervisors will review divisional policies and the Leadership Team will review administrative policies. Reviewers will notify the Leadership Team member assigned to each unit when the review has been completed. The Leadership Team member will then record the most recent review date and the initials of the reviewer in the manual.
7. Discontinuation of a standing order/policy can only occur after review through the process described above. During the review process the standing order/policy would have to be found to be no longer pertinent/necessary to the work of the agency. That being the case the standing order/policy should be archived and staff notified that the policy is being discontinued or replaced through the usual process.
8. An outline format for use with all standing orders, policies and procedures will be followed as they are reviewed/revised annually.
9. All draft standing orders/policy/procedures will be forwarded to the appropriate Leadership Team member for review and adherence with formatting standards prior to being presented for approval.
10. An official copy of each new/revised/discontinued standing order, policy and procedure will be maintained indefinitely in a policy archive file by the responsible Leadership Team member. The original approval/revision/discontinuation date will be documented on the policy with the signature of the person approving this activity regarding the policy.
11. Division Supervisors will ensure that all current standing orders/policies/procedures are accessible to all affected staff members and will ensure full implementation.
12. Following approval of new/revised/discontinued standing orders, policies and procedures, Division supervisors will assure that all his/her affected staff are informed and educated within a reasonable time frame as determined by the Leadership Team/Division Supervisor. All affected staff will be provided access to either a paper or electronic copy of the policy.
13. All members of the staff are expected to be cognizant of the standing orders/policies/procedures affecting his/her position. Any member of the staff may suggest that a standing order/policy/procedure be drafted/revised/discontinued to his/her supervisor.

14. Methods used to notify staff regarding standing order/policy changes will include Leadership Team minutes, staff meetings, and email notices.
15. Archiving of policy is accomplished by presenting the discontinued policy which has been clearly marked as such to the department supervisor for placement in an archive manual marked for that purpose or placed on LaserFiche.
16. All Standing Orders must be written in North Carolina Board of Nursing Format.
17. All RNs and LPNs employed or contracted by the agency who have completed orientation and have been appropriately trained in agency emergency protocols may follow standing orders in place at the agency.

See Attachment A

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE:

MANUAL:

EFFECTIVE DATE: _____

REVISION DATE (Applicable only if policy revised.) _____

ANNUAL REVIEW: _____

(Health Director,
Director of Nursing, Environmental Health
Supervisor, etc)

Date

Other Authorized signature as appropriate
Medical Director, Division Supervisor, etc

Date

Purpose:

Policy:

Definitions:

Procedure:

Applicable Laws/Rules:

STANDING ORDERS



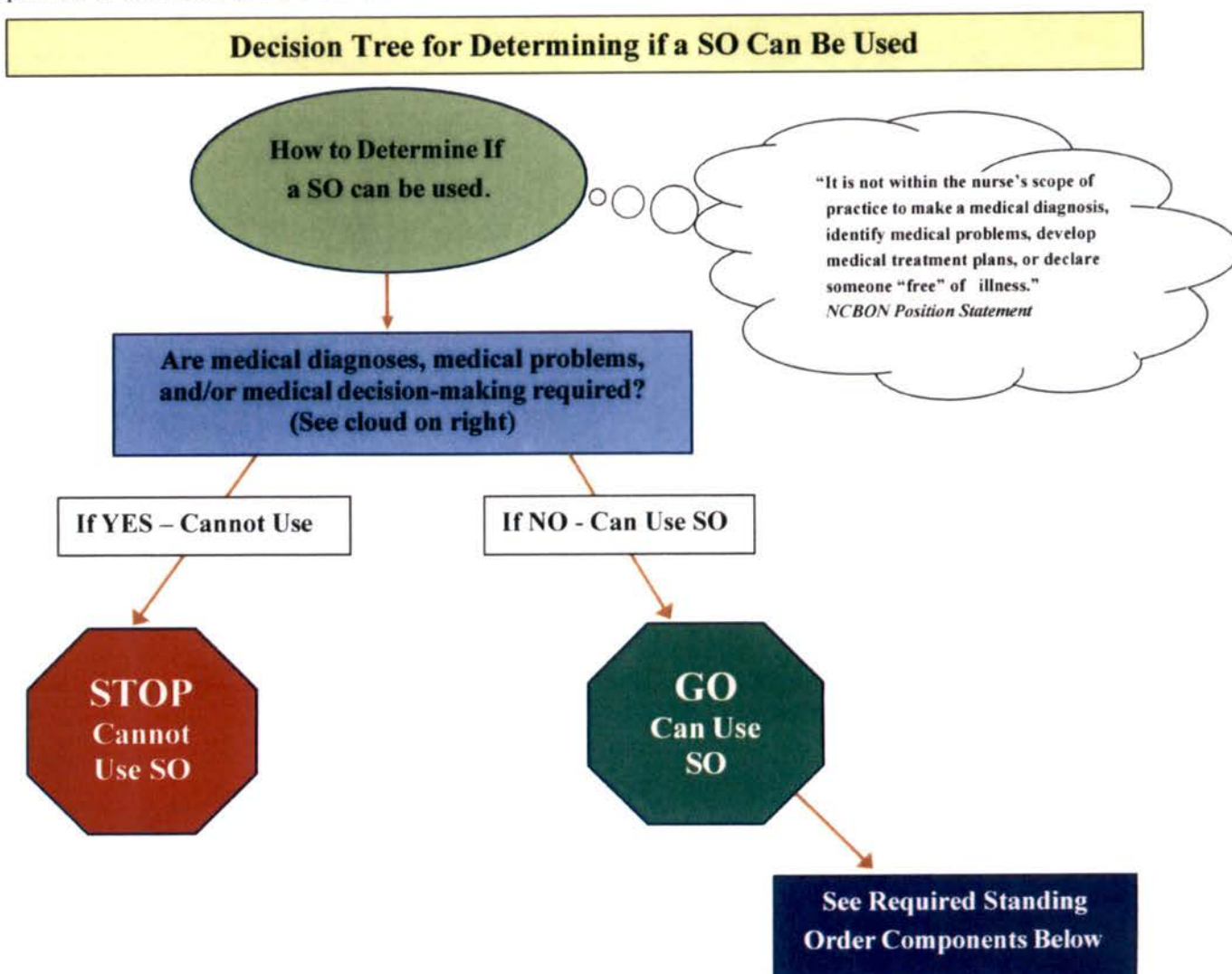
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

Purpose

The purpose of a Standing Orders (SO) is to provide a means for a physician or Advanced Practice Provider (APP) to legally convey to a registered nurse (RN) or licensed practical nurse (LPN) the ability to provide routine medical interventions to a client based on subjective and objective findings, screening standards and/or age-appropriate vaccinations.

The NC Board of Nursing, in its position statement on Standing Orders, lists specific components that must be included in SOs. Agencies should also have policies and procedures in place that support the use of SOs and describe the process for the development and approval of SOs. See STANDING ORDERS Position Statement for RN and LPN Practice at: <https://www.ncbon.com/vdownloads/position-statements-decisiontrees/standing-orders.pdf>

The first step in writing a SO is to determine if a SO is needed. The decision tree below will guide you through the process to determine if a SO can be used.



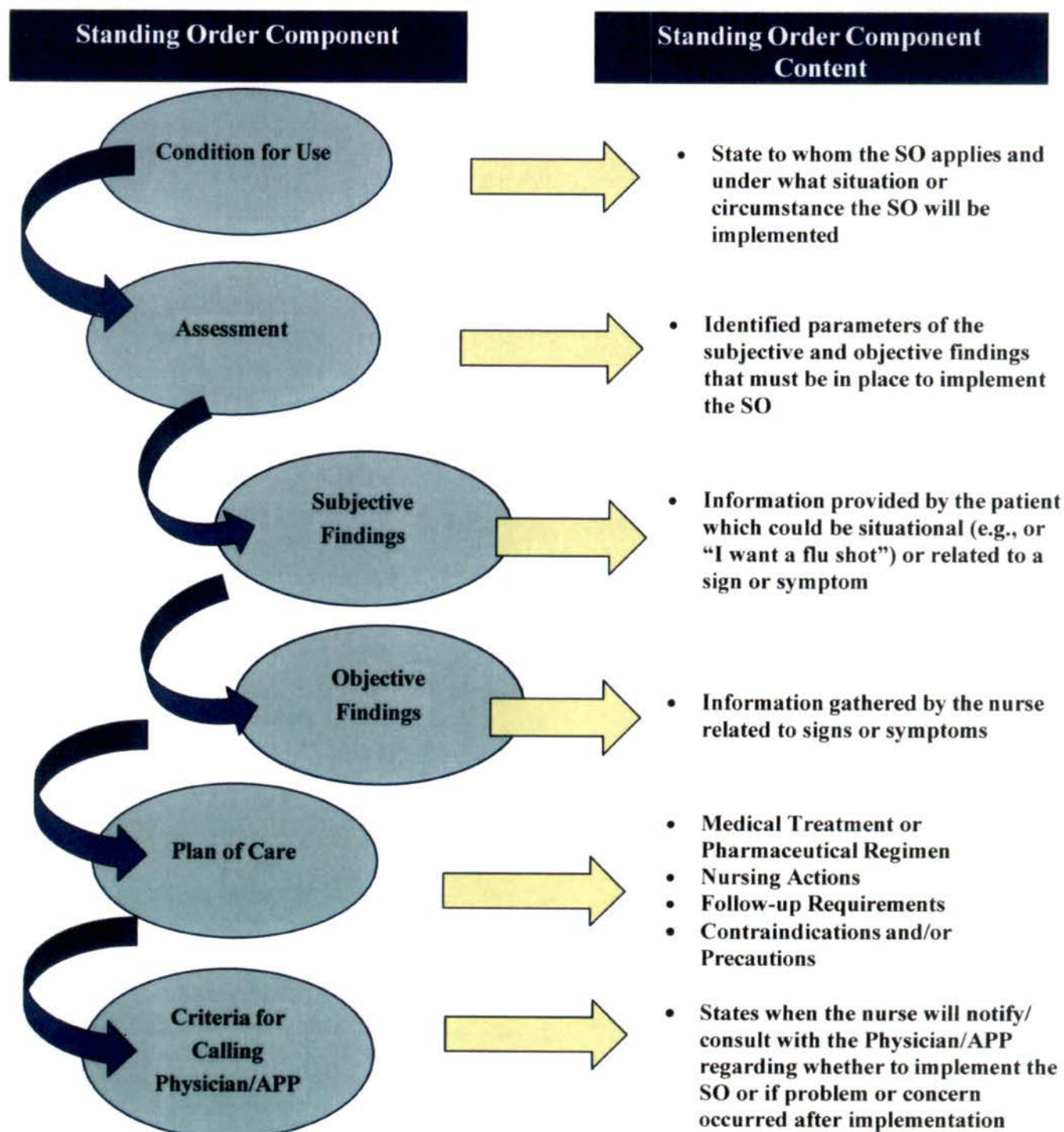
STANDING ORDERS



NC DEPARTMENT OF
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Division of Public Health

Required Components of a Standing Order

See STANDING ORDERS Position Statement for RN and LPN Practice



STANDING ORDERS



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Standing Order Components Described

Title of Standing Order

State the purpose of the SO and who, what, where, when and to whom the SO is directed (patient) and to whom (nurse) the authority is given to carry out the SO. (See Naloxone SO example on page 4 of this document).

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	State to whom the SO applies and under what circumstance(s) the SO will be implemented.
Assessment	
Assessment Criteria	Define the parameters that will need to be assessed which will then be outlined under the subjective and objective findings that must be in place to implement the SO.
Subjective	
Subjective	List information provided by the patient which could be situational or related to a sign or symptom (e.g., Pt. c/o pain, Pt. states, "I missed my period and I think I might be pregnant"). <i>Subjective data</i> are information from the patient's point of view, including feelings, perceptions and concerns.
Objective	
Objective	List information gathered by the nurse related to signs (things the nurse can see or observe such as cut, sweating, bruise, rash, etc.), objective findings associated with symptoms (e.g., pain scale results), test results, vital signs, or documentation of physical assessment or diagnostic findings. <i>Objective data</i> are observable and measurable data obtained through observation, physical examination, and/or laboratory and diagnostic testing. This may include an observation that the patient presented to the clinic for a specific treatment.
Nursing Plan of Care	
Contraindications for Use of this Order	Define under what conditions the SO cannot be implemented (e.g., Patient is allergic to a treatment prescribed in the SO; Patient cannot receive the injection in the anatomical area specified r/t physical anomaly, etc.).
Medical Treatment	Describes the medical treatment and/or pharmaceutical regimen the nurse will follow (e.g., Follow XXX specimen collection procedures; Give Tdap IM in Deltoid muscle using 1 inch 22-gauge needle for adults, etc.).
Nursing Actions	Include here: 1) information on education provided to patient's situation, condition or disease in which the SO covers; 2) lists pertinent after-care instructions to be provided to the patient (e.g., "Call the office if develop a fever of 101F or greater after Tdap" or "If you experience any signs or symptoms of premature labor before you have your first OB appointment, call the office or go to your nearest emergency department"); 3) note how the patient tolerated treatment or procedures provided under the SO.
Follow-up	List here, instructions for patient follow-up (e.g., Nurse will contact patient within XXX days), any follow-up appointments, referrals if indicated, etc.

STANDING ORDERS



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Criteria for Notifying the Physician/APP	
Criteria for Notifying the Physician/APP	State when the nurse will notify or consult with the physician/APP regarding whether to implement the SO or if a problem or concern occurred before or after implementation.

Approved by Physician/APP: The agency Physician or Advanced Practice Provider **must** sign SOs initially and review and revise (if needed) at least annually. Revisions require new signatures.

Date Written: Denotes the date written or approved. Agency policy must state how SOs are written, reviewed, and/or revised. SOs must be reviewed and signed at least annually.

STANDING ORDERS



NC DEPARTMENT OF
**HEALTH AND
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Division of Public Health

Example Standing Order

The following example standing order (**provided for illustrative purposes only**) was developed in accordance with the guidance detailed in the *STANDING ORDERS Position Statement for RN and LPN Practice* at: <https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>

Naloxone HCl Standing Order (SO) for Emergency Use in the Local Health Department

This Standing Order is for all Registered Nurses (RN's) and Licensed Practical Nurses (LPN's) practicing in local health departments in North Carolina to administer ***Narcan (naloxone HCl)** from the emergency cart (or equivalent) to any person who is possibly experiencing an opioid over-dose. Naloxone HCl is indicated for the reversal of opioid overdose induced by natural or synthetic opioids.

*(*If agency stocks a different formulary, insert that formulary here instead.)*

For the purposes of this SO, "opioid" is defined as any natural or synthetic opioid product.

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	Anyone who presents in a NC local health department who is or becomes unresponsive, loses consciousness, is not breathing or has no pulse. Emergency procedures will be initiated, and Narcan nasal spray 4 mg/0.1 mL will be administered to the person per agency emergency policy. <i>(If agency stocks a different formulary, insert that formulary here instead.)</i>
Assessment	
Assessment Criteria	Assess the client for: 1. Responsiveness by speaking and touching the person. 2. Pulse - for presence/absence
Subjective	
Subjective	Anyone who presents with any of the following: 1. Known or suspected opioid over-dose 2. becomes unresponsive 3. has loss of consciousness 4. has no assessable respirations
Objective	
Objective	Anyone who presents with any of the following: 1. unresponsive –does not respond to verbal or physical stimulation 2. unconscious – does not respond to touch 3. does not have a pulse 4. does not have respirations

STANDING ORDERS



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Nursing Plan of Care	
Contraindications for Use of this Order	Known allergy to Narcan <i>(If agency stocks a different formulary, insert that formulary here instead.)</i>
Medical Treatment	If one of the subjective or objective findings are present: 1. Call 911 immediately 2. Administer Narcan nasal spray (4 mg/0.1 mL) intranasally into one (1) nostril and initiate CPR as indicated. <i>(If agency stocks a different formulary, insert that formulary here instead.)</i> 3. If the person is unresponsive to voice or touch, has no respirations or no pulse or relapses to such conditions, repeat Narcan nasal spray <i>(If agency stocks a different formulary, insert that formulary here instead.)</i> using a new nasal spray up to (2) two doses in alternating nostrils, continue CPR as indicated until person becomes responsive or emergency medical services (EMS) arrives and takes over.
Nursing Actions	1. Call 911 immediately 2. Follow emergency policy and procedure for the health department. 3. Request staff person to obtain Narcan nasal spray. <i>(If agency stocks a different formulary, insert that formulary here instead.)</i> 4. Move the emergency cart or equivalent to the person. 5. Initiate CPR as indicated until EMS arrives and takes over. 6. Move the person on their side (recovery position) after giving nasal spray. Continue to assess the person's responsiveness, respiration and pulse.
Follow-up	1. Document actions taken in the electronic health record, including vital signs, medications and treatments, the time of administration, the time event was observed, name of personnel administering or observing, and the person's response. 2. Support the person as they recover and encourage further medical evaluation. 3. Report the events and actions taken to first responders/EMS when they arrive.
Criteria for Notifying the Physician/APP	
Criteria for Notifying the Physician/APP	1. Consult with the medical provider of a known allergy to Narcan. <i>(If agency stocks a different formulary, insert that formulary here instead.)</i> 2. Report use of this SO to the medical director per agency emergency policy after implementation.

Approved by: _____ Date approved (or last reviewed): _____
Local Health Department Physician/APP Signature

STANDING ORDERS



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Division of Public Health

Standing Order Maintenance:
Approved by Medical Director, Reviewed Annually and Revised as Necessary,
Cites Legal Authority

Points to Remember

1. Agencies should have policies, including procedures in place for how SOs are developed, reviewed, approved, signed, and managed. This is required under NC Accreditation Activity, 15.3.
2. SOs **must** be reviewed, signed, and dated at least annually and revised when necessary.
3. NC BON does not require the LHD lead nurse to sign Standing Orders, but it is strongly encouraged that they be involved in development, review, and revision of SOs.
4. SOs should be developed for services that occur frequently such as those that occur on a daily, weekly, or monthly basis as allowed by nursing scope of practice.
5. Ensure the SO identifies the number of parameters or elements that must be met to implement the SO.
6. Be careful when using certain terms to eliminate confusion.

Example:

Criteria vs. Criterion: "Criteria" is the plural of "Criterion." Use the word "criteria" if there is more than one objective finding required to be present to implement the SO. Use "criterion" if there is only one objective finding required to be present to implement the SO. Since these two terms can be confusing at times, an alternative would be to simply state, "if **one** of the following is present, then implement the SO" or "if **all** of the following are present, then implement the SO."

7. SOs shall not be written in such a way as to give nurses a choice as this would potentially put the nurse in a position of exceeding their scope of practice.

Example:

Should vs. **Shall**: "Should" allows the nurse to choose whether the SO or a component of the SO is to be implemented. "Shall" is definitive and removes choice from the nursing action. The same is true for "**may**" versus "**must**" or "**can**" versus "**will**."

8. SOs must state specific parameters as to when the physician needs to be notified or consulted.
9. If a nursing action must be performed in sequence, then assure steps are in the correct sequence and numbered. If the steps are performed out of order, the SO becomes invalid.
10. Do not put unnecessary information in the SO such as coding and billing information, quoting articles, or studies or historical background.
11. Do not copy and paste drug information from package inserts (pharmaceutical product information) into the SO. These inserts are not written in such a way that would allow nurses to implement the SO.

Consult your regional [OCPHN Regional Nurse Consultant](#) for further guidance and related memorandum issued on SOs.

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Diversity in the Workplace

MANUAL: Administrative Manual

EFFECTIVE DATE: 11/06/08

REVISION DATE (Applicable only if policy revised.) 05-29-25

ANNUAL REVIEW: Seena Lockhart 6-5-25

Stanly County Consolidated Human
Services Board Chair

Date

Dolly Huffman Clayton MPA MSW LCSW 6/5/2025

Dolly Huffman Clayton
Health and Human Services Director, MPA,
MSW, LCSW

Date

Purpose:

The purpose of this policy is to describe the department's efforts to establish a diverse workforce and recognizes the value of diversity in helping us provide effective care for our patients and services for the community. The scope of this policy applies to all members of the Stanly County Health Department (SCHD) workforce.

Policy:

The Stanly County Health Department strives to recruit a diverse staff that reflects the demographics of the community as best as possible with regard to gender and race/ethnicity. A Diversity Plan will be reviewed on an annual basis and updated as needed in an effort to assess the department's level of diversity as compared to the community population.

See Attachment A

Procedure:

- Demographics: The most recent census data available shall be reviewed annually. The demographics of Stanly County shall be compared with the demographics of the Stanly County Health Department staff. Any areas of deficiency shall be identified and a diversity plan shall be developed and written to

enhance recruiting efforts to attract qualified applicants in those demographic categories identified as areas of deficiency.

- Recruiting: The Stanly County Health Department shall adhere to the procedures established in the Stanly County Personnel Resolution for recruitment of all employees. Efforts will be made to promote awareness of vacant department positions among diverse communities in the county. Efforts will also be made to promote awareness of the various disciplines that comprise the public health workforce in educational and community settings where possible to raise interest in pursuing careers in public health.

ATTACHMENT A**Stanly County Health Department****Diversity in the Workplace****Diversity Plan 2025/2026****Part A: Determination of Stanly County Demographics**

1. Assess latest (2024) Census Data to identify demographics of Stanly County

Race & Hispanic Origin	Percentage
White, alone	83.3
White, alone, not Hispanic/Latino	78.5
Black/African American, alone	12.1
Hispanic/Latino	6.0
Asian, alone	2.0
2 or more races	1.7
American Indian/Alaska Native, alone	0.5
Native Hawaiian & Other Pacific Islander, alone	0.3

2. Assess Staff Demographics using self-report

Race & Hispanic Origin	Percentage
White	88.0
Black/African American, alone	4.0
Hispanic/Latino	8.0
Asian, alone	0
2 or more races	0
American Indian/Alaska Native, alone	0
Native Hawaiian & Other Pacific Islander, alone	0

3. Comparison of County and Agency Demographics

Race & Hispanic Origin	Community Percentage	Agency Percentage
White	83.3	88.0
Black/African American, alone	12.1	4.0
Hispanic/Latino	6.0	8.0
Asian, alone	2.0	0
2 or more races	1.7	0
American Indian/Alaska Native, alone	0.5	0
Native Hawaiian & Other Pacific Islander, alone	0.3	0

Part B: Impressions regarding demographic data

- The majority of Stanly County citizens report as being white.
- 6% of Stanly County citizens report as being Hispanic/Latino.
- All other categories report less than 5% of citizens being members of those categories.
- Agency employee demographics show that 5.6% more staff members report as white than the general population.
- Agency employee demographics show that 2% more staff members report as Hispanic/Latino than the general population
- Agency employee demographics show that only 4% of staff members report as Black/African American as opposed to 12.1% of the general population.

Part C: Desire for equitable representation vs. constraints

- Equal representation of the races creates an environment for both clients and staff that is conducive to the development of cultural humility and appropriate honest and trustworthy relationships are built (staff member to staff member, staff member to client).
- It has been noted that cultural humility is pivotal to addressing and eliminating health disparities.
- Provision of services by staff who are racially and ethnically representative of the population support a service delivery model that is customer friendly, genuinely more health literate and medically more effective.
- The Stanly County Health Department is bound by the recruitment and hiring practices set forth in the Stanly County Personnel Resolution which asserts that,
 - Position vacancies will be announced,

- Applicants will be evaluated using the same criteria,
- Selection decisions are made without regard to race, color, religion, gender, national origin, disability, age or other factors.
- Position announcements are routinely posted at NC Works and distributed to County Departments.

Part D: Plan for reaching a larger and probably more diverse pool of applicants especially for positions that are difficult to fill.

- Post positions on NeoGov. Positions will often roll over on to the recruiting site, "Indeed".
- Position vacancies can be announced through the local radio station or stations heard in the surrounding area.
- Position announcements are posted at local schools and colleges (Pfeiffer, UNC Charlotte, Stanly Community College, Central Piedmont Community College and others)
- Position announcements are sent to discipline specific organizations and professional websites.
- Position announcements may be sent to other outlets depending on the difficulty encountered at filling the position.

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Patient Fees, Eligibility, and Billing Policies

MANUAL: Administrative Manual

EFFECTIVE DATE: 02/17/2017

REVISION DATE (Applicable only if policy revised.) 05/29/25

ANNUAL REVIEW: Seena K. Hoshani
Stanly County Consolidated Human
Services Board Chair

6-5-25
Date

Dolly Huffman Clayton MPA MSW LCSW
Dolly Huffman Clayton, MPA, MSW, LCSW
Health and Human Services Director

6/5/25
Date

Trena Lambert-Simpson BSN, RN, DON
Trena Lambert-Simpson, RN, DON

6.5.25
Date

Purpose:

To ensure that each client is charged for services in accordance with all federal, state, and local policies related to the program in which the client is requesting services. All persons who receive clinic services will be charged for those services unless the client has been deemed eligible for free or reduced fee services due to limited financial income, age, law or program regulations. This policy is to serve as a resource for all employees, who determine eligibility for services and fees to ensure that all clients are treated equally.

Definitions:

None

Policy:**I. Fees****A. Foundation**

Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that all legally required public health services are furnished for all residents and then providing as many recommended public health services as it can for those residents with greatest need.

Stanly County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference.

Fees are a means to help distribute services to residents of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health and Human Services Director and approved by the Stanly County Consolidated Human Services Board and the County Commissioners, and 2) they are not otherwise prohibited by law. Fees are based on the cost of providing the service.

B. Fee Setting

Health Departments must develop a pricing policy addressing establishment of usual and customary charges, applying income-based discounts, non-sliding fee scale services, third party billing/reconciliation, Medicaid (physician administered drugs, fee for service drugs (340b), managed care, Medicaid as secondary payer). **(see attachment A Fee Setting Policy)**

C. Vaccine and Administration

Stanly County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccines in accordance with the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccines may be billed to Medicaid. State supplied vaccines will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third-Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Stanly County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccines provided within Child Health, Family Planning, and Maternal Health programs will be subject to the sliding fee scale.

D. 340b Drugs and Devices

Stanly County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the CureMD billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

E. Non-Sliding Fees

The terminology, "Flat Fees" has been replaced and is now known as Non-Sliding Fees. Stanly County Health Department provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not slide on the sliding fee scale. These fees include, but are not limited to TB skin tests for employment or school,

non-programmatic pregnancy tests, and purchased vaccines rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health and Human Services Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

II. Eligibility

A. Identification

It is considered “best practice” for each person presenting for services to establish identity either with a birth certificate, driver’s license, military I.D., passport, visa, or green card, etc. A local health department may not require a client to present identification that includes a picture of the client for at least immunization, pregnancy prevention, sexually transmitted disease and communicable disease services (Consolidated Agreement, B, 16). However, you may take a photograph of the client, (with their permission) for internal use only.

B. Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size.

Examples	Determining Family Size
1 A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2 A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3 An individual in an institution.	Separate Economic unit
4 A client who requests “confidential services”, regardless of age.	Family of 1
5 If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent’s medical insurance policy, interview questions may include the following: 1) <i>Ask the client if their parents are aware of their visit?</i> 2) <i>Ask if “both” parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit.</i> 3) <i>Ask if you can send a bill to the home, to both parents.</i>	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

C. Determining Gross Income

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. the value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veterans Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning clients*, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 7 business days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 7 days, then the charge stands at 100% for that visit. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

***For Family Planning clients, the agency may use information from other Health Department programs to which the agency has legal access in order to verify income, but the agency may not charge clients at 100% simply because the client has not provided proof of income. In cases where the agency has no access to**

income reported in another program and the client does not provide proof of income, eligibility for discounts must be determined based on the client's verbal attestation of income. Reasonable attempts to verify income include only asking the client for proof of income at the initial and all subsequent Family Planning visits. Under no circumstance should measures to verify income burden clients from low-income families.

D. Computation of Income

Income will be based on a twelve (12) month period. If the client is working the day they present for a service, income will be calculated weekly, bi-weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed the day they present for their service, their "employment only" income will be calculated at zero (0), however the client should be required to provide "their mechanism", in regard to their paying for food, clothing, shelter, utility bills, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the client is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.

	The client's income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months' formula (Based on 12 month Period)	• Unemployed today = last 6 months income + projected unemployment (if applicable) or zero if client won't receive unemployment. This will give you income for the client for a 12 month period. - o If no unemployment compensation – ask how the client is going to support themselves. • Employed today but unemployed last 6 months – Did the client receive unemployment the last 6 months? If no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

E. Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)

Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Stanly County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows:

Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to “0” at 100% of the Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

- (1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
 - (a) Will be applied according to a public schedule of charges;
 - (b) Will not be imposed on low-income individuals or their families;
 - (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
- (2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
- (3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

F. Title X Requirements Related to Income Collection for Confidential Clients

Title X requires that any client seeking confidential services be considered a family of one and that only their income would be used in assessing their percent pay on the sliding fee scale.

Income and Eligibility is maintained electronically in CureMD. The number in the household, annual gross income and percentage of pay should be reflected on the financial documentation. The documentation should be signed and dated by the interviewer and client. Use of electronic signatures is acceptable.

Income is reassessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the “actual date” of service. If there has been a change or it is time for their annual review the income determination process should take place.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to determine fees. All third-party providers will be billed, without discount, where applicable.

Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients the copay may not exceed the amount they would have paid for services based on sliding fee scale.

Income information reported during the financial eligibility screening for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

G. Child Health/Health Check

Well child exams (Health Check) conducted by a physician or physician extender; exam includes medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.

Primary Care (Child Health) for sick children provided by a physician or physician extender.

Eligibility: Individuals birth to 20 years; Sliding Fee Scale; Self Pay and/or Third Party, including Medicaid and Medicare

H. Maternal Health

Prenatal care for eligible pregnant women.

Eligibility: Pregnant Women; Sliding Fee Scale; Self Pay and/or Third Party, including Presumptive Medicaid, Medicaid and Medicare

I. Family Planning or Women's Health Services

Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by appropriate provider.

All family planning services must be client centered, culturally and linguistically appropriate, inclusive, and trauma informed.

Eligibility: Men and Women of childbearing age regardless of residency; 101-250% Sliding Fee Scale is Applied; Self Pay and/or Third Party, including Medicaid and Medicare

The following shall apply to Family Planning clients:

- (1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
- (2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and it will be documented on the Financial Eligibility form. Charges to clients seeking confidential services will be based solely on the individual's income.
- (3) The use of NC Debt Setoff is acceptable for collecting past due amounts for Family Planning clients.
- (4) Confidential clients should NOT be referred to Debt Set-off.

- (5) The “Bad Debt Write-Off” method of aging accounts will be strictly followed. The list of bad debts should be approved by the Health and Human Services Director, prior to submission to the Stanly County Consolidated Human Services Board. Bad debts will not be written off until the approval of the Stanly County Consolidated Human Services Board has been acquired. Stanly County Consolidated Human Services Board minutes will serve as documentation that the write-offs have been approved.
- (6) Bills/receipts will be given to clients at the time of service showing total charges, as well as any allowable discounts.
- (7) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
- (8) Verifying a Family Planning client’s income should not burden patients with low incomes or impede access to care. If a Family Planning client’s income cannot be verified through access to enrollment in another program within your agency, and the Family Planning client has not provided proof of income, then you must charge the client based on the client’s self-reported income.
- (9) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within your agency, then you may charge 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.
- (10) Family Planning clients will pay the lesser of the copay and additional fees or where they fall on Sliding Fee Scale as required by Title X.

J. Communicable Disease Control

This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Third Party, including Medicaid, Medicare and Insurance can be billed.

K. Breast and Cervical Cancer Control Program (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility: Is determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

L. Other Services

Please refer to the Coding & Billing Guidance on the DPH/LHD website for information regarding changes to OS and PC service approval.

M. Women’s, Infants and Children’s Nutrition (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Stanly County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

III. Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered at the Stanly County Health Department, with the approval of the Stanly County Consolidated Human Services Board and the Stanly County Commissioners will implement specific fees for services and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client pay. Stanly County Health Department currently participates with multiple insurance networks. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

A. Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.
5. No one shall be denied services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client account will not be reduced due to a donation. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

B. Fee Collection

1. Charges in all programs will be determined by a fee scale based on Federal Poverty with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility in CureMD. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment C)
4. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health and Human Services Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
5. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
6. The Accounts Receivable System will be balanced daily.
7. Emergency services will never be denied.

8. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

C. Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign on paper to be scanned or electronically sign a consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party is billed the total amount of the service provided they will not receive the benefit of the sliding fee scale. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically using CureMD.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balances for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
 - a. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
7. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department's supervisor. The billing department will review the corrections and update the charges accordingly. If a client has been charged and has received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless the client was overcharged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

D. Overpayments and Refunds

Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

E. Bad Debt Write Off and NC Debt Setoff**1. Bad Debt Write Off**

- a. Outstanding accounts having no activity in more than 12 months shall be written off as bad debts, at least annually upon approval of the Stanly County Consolidated Human Services Board.
- b. Once an account has been written off as a bad debt it should not be reinstated. Only if the client returns to the clinic and wants to make a payment should action be taken to reinstate only the payment amount, post the payment and leave the remaining balance that was initially written off as it stands.

2. NC Debt Setoff

- a. Client accounts fulfilling the requirements of NC Debt Setoff will be submitted to the NC Debt Setoff Program, at least annually. The account balance must be (1.) greater than \$50.00, and (2.) must be 60 days delinquent before it is eligible for Debt Set Off. After being delinquent for a minimum of 60 days, the client/guarantor will be notified of the process of debt setoff, via letter. The client/guarantor has 30 days to take action via payment or payment plan or the debt will be submitted to NC Debt Setoff.
- b. Debt Setoff should not be used for Family Planning clients for whom confidentiality may be breached.

F. Bankruptcy

When legal notification is received from Bankruptcy court, there is no further collection of the outstanding account unless a payment schedule is set up by the Bankruptcy court.

1. The client's account is notated/flagged with bankruptcy information, such as the time frame to which the bankruptcy references.
2. The account may be written off if mandated by court.
3. The client may volunteer to pay.
4. Additional visits to which are not included in the bankruptcy time frame, will be the client's responsibility.

IV. Limiting or Restricting services

1. Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the agency can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan, services cannot be denied or restricted.
2. In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.

3. Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.

V. No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical records are flagged reflecting-- **“NO MAIL” and every precaution should be taken to ensure bills are “not” sent to clients, requesting “NO MAIL”.**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests “NO MAIL”.

Attachment A

Fee Policy

PURPOSE:

The procedure to which Stanly County Health Department uses for setting fees for services.

POLICY:

In accordance with G.S. 130A-39(g), which allows local health departments to implement fees for services rendered, the Stanly County Health Department, with the approval of the Stanly County Consolidated Human Services Board and the County Commissioners will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the service. Resources that may be used in this process include, Cost Report, Medicaid Reimbursement rates, fees charged by surrounding health departments/service providers and/or DPH LHD worksheet for setting fees.

PROCEDURE:

A developed multi-disciplinary committee of the Stanly County Health Department will meet at least annually, to determine the cost of providing services and discuss the fees for the services provided.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Stanly County Health Department may use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third-Party Insurance rates for services.

Once the fees are reviewed and discussed by the committee, the Health and Human Services Director will present the fees to the governing board for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". Fees are reviewed and approved annually. The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Attachment B

Network Participation In Network Third Party Insurances

Stanly County Health Department is in network and participates with the following Third-Party Insurances.

- Aetna
- Blue Cross Blue Shield
- Cigna
- Medcost
- North Carolina Health Choice
- Tricare
 - o Prime
 - o Standard
 - o Tricare for Life
- United Healthcare
- Ambetter
- Care Source

Participating Governmental Payers

Stanly County Health Department is in network and participates with the following Governmental payers.

- Medicare
- NC Medicaid
 - o Including Prepaid Health Plans provided by the following
 - Healthy Blue
 - United Health Care
 - Well Care
 - AmeriHealth Caritas
 - Carolina's Complete
 - Trillium/Carolina Complete
 - Blue Premier
 - Vaya Health
 - Alliance Health
 - Partners Health/Carolina Complete



Attachment C

Stanly County Health Department

Dolly Huffman Clayton, MPA, MSW, LCSW
 Health & Human Services Director
 1000 North First Street, Suite 3
 Albemarle, NC 28001
 Phone (704) 982-9171 Fax (704) 982-8354
www.stanlycountync.gov

Stanly County Health Department**Payment Agreement**

In accordance with the policy of the Stanly County Health Department, payment is due when a service is rendered. However, we realize that there are times when an individual does not have the total amount of money owed to the clinic, therefore, this written agreement is established as a method of adopting a payment plan for those clients who have an outstanding balance.

NAME _____ DATE OF BIRTH ____/____/____

ADDRESS _____ AND OTHER INFORMATION, AS

REQUIRED _____

I, _____, agree to establish a payment plan for my account and to the stipulations herein stated:

_____ My account balance is \$ _____

_____ I will pay the amount of \$ _____ on my bill

_____ Monthly _____ Weekly _____ Bi-weekly _____

_____ I understand that the Stanly County Health Department cannot operate efficiently without me adhering to the agreement as stated above. I further state that my options were explained to me and I fully understand.

_____ I understand that I am responsible for any balance left owing if my insurance company should not pay the bill in full and that it will be based on my sliding fee scale status.

This is a binding agreement by signatures of both parties.

I understand that failure to comply with this agreement will greatly affect the overall operations of the Stanly County Health Department and may result in my debt being referred to NC Debt Setoff for collection.

Signature of Client _____

Signature of Witness _____

STANLY COUNTY
ADOPTED FEE SCHEDULE FOR FISCAL YEAR 2025

GENERAL HEALTH DEPARTMENT

2025
Department Requested

New Patient (Sick):	
Office Visit-Brief	\$ 94.00
Office Visit-Prob. Focus.	133.00
Office Visit-Expanded	195.00
Office Visit-Mod. Comp.	214.00
Office Visit-Comp.	245.00

Established Patient (Sick):	
Office Visit-Brief	\$ 57.00
Office Visit-Prob. Focus.	73.00
Office Visit-Expanded	79.00
Office Visit-Mod. Comp.	123.00
Office Visit-Comp.	183.00

New Patient Preventative Vaccinations:	
under 1 year old	\$ 90.00
1- 4 years old	90.00
5 - 11 years old	154.00
12 - 17 years old	169.00
18 - 39 years old	167.00
40 - 64 years old	199.00
64 years old & older	215.00

Established Patient Preventative Vaccinations:	
under 1 year old	\$ 90.00
1- 4 years old	90.00
5 - 11 years old	126.00
12 - 17 years old	146.00
18 - 39 years old	142.00
40 - 64 years old	158.00
64 years old & older	175.00

Other visit codes	
Antepartum Care only: 4-6 visits	\$ 1,000.00
Antepartum Care only: 7 or more visits	1,500.00
Health Screening Letter FMLA paperwork	55.00
Postnatal Home Visit	60.00
Newborn Home Visit	60.00
TB Screening Form	20.00
Pregnancy Medical Home PP Visit	225.00
Maternal Care Skilled Nurse Home Visit	88.00
STD/TB control and treatment	25.00
Limited Physical Adult	45.00
Limited Physical, sports	45.00
Limited Physical, DOC	100.00

Family Planning:	
Nexplanon Inserts	\$ 102.00
Nexplanon Removal	118.00
Nexplanon Removal and Reinsertion	182.00
IUD Insertion	150.00
IUD Removal	120.00
Depo Provera/medroxyprogesterone	40.00
Kyleena	650.00
Skylla	742.00
Mirena	1,227.00
Liletta	300.00
Paragard	1,151.00
Nexplanon	1,093.00
Oral Contraceptive Pills	10.00

340b medications are to be billed to Medicaid at the acquisition cost.

Laboratory:	
Lab Processing Fee(Quest/State)	\$ 15.00
Blood Occult (Stool)	10.00
Glucose Random	12.00
Hemoglobin	10.00
Pregnancy Test	25.00
Urinalysis Dipstick	10.00
Wet Mount	15.00
Softa COVID	39.00
Softa Covid/Flu	64.00
Softa Strep	15.00
Softa Flu A and B	15.00
Vaginal PH	10.00
Gram Stain, smear	10.00

80.048	Basic Metabolic Panel	10.00
80.051	Electrolyte Panel	9.00
80.053	Comprehensive Metabolic Panel	11.00
80.081	Lipid Profile	18.00
80.089	Renal Function Panel	11.00
80.374	Acute Hepatitis Panel	80.00
80.078	Hepatic Function Panel	11.00
80.158	Cyclosporine	23.00
80.164	Dipropylsuccinic Acid	18.00
80.175	Lamotrigine Level	17.00
80.177	Levetiracetam Level	17.00
80.178	Lithium	9.00
80.184	Phenobarbital	15.00
81.511	FTL, CGEN, ASH, OR FOUR ANAL	140.00
82.043	Albumin; Urine, Micr, Quantitative	6.00
82.044	Albumin; Urine, Micro, Semiquantitative	4.00
82.086	Atokene	13.00
82.088	Atokene	82.00

82,103	Alpha-1-Antitrypsin; Total	18.00
82,105	Alpha-Fetoprotein; Serum	22.00
82,120	Amines, Vaginal Fluid, Qualitative	5.00
82,238	Bile Acids; Total	21.00
82,247	Bilirubin; Total	7.00
82,248	Bilirubin; Direct	7.00
82,270	Blood, Occult, By Peroxidase Activity (Eg, Guaiac); Qualitative; Feces, 1-3	5.00
82,274	Blood, Occult, By Fecal Hemoglobin Determination By Immunoassay, Qualitative	21.00
82,306	Celofedol (25-Ch Vitamin D-3)	38.00
82,310	Calcium; Total	7.00
82,330	Calcium; Ionized	18.00
82,374	Carbon Dioxide	7.00
82,380	Cenuloplasmin	14.00
82,435	Chloride, Serum	6.00
82,525	Copper	16.00
82,540	Creatine	6.00
82,542	Column Chromatography/Mass Spectrometry (Eg, Go/Ms, Or Hplo/Ms), Analyte Not	13.00
82,550	Creatine Kinase (Ck), (Cpk); Total	9.00
82,553	Cpk; Mb Fraction Only	15.00
82,585	Creatinine; Blood	7.00
82,570	Creatinine; Other Source	7.00
82,607	Cyanocobalamin (Vitamin B-12)	20.00
82,626	Dehydroepiandrosterone (Dhea)	33.00
82,627	Dhea-S	29.00
82,652	Dihydroxyvitamin D	49.00
82,657	Enzyme Activity In Blood Cells, Cultured Cells, Or Tissue, Not Elsewhere	23.00
82,870	Estradiol	31.00
82,728	Fertlin Specify Method	18.00
82,748	Folic Acid	19.00
82,747	Folic Acid; Rbc	20.00
82,784	Gamma Globulin	13.00
82,785	Gammaglobulin; Ige	21.00
82,945	Glucose, Body Fluid, Other Than Blood	5.00
82,947	Glucose; Quantitative, Blood (Except Reagent Strip)	5.00
82,950	Glucose Post Glucose Dose	7.00
82,951	Glucose Tolerance	17.00
82,952	Glucose Tolerance Test Each Assil Beyond 3 Spec	5.00
82,977	G G T	10.00
83,001	Gonadotropin; Follicle Stimulating Hormone (Fsh)	24.00
83,002	Luteinizing Hormone (Lh)	24.00
83,036	Hemoglobin; Glycated	13.00
83,090	Homocystine	22.00
83,488	Hydroxyprogesterone, 17-O	35.00
83,518	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious	15.00
83,519	Immunoassay, Analyte, Quantitative, By Radiopharmaceutical Technique (Eg, Ria)	18.00
83,520	Immunoassay Analyte; Not Otherwise Specified	17.00
83,525	Insulin; Total	15.00
83,540	Iron	9.00
83,550	Ibc	12.00
83,570	Idh	12.00
83,615	Lactate Dehydrogenase (Ld), (Ldh)	8.00
83,655	Lead	16.00
83,690	Lipase	9.00
83,718	Lipoprotein, Direct Measurement; (Hdl Cholesterol)	11.00
83,880	Natriuretic Peptide	44.00
83,883	Nephelometry, Each Analyte	18.00
83,921	Organic Acid, Single, Quantitative	21.00
83,970	Parathormone	53.00
83,986	Ph Body Fluid Except Blood	5.00
84,075	Phosphatase Alkaline	7.00
84,100	Phosphorus Inorganic (Phosphate)	7.00
84,132	Potassium Serum	6.00
84,134	Prealbumin	19.00
84,144	Progesterone	27.00
84,146	Prolactin	25.00
84,153	Prostate Specific Antigen (Psa); Total	24.00
84,155	Protein; Total, Except Refractometry	5.00
84,244	Renin	28.00
84,260	Serotonin	21.00
84,270	Shbg	28.00
84,402	Testosterone; Free	33.00
84,403	Testosterone; Total	33.00
84,425	Thiamine	27.00
84,436	Thyroxine; Total	8.00
84,439	Thyroxine; Free	12.00
84,443	Tsh	21.00
84,445	Thyroid Stimulating Immune Globulins (Tsi)	65.00
84,450	Transferase; Aspartate Amino (Ast) (Sgpt)	7.00
84,460	Transferase; Alanine Amino (Alt) (Sgpt)	7.00
84,468	Transferrin	17.00
84,478	Triglycerides	8.00
84,479	Thyroid Hormone (T3 Or T4) Uptake Or Thyroid Hormone Binding Ratio (Thbr)	8.00
84,480	Triiodothyronine T3; Total (Tt-3)	19.00
84,481	Triiodothyronine (T-3); Free	22.00
84,484	Tropoinn, Quantitative	13.00
84,520	Urea Nitrogen; Quantitative	5.00
84,550	Uric Acid; Blood	8.00
84,590	Vitamin A	15.00
84,630	Zinc	15.00
84,681	C-Peptide Any Method	21.00
84,702	Gonadotropin Chorionic Quantitative	12.00
84,703	Gonadotropin Chorionic Qualitative	10.00
85,018	Hemoglobin	4.00
85,025	Blood Count Hemogram/Platelet Count Auto/Auto Comp	10.00
85,045	Blood Count, Reticulocyte Count, Flow Cytometry	8.00
85,060	Blood Smear; Peripherals, Interp By Physician	19.00
85,378	Fdp, D-Dimer; Quantitative	12.00
85,810	Prothrombin Time	5.00
85,852	Sedimentation Rate, Erythrocyte; Automated	4.00
85,860	Sickling Rbc Reduction Slide Method	8.00
85,730	Pe	8.00
86,003	Allergen Specific Ige; Quantitative Or Semiquantitative, Each Allergen	7.00
86,038	Antinuclear Antibodies (Ana);	16.00
86,039	Ana; Titer	15.00

86,140	Crp	7.00
86,141	C-Reactive Protein; High Sensitivity (Hscrp)	17.00
86,148	Beta 2 Glycoprotein I Antibody, Each	19.00
86,147	Cardiolipin (Phospholipid) Antibody, Each Ig Class	19.00
86,180	Complement; Antigen, Each Component	16.00
86,225	Deoxyribonucleic Acid (Dna) Antibody; Native Or Double Stranded	18.00
86,255	Fluorescent Noninfectious Agent Antibody; Screen, Each Antibody	18.00
86,300	Immunoassay For Tumor Antigen, Quantitative; Ca 15-3 (27.29)	27.00
86,304	Immunoassay For Tumor Antigen, Quantitative; Ca 125	27.00
86,308	Helicobacter Antibodies; Screening	7.00
86,317	Immunoassay For Infectious Agent Antibody, Quantitative, Not Otherwise Specified	19.00
86,382	Neutralization Test Viral	22.00
86,431	Rheumatoid Factor; Quantitative	8.00
86,480	Tuberculosis Test, Cell Mediated Immunity Measurement Of Gamma Interferon	87.00
86,582	Syphilis, Precipitation Or Flocculation Tests	8.00
86,615	Antibody; Bordetella	17.00
86,618	Antibody; Lyme Disease	19.00
86,664	Antibody; Epstein-Barr, Nuclear Antigen	19.00
86,665	Antibody; Epstein-Barr Viral Capsid	21.00
86,666	Antibody; Ehrlichia	13.00
86,695	Antibody; Herpes Simplex, Type 1	17.00
86,696	Antibody; Herpes Simplex, Type 2	25.00
86,703	Antibody; Hiv-1 & Hiv-2, Single Assay	15.00
86,705	Hepatitis B Core Antibody (Hbcab); IgM Antibody	15.00
86,706	Hepatitis B Surface Antibody (Hbsab)	14.00
86,707	Hepatitis Be Antibody (Hbeab)	15.00
86,708	Hepatitis A Antibody (Hsaab), Total	16.00
86,709	Hepatitis A Antibody (Hsaab); IgM Antibody	15.00
86,735	Antibody; Mumps	17.00
86,757	Antibody; Rickettsia	25.00
86,762	Antibody; Rubella	18.00
86,765	Antibody; Rubella	17.00
86,780	Treponema Pallidum	18.00
86,787	Antibody; Varicella-Zoster	17.00
86,788	Antibody; West Nile Virus, IgM	19.00
86,789	Antibody; West Nile Virus	19.00
86,800	Thyroglobulin Antibody	21.00
86,803	Hepatitis C Antibody;	19.00
86,850	Antibody Screen, Rbc, Each Serum Technique	15.00
86,870	Antibody Id, Each Panel For Each Serum Technique	27.00
86,900	Blood Typing; Abo	4.00
86,901	Blood Typing; Rh (D)	4.00
87,045	Culture, Bacterial; Feces, With Isolation And Preliminary Examination (Eg, Kia,	12.00
87,070	Culture, Bacterial; Any Other Source Except Urine, Blood Or Stool, With	11.00
87,075	Culture, Bacterial; Any Source, Anaerobic With Isolation And Presumptive	13.00
87,077	Culture, Bacterial; Aerobic Isolate, Additional Methods Required For Definitive	11.00
87,081	Culture, Presumptive, Pathogenic Organisms, Screening Only;	8.00
87,116	Culture, Tubercle Or Other Acid-Fast Bacilli (Eg, Tb, Afb, Mycobacteria) Any	14.00
87,147	Culture, Typing; Immunologic Method, Other Than Immunofluorescence (Eg,	7.00
87,149	Culture, Typing; Identification By Nucleic Acid Probe	26.00
87,086	Culture, Bacterial; Quantitative Colony Count, Urine	11.00
87,088	Culture, Bacterial; With Isolation And Presumptive Identification Of Isolates,	11.00
87,177	Ova And Parasites	12.00
87,186	Susceptibility Studies, Antimicrobial Agent; Microdilution Or Agar Diffusion	11.00
87,205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria,	6.00
87,210	Smear, Primary Source With Interpretation; Wet Mount For Infectious Agents (Eg,	5.00
87,255	Virus Isolation; Including Identification By Non-Immunologic Method, Other Than	32.00
87,255	Infectious Agent Antigen Detection By Direct Fluorescent Antibody Technique;	15.00
87,340	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	12.00
87,350	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	15.00
87,389	Detection Test By Immunoassay Technique For Hiv-1 And Hiv-2	31.00
87,400	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	15.00
87,428	DETECTION TEST BY IMMUNOASSAY TECHNIQUE FOR SEVERE ACUTE RESPIRATORY SY	39.00
87,427	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	15.00
87,428	Infectious Agent Antigen Detection By Immunoassay Technique, (Eg, Enzyme Immunoassay [Eia],	64.00
87,430	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique, Qualitative	15.00
87,449	Infectious Agent Antigen Detection By Enzyme Immunoassay Technique Qualitative	15.00
87,491	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Chlamydia Trachomatis,	32.00
87,493	Clostridium Difficile, Toxin Gene(S), Amplified Probe Technique	32.00
87,522	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Hepatitis C;	42.00
87,591	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Neisseria Gonorrhoeae,	32.00
87,624	Detection Test For Human Papillomavirus (Hpv)	32.00
87,625	DETECTION TEST BY NUCLEIC ACID FOR HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND	32.00
87,626	HPV SEP HI-RISK TYPPOOL RSLT	32.00
87,635	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Severe Acute Respiratory Syndrome C	52.00
87,636	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Severe Acute Respiratory Syndrome Co	143.00
87,661	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Trichomonas Vaginalis, Amplified Probe	30.00
87,738	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Not Otherwise	32.00
87,799	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Not Otherwise	42.00
87,804	Infectious Agent Antigen Detection By Immunoassay With Direct Optical Observatio	15.00
87,811	Infectious Agent Antigen Detection By Immunoassay With Direct Optical (Ie, Visual) Observation; I	42.00
87,880	Infectious Agent Detection By Immunoassay With Direct Optical Observation;	15.00
88,141	Cytopathology, Cervical Or Vaginal (Any Reporting System); Requiring	23.00
88,142	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In	26.00
88,175	Cytopathology, Cervical Or Vaginal (Any Reporting System), Collected In Preserv	34.00

Lab prices may change depending on contract prices with Quest Laboratory

10060	Drainage of abscess	\$	70.00
10180	I & O of abscess, complex	\$	132.00
11400	Removal of skin lesion		74.00
11981	Insertion, Insertion, Non-Biodegradable Drug Delivery Implant		67.00
11982	Removal, Non-Biodegradable Drug Delivery Implant		82.00
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant		
36406	Venipuncture, Under Age 3 Years;		15.00
36410	Venipuncture, Child Over Age 3 Years Or Adult, Necessitating		8.00
36500	Insert Intrauterine Device		44.00
36415	Collection Of Venous Blood By Venipuncture	3	

98301	Removal of IUD	55.00
98425	Pre-delivery Care 4-6 Visits	448.00
98426	Pre-delivery Care 7 or more visits	752.00
98430	Post-Delivery Care	166.00
98210	Remove Impacted Ear Wax	26.00
92550	Tympanometry And Reflex Threshold Measurements (Do Not Report 92550 In Conjunction With 92551)	14.00
92551	Hearing Test	9.00
92552	Hearing Test	17.00
92567	Tympanometry	13.00
92555	Speech Audiometry Threshold	13.00
92556	Speech Audiometry Threshold; With Speech Recognition	20.00
92557	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556)	35.00
93000	Electrocardiogram, Complete	17.00
94010	Spirometry, Including Graphic Record, Total And Timed Vital Capacity	27.00
94011	Measurement Of Spirometric Forced Expiratory Flows In An Infant Or Child Through 2 Years Of Age	63.00
94012	Measurement Of Spirometric Forced Expiratory Flows, Before And After Bronchodilator, In An Infant	96.00
94644	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway	27.00
94760	Noninvasive Ear Or Pulse Oximetry For Oxygen Sat	3.00
96110	Developmental Testing; Limited (Eg, Developmental Screening Test II, Early	12.00
96127	Brief Emotional Or Behavioral Assessment	8.00
96160	Administration And Interpretation Of Patient-Focused Health Risk Assessment	4.00
96070	Special Supplies	10.00
96173	SCREENING FOR VISUAL SHARPNESS	9.00
90280	Medical Home Program, Comprehensive Care Coordination And Planning, Initial Plan	70.00
90281	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance Of Plan	210.00
94963	Contraceptive pills for birth control, 1Pack	10.00
T1001	Nursing Assessment / Evaluation	88.00
T1002	Rn Services Up To 15 Minutes	19.00
T1017	Targeted Case Mgmt 15 Minutes	24.00
	Removal of impacted cerumen using irrigation/lavage unilateral (If bilateral use 50 modifier)	65.00
	Removal of impacted cerumen requiring instrumentation unilateral (If bilateral use 50 modifier)	65.00
	Demonstration/evaluation of nebulizer	15.00
	Non-invasive pulse oxymetry	5.00
	Developmental Testing/Limited Developmental screening (M-CHAT)	16.00
	PSC, ADHD or other screening	16.00
	Edinburgh/5 Ps	7.00
	HEADSS Screening	16.00
	PHQ-2	16.00
	Vision Testing	10.00
	Smoking and Tobacco Use Cessation 3-10 minutes	24.00
	Smoking and Tobacco Use Cessation >10 minutes	40.00
	CRAFTT up to 30 min	35.00
	CRAFTT >30 min	70.00
	Dental Varnish	35.00
	Completion of form verifying exam (not at the time of exam or other billable service)	18.00
	Pregnancy Risk Screening	75.00
	Suture Removal	10.00
	Translation of records fee	Cost of Service
	Injections:	
	Injection (SC or IM) Fee	\$ 30.00
	PPD Nonstate vaccine	22.00
98.372	Therapeutic, Prophylactic, Or Diagnostic Injection (Specify Substance Or Drug):	18.00
	Local Immunizations:	
	Adm. 1 vaccine	\$ 14.00
	Adm. Additional	14.00
	Imm. Adm. Nasal or Oral	14.00
	Medicare: Administration of influenza virus vaccine	21.00
	Medicare: Administration of pneumococcal vaccine	21.00
	Medicare: Administration of Hepatitis B Vaccine	21.00
	Administration of COVID vaccine in home setting	40.00
	Moderna COVID 6m-11 yrs	80.00
	Moderna COVID 12 yrs and older	120.00
	MenQuadfi	144.00
	Bexero	218.00
	Hepatitis A Adult	99.00
	Hepatitis A pediatric	48.00
	Twintrx	107.00
	Hib	22.00
	Gardasil	286.00
	Prevmar	245.00
	Rabies	327.00
	Rotovirus	144.00
	Quadrivalent Influenza 6 m and older	25.00
	Kinrx	54.00
	Quadracel	57.00
	Vaxisle	100.00
	Pentacel	107.00
	DTaP	107.00
	MMR	89.00
	MMRV	259.00
	IPOL	396.00
	Td	38.00
	Tdap	45.00
	Varivax	171.00
	Pediarix	72.00
	Pneumonia	124.00
	Hepatitis B Pediatric	35.00
	Hepatitis B Adult	49.00
	Shingrix	200.00
90.480	Administration Of First Vaccine Or Toxoid Component With Counseling (18 Years Or Younger)	21.00
90.481	IM ADMIN EACH ADDL COMPONENT	
90.471	Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous	14.00
90.472	Immunization Administration, Each Additional Vaccine	14.00
90.473	Immunization Administration By Intranasal Or Oral Route; One Vaccine (Single Or	14.00
90.856	FLULAVAL TRIVALENT 2024-25 SYR - INFLUENZA VIRUS VACCINE, TRIVALENT (IV3), SPLIT	20.00
90.746	RECOMBIVAX HB 10 MCG/ML VIAL - HEPATITIS B VACCINE (HEPB), ADULT DOSAGE, 3 DOS	71.00
	Medications:	
	Diphenhydramine (Up to 50 Mg)	\$ 3.00
	Epinephrine 0.1 mg SQ	1.00
	Kenalog Injection, 10 mg	14.00
	Non-STD Ceftriaxone 1 gm injection	25.00
	Ketorolac Tromethamine (Toradol) Injection per 15 mg	3.00

Immunizations and Medications prices are subject to change depending on acquisition cost

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

Title:	Management of Customer Comments and Complaints	
Manual:	Administrative Manual	
Effective Date:	<u>09/25/2008</u>	
Revision Date: (Applicable only if policy revised.)	<u>05/29/25</u>	
Annual Review:	<u><i>Deirdre Lockhart</i></u> Stanly County Consolidated Human Services Board Chair	<u>6-5-25</u> Date
	<u><i>Dolly Huffman Clayton</i></u> Dolly Huffman Clayton, MPA, MSW, LCSW Health and Human Services Director	<u>6/5/25</u> Date

Purpose:

To provide documented timely and quality resolution to consumer complaints/concerns while ensuring health and environmental safety.

Policy and Procedure:

The Stanly County Health Department Management of Customer Complaints policy is to ensure that:

1. A mechanism is in place to receive consumer complaints.
2. Individuals are informed of their rights to express complaints.
3. Individuals who voice complaints receive an objective review and a timely response without fear of retaliation.
4. Consumers and staff are informed of the agency's mechanism for filing complaints.
5. Staff is trained to receive, follow up, and document complaints appropriately.
6. The Program Coordinators receive, coordinate, and document the review of all complaints based on the information received with the complaint.
7. Corrective action to resolve concerns and complaints is planned, implemented, and documented.
8. Complaints and their disposition are documented and tracked.

Definitions:

Consumer Comment- Verbal or written compliments, complaints, concerns, or observations made by Stanly County Health Department consumers regarding Stanly County staff, services, facilities, or policies.

Complaint- A verbal or written expression of grief, pain, or dissatisfaction with a person or about a service or situation that takes the form of an accusation or charge. The person (s) making the complaint expects a specific corrective action to be taken.

Discrimination- Treating someone differently, or excluding or restricting services because of a person's race, color, descent, national or ethnic origin, sex, age, religion, or disability.

Title VI- The part of the Civil Rights Act of 1964 that prohibits any facility that receives federal assistance from discrimination in the provision of services on the basis of race, color or national origin. (These are the only topics addressed in this part of the Civil Rights Act.)

Responsible Person(s):

1. The Division Supervisor is responsible to ensure that the guidelines for handling complaints are met. Responsibility is delegated through division directors, supervisors, and other personnel.
2. Program Coordinators are responsible for developing and providing procedures, training, and support that will enable staff to comply with this policy.
3. Program Coordinators are responsible for ensuring that all comments, concerns and complaints receive appropriate follow up, *this includes informing staff of positive feedback from customers.*
4. The Division Supervisor will ensure that complaints received by the department are documented and followed up according to health department policies.

Procedures:

General Complaints

1. The Health Department will accept complaints and concerns verbally (in person, telephone) or in writing (letter, e-mail, other) from any client, vendor, business associate, visitor or concerned person.
2. People who do not want to give their name may express complaints and concerns but follow up action cannot be taken without a name and contact method for the complainant.
3. Any staff member may receive complaints from clients and visitors.
4. Staff receiving a complaint should assist the consumer in resolving and/or reporting the complaint when appropriate. Any consumer/resident with a complaint that is not readily resolved should be directed to the Division Supervisor. After investigation, if it is still not resolved, the consumer/resident should be referred to the Health Director.
5. Staff will complete the Stanly County Health Department Complaint Record. After completion of the follow-up of the complaint, the record will be filed in the Complaint Record Log maintained on the shared drive.
6. Environmental Health General Complaints: See Environmental Health Complaint Disposition policy

Complaints Arising from Enforcement of Laws, Rules, and Statutes

As a part of various health department operations, actions may need to be taken and decisions made based on enforcement of public health laws and regulatory processes that affect the consumer/resident. This may lead to disagreements if the consumer/resident feels they have been treated unfairly, unprofessionally, or the law, statute, or rule has been inappropriately applied or not applied. The following guidelines address the complaint policy for those complaints that arise from the day to day enforcement/regulatory activities of the Stanly County Health Department.

1. Stanly County Health Department will assess whether the complaint is related to staff conduct, enforcement actions or differing interpretations of a related statute, law or rule.

2. If the complaint is a conduct related complaint, the process for handling general complaints will be followed.
3. If the complaint is related to interpretation/application of a law, rule, or statute, consultation will be made with the appropriate local or state officials including legal counsel for guidance on appropriate follow-up.
4. The action on these complaints may involve either a formal or informal appeal to the Stanly County Consolidated Human Services Board or State initiated by the complainant.
5. Administrative Appeal Procedure and Adjudication Process
 - a. Application
 1. The Stanly County Consolidated Human Services Board shall follow the appeals procedures prescribed in G.S. 130A-24.
 - b. Notice of Appeal
 1. Any aggrieved party may appeal a decision of the Director to the Stanly County Consolidated Human Services Board by filing a written notice of appeal within 30 days of the Director's action. The notice must contain the aggrieved person's name and address, a description of the circumstances and the reasons why the challenged action is incorrect, witnesses and evidence to be presented and the relief sought from the Stanly County Consolidated Human Services Board.
 - c. Hearing
 1. The Stanly County Consolidated Human Services Board shall hold a hearing within 15 days of receipt of the notice of appeal. The Director shall notify the aggrieved party of the date, time and place of the hearing at least 10 days in advance. An aggrieved party may appear in person or through counsel, however, only matters contained in the notice of appeal shall be considered by the Stanly County Consolidated Human Services Board.
 - d. Ruling
 1. The Stanly County Consolidated Human Services Board shall make its decision no later than the next regular meeting after hearing an appeal. The Stanly County Consolidated Human Services Board shall provide a written statement to include the reasons for the decision.

Complaints Arising from Enforcement of Laws, Rules, and Statutes Related to Environmental Health

During the course of the day to day activities of the Environmental Health Specialist, different actions will be taken and decisions made that will affect the consumer/resident involved in the inspection process. This may lead to disagreements if the consumer/resident feels they have been treated unfairly or unprofessionally. The following guidelines address the complaint policy for those complaints that arise from the day to day regulatory activities of the Environmental Health Specialist.

1. Complaints regarding the work of an Environmental Health Specialist will be dealt with according to the appeal guidelines inherent in each program within Environmental Health.
2. The action on these complaints generally involves either a formal or informal appeal to the state initiated by the consumer/resident.
3. Generally, 30 days will be allowed for the complainant to initiate an appeal to the state whether that appeal is initiated either formally or informally.
4. The Environmental Health Department will abide by the decision(s) of the state representative(s) involved in the appeal process.

Complaints Arising from Enforcement Actions

The Environmental Health Specialist will sometimes be called upon to enforce the laws, rules, and guidelines set forth by the state. These enforcement actions include, but are not limited to, issuing: notice of violation, intent to suspend a permit, intent to revoke a permit, or immediate revocation of a permit. These actions, if taken, usually result from non-compliance of the owner/consumer/ resident and can result in tenuous situations. This being the case, an appeal/complaint procedure is in place for those who feel an enforcement action was unwarranted. The following guidelines address the complaint policy for those complaints that arise from enforcement actions issued by the Environmental Health Specialist.

1. Complaints relating to enforcement actions initiated by an Environmental Health Specialist will be handled in accordance with the appeal guidelines inherent in each program within Environmental Health.
2. The action on these complaints generally involves formal communication to the state initiated by the consumer/resident.
3. Generally, 30 days will be allowed for the complainant to initiate an appeal to the state.
4. The Environmental Health Department will abide by the decision(s) of the state representative(s) involved in the appeal process.

Stanly County Health Department Complaint Record

(Use additional pages as necessary)

Date: _____

Time: _____

Complainant Name: _____

Address of Complainant: _____

Department/Program Area of Complaint: _____

Type of Complaint: ☐ General ☐ Staff Related ☐ Program Specific
☐ Enforcement Related ☐ Facilities ☐ HIPAA

A. Complaint: _____

B. Date of Initial Investigation: _____

C. Findings: _____

D. Action Taken: ☐ Verbal ☐ Written

E. Completion Date: _____

F. Additional Follow-up: _____

Signature of Person Taking Complaint _____ Date _____

Signature of Person Providing Follow-up _____ Date _____

STANLY COUNTY HEALTH DEPARTMENT

Policy and Procedure

TITLE: Participation in Community Health Improvement

MANUAL: Administrative Manual

EFFECTIVE DATE: 11/06/08

REVISION DATE (Applicable only if policy revised.) 05/29/25

ANNUAL REVIEW: Leena N. Goodstein
Stanly County Consolidated Human
Services Board Chair

6-5-25
Date

Dolly Huffman Clayton MPA, MSW, LCSW
Dolly Huffman Clayton, MPA, MSW, LCSW
Health and Human Services Director

6/5/2025
Date

Purpose:

The Stanly County Consolidated Human Services Board recognizes that the *community health improvement process* (CHIP) can be an effective tool for developing a shared vision and supporting a planned and integrated approach to improve community health.

Policy:

Health is a product of many factors and many segments of the community contribute to and share responsibility for its protection and improvement. A *community health improvement process* involves the local health department working with the community, which can:

- Identify community partners with a broad knowledge of the community landscape and specific local determinants of health;
- Provide a means for a community to address a collective responsibility and marshal resources of specific, accountable entities to improve the health of its members.
- Foster public accountability; and
- Engage citizens representing traditional and non-traditional public health partners leading to a greater chance of progress and success on state and local priorities/objectives.¹

Towards that end, the Stanly County Consolidated Human Services Board encourages public participation in the community health improvement process. The public is inclusive of individuals and organizations that have an interest in coming together to solve local problems and improve the health and quality of life for all.

¹ Adapted from: <http://www.pophealth.wisc.edu/UWPHI/stat/ComHIPP.pdf>

Definitions:

Community Health Improvement: According to The Institute of Medicine, community health improvement is a process that includes problem identification, prioritization cycle, and an analysis, as well as an implementation cycle.² The Stanly County Consolidated Human Services Board supports a general understanding of community health improvement to include all of the activities involved in health assessment, planning, programming/intervention, evaluation, and feedback that include and involve a representative cross section of the community.

Individual: Any community member with the time, interest, and commitment to the community health improvement process for this definition is considered an individual.

Organization: Any business, church, detention center, drug treatment center, jail, school, organization, childcare center, college, university, health provider and any other group with the time, interest and commitment to the community health improvement process.

Committee: A body of persons selected to carry out a specific charge or purpose that is ongoing.

Task Force: A body of persons selected to carry out a specific charge or purpose within a specific timeframe that, upon completion of the charge, will disband.

Partnership: Partnership is defined as a collaborative, synergistic alliance of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish.

Procedures:

The Stanly County Consolidated Human Services Board recognizes that there are formal and informal methods for individuals and organizations to become involved in the community health improvement process. Participation in community health improvement includes but is not limited to the following examples:

Community Health Assessment: The Stanly County Health Department & Stanly County Partners In Health (a Healthy Carolinians Taskforce) provide leadership to a comprehensive Community Health Assessment (CHA) every 4-5 years. A CHA is a process by which community members gain an understanding of the health concerns and health care systems of the community by identifying, collecting, analyzing and disseminating information on community assets, strengths, resources and needs. CHA is a collaborative process; therefore, we will include community partners throughout the process. The CHA usually culminates in a report or a presentation that includes information about the health of the community and the community's capacity to improve the lives of residents. The CHA can provide the basis for discussion and action.³ Action can include but is not limited to partnering with both traditional partners from the healthcare, human services and health related community groups and/or non-traditional partners such as the local business and industrial communities; grassroots community groups; and presentation of findings to the Board of County Commissioners, and/or State Legislators and Federal Legislators for developing policy initiatives.

² Institute of Medicine (1997). Committee on Using Performance Monitoring to Improve Community Health: Durr, J.S., Bailey, L.A., & Stoto, M.A. (Eds). *Improving health in the community: A role for performance monitoring*. Washington, D.C.: National Academy.

³ Community Health Assessment Guide Book, 2002. www.healthycarolinians.org/pdfs/02Guidebook.pdf

Committees, Task Forces and Partnerships: The Stanly County Health Department often provides leadership to and/or participates in a wide variety of committees, task forces, and partnerships that engage in community health improvement activities. These committees such as task forces and partnerships may vary in their organizational structure, developmental stage, geographic focus, resource availability, and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes.

Contracts and Memoranda of Understanding: The Stanly County Health Department may enter into a contract or memoranda of understanding/agreement with various community groups or organizations to address public health needs.

Public Comment at Board Meetings: Members of the public may address the Stanly County Consolidated Human Services Board during a public comment period held during each regularly scheduled meeting. The public comment period will provide three (3) minutes per speaker, up to five speakers per meeting for a total of fifteen (15) minutes.

Link to current Community Health Assessment:

<https://stanlycountync.gov/DocumentCenter/View/200/2024-Stanly-County-Community-Health-Assessment-Report>

Link to Community Health Improvement Plan/Scorecard:

<https://embed.clearimpact.com/Scorecard/Embed/72649>

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Agency Information

[Annual Report](#)

[Consolidated Human Services Board](#)

Mission

The mission of the Stanly County Department of Social Services is to promote self-sufficiency and to protect and improve the quality of life for Stanly County residents.

[Extra Food and Nutrition Services \(ENS\) Benefits for COVID-19 to end in Ma](#)

[Final Settlement Notice Franklin Et Al. V. Kinsley, Formerly Known as Hawkin](#)

[Foster Care & Adoption Website](#)

[Job Opportunities](#)

Contact Us

[Los beneficios adicionales de los Servicios de Alimentos y Nutrición \(FNS\). p](#)

Dolly Huffman Clayton

Director

[Email Dolly Huffman Clayton](#)

Phone: [704-986-2005](#)

Social Services

Physical Address [View Map](#)

1000 North First Street

Suite 2

Albemarle, NC 28001

[Directions](#)

Mailing Address

Albemarle, NC 28001

Phone: [704-982-6100](#)

Hours

Monday through Friday

8:30 am to 5 pm.

[Directory](#)



Government Websites by CivicPlus®

Agency Information

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Services

Adult Care Home Licensure

Adult Care Home Licensure involves the activities necessary to license, supervise, and monitor group care homes and homes for elderly and disabled adults.

Adult Protective Services

Adult Protective Services are services to protect disabled adults from abuse, neglect or exploitation.

Adult Medicaid

This program is for persons 65 and older or, if under 65 having met the Social Security definition of disability.

Carolina ACCESS

Carolina ACCESS is a managed care program that provides a more efficient and effective healthcare system for Medicaid recipients.

Child Day Care

Child Day Care Services are available to Stanly County families who meet income eligibility guidelines and who need child care to enable them to engage in or continue employment or training leading to employment.

Child Protective Services

North Carolina law establishes protective services for children from birth to age eighteen who are suspected to be maltreated by a parent or caretaker.

Child Support

IV-D Child Support Services are available to any North Carolina parent or custodian regardless of income level.

Community Alternative Program (CAP-DA)

Community Alternatives Program for Disabled Adults (CAP-DA) offers Medicaid eligible disabled adults.

Energy Assistance

Emergency Assistance may provide one-time assistance in crisis situations for families with children under age 18.

Foster Care & Adoption Services

Foster Care and Adoption Services are a range of services designed to find homes for children and to provide support to the families who care for them.

Food & Nutrition Services (FNS)

Food and Nutrition Services page provides information about programs that offer assistance with food access, such as meal programs, food stamps, or nutrition education.

Guardianship Services

Guardianship Services include assessing an adult's ability to make important decisions concerning his or her personal welfare and/or financial resources; exploring alternatives to guardianship; providing information to assist the family or others in making decisions.

How to Report Abuse or Neglect

Learn more about How to Report Abuse or Neglect on this page.

In-Home Aide Services

In-Home Aide Services offers essential support for elderly and disabled individuals, enabling them to live independently at home and avoid the need for more expensive adult care facilities.

Items to Bring

Learn more about Items to Bring on this page.

Medicaid Transportation Services

Medicaid Transportation Services offer essential transportation for individuals with "full" Medicaid, ensuring access to necessary medical appointments and services.

Program Integrity (Fraud Investigation)

The Program Integrity Unit ensures the proper administration of public assistance programs by investigating cases of fraud and overpayment, while encouraging anonymous reporting of suspected misconduct.

Services to the Blind

Commission for the Blind provides services to prevent blindness and to assist visually impaired and legally blind individuals to be more independent.

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Work First

North Carolina's Work First Program is built upon the premise that all people have a responsibility to their families and community to work and provide for their children.

Contact Us

Services

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1000 North
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