



Basic Public Health Services: *2017 Program Plan Guidance*

What is the purpose of the guidance document?

This document is intended to provide guidance to local boards of health about program and reporting requirements related to providing Basic Public Health Services and:

- Describes the requirements associated with the acceptance of State Aid
- Defines the FY2017 Program Plan reporting requirements for local boards of health
- Establishes the guidelines by which data will be reported

Why was the guidance document created?

The Center for Local Health routinely receives requests for comprehensive guidance outlining the requirements for local boards of health. This guidance was created in response to those requests and provides a description of the following:

- 1.) Legal framework for the relationship between local boards of health and the Bureau for Public Health;
- 2.) The local board of health reporting requirements necessary to receive state funding; and
- 3.) The process through which state funds for basic public health services are distributed.

This document is not establishing new reporting requirements; in fact, the FY 2017 reporting requirements have been modified to reduce the burden to local boards of health while maintaining accountability for the use of funding and the provision of basic public health services.

Where is the authority and responsibility of Local Boards of Health defined?

West Virginia has defined a legal framework by statute and legislative rule that requires the establishment of local boards of health, defines the roles and responsibilities of local boards of health, defines program requirements and provides funding to support local boards of health.

Chapter 16. Public Health. Article 2. Local Public Health. Establishes uniform provisions applicable to all local boards of health, whatever organizational form is elected, to ensure the consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health.

Title 64 CSR 73 Standards for Local Boards of Health. Establishes standards for the plans of operation, administration, fiscal reporting, quality assurance, and provision of public health services and programs by local boards of health.

Title 64 CSR 67 Distribution of State Funds for Support of Local Boards of Health. Establishes a formula for the Commissioner to use in distributing State funds to support local boards of health.

How are Basic Public Health Services defined?

Chapter 16, Article 2 defines the services that must be provided by local boards of health as Basic Public Health Services. “**Basic public health services**” means those services that are necessary to protect the health of the public and that a local board of health must provide.¹ The three areas of basic public health services are

¹ W.Va. Code § 16-2-2(a)

communicable and reportable disease prevention and control, community health promotion, and environmental health protection:

- **Communicable and Reportable Disease Prevention and Control**
Services include disease surveillance, case investigation and follow-up, outbreak investigation, response to epidemics, and prevention and control of rabies, sexually transmitted diseases, vaccine preventable diseases, HIV/AIDS, tuberculosis and other communicable and reportable diseases;
- **Community Health Promotion**
Services include assessing and reporting community health needs to improve health status, facilitating community partnerships including identifying the community’s priority health needs, mobilization of a community around identified priorities, and monitoring the progress of community health education services.
- **Environmental Health Protection²**
Services include efforts to protect the community from environmental health risks including, inspection of housing, institutions, recreational facilities, sewage and wastewater facilities; inspection and sampling of drinking water facilities; and response to disease outbreaks or disasters.

How are standards for local boards of health established and maintained?

It is the responsibility of local boards of health to assure that infrastructure and capacity are in place to provide the required the basic public health services in an effective and efficient manner and in accordance with performance-based standards.

Public health infrastructure is fundamental to the provision and execution of public health services at all levels. A strong infrastructure provides the capacity to prepare for and respond to both acute (emergency) and chronic (ongoing) threats to the Nation’s health. Infrastructure is the foundation for planning, delivering, and evaluating public health.³

Public health infrastructure includes three (3) key components that enable a public health organization to deliver public health services. These components are⁴:

- A capable and qualified workforce
- Up-to-date data and information systems
- Public health agencies capable of assessing and responding to public health needs

The manner in which local boards of health establish the capacity to deliver services is outlined in the Standards for Local Boards of Health.⁵ Local Boards of Health are responsible for adherence to these standards in the delivery of basic public health services for the citizens in their jurisdiction and accountable for the effective operations and financial solvency of a local health department.

The Standards for Local Boards of Health provide direction to local boards of health in the following categories:

- 1.) Local Board of Health Organizational Requirements

² The Environmental Health Protection definition includes services that are no longer required and/or provided by local boards of health. These include inspection of housing, institutions, sewage and wastewater facilities (local boards of health only provide on-site inspections), and inspection and sampling of drinking water facilities.

³ Healthy People 2020 (2016, April 14). *Public Health Infrastructure*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure

⁴ Healthy People 2020 (2016, April 14). *Public Health Infrastructure*. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure

⁵ *W.Va. Code R §64-73-10 et seq.*

- 2.) Health Services and Program Requirements
- 3.) General Administration Requirements
- 4.) Financial Management Requirements
- 5.) Facility Requirements
- 6.) Reporting Requirements
- 7.) Penalties for Non-Compliance
- 8.) Administrative Due Process

Chapter 16, Article 1 establishes a state public health system to work in conjunction with local boards of health to provide basic public health services that encourage healthy people in healthy communities. Local boards of health are required to provide basic public health services and programs in accordance with state public health performance-based standards which are generally accepted, objective standards such as rules or guidelines against which a local health department's level of performance can be measured.⁶

Nationally, the Public Health Accreditation Board has established [Public Health Accreditation Standards](#) to advance the quality and performance of Tribal, state, local and territorial public health departments. While these standards are not required to receive funding, they do provide a nationally recognized, practice focused and evidence based framework against which local health department performance can be measured.⁷

Who is responsible for reviewing and evaluating the Program Plan documentation?

The West Virginia Bureau for Public Health's Center for Local Health is responsible for monitoring the administration, operation and coordination of local boards of health and local health officers. The Center works with a multi-disciplinary State Program Plan Review Team comprised of subject matter experts from each of the Basic Public Health Service areas to review reports, offer feedback, provide technical assistance and provide training specific to the provision of basic public health services.

The approval process for the program plan includes the following:

- 1.) To receive provisional approval and receive first quarter funding on or before July 15, 2016, local boards of health must submit the documentation described in items 1-11 in Appendix A on or before June 15, 2016.
- 2.) To receive approval and quarterly disbursements, local boards of health must submit reports and records in a timely manner in compliance with applicable State and federal rules and regulations and departmental policies (as outlined in this guidance document). In instances when a local board of health is unable to demonstrate compliance, a status of conditional approval may be granted with the submission of a plan of improvement to address deficiencies. In this instance, funding will be released based on the conditions outlined in the plan of improvement.

Once your agency is notified of approval, your agency will need to maintain and demonstrate compliance with your agency's approved Program Plan. Agencies that are unable to demonstrate compliance and do not submit a plan of improvement to address deficiencies may be subject to penalties as described in *W. Va. Code R. §64-73-11*.

⁶ *W. Va. Code § 16-2-11 (a)*

⁷ Public Health Accreditation Board (2013). *What is Public Health Department Accreditation?* Retrieved from: www.phaboard.org/accreditation-overview/what-is-accreditation/

How are funds distributed?

Funds are distributed on a quarterly basis and based on the submission of required reports outlined in this guidance. Invoices are submitted to Bureau for Public Health's Central Finance Unit for processing using the following schedule:

Quarterly Distribution:

1 st Quarter (20%)	Invoices submitted for processing by June 15 th , 2016 for receipt on or before July 15
2 nd Quarter (22%)	Invoices submitted for processing September 15 th for receipt on or before October 15
3 rd Quarter (25%)	Invoices submitted for processing December 15 th for receipt on or before January 15
4 th Quarter (33%)	Invoices submitted for processing March 15 th for receipt on or before April 15

As per *W.Va. Code R §64-67-1 et seq.* (Distribution of State Funds For Support of Local Boards of Health), emergency funds are available July 1st through May 15th to assist local boards of health in need of funds to meet unanticipated financial emergencies. Funds unexpended for emergencies by May 15th are distributed to the local boards of health pursuant to *W.Va. Code R §64-67-4.3*.

Accountability

Receipt and acceptance of state funds implies the local board of health's commitment to comply with the expectations set forth in this guidance document and applicable state and federal rules and regulations specific to the provision of basic public health services and the operations of local boards of health.

Penalties

In the event that the director determines that a local board of health is not in compliance with this rule, the director may withhold State aid funds until such time as the board submits an acceptable plan to correct deficiencies in the program plan.⁸

Local Boards of Health may apply for Emergency Funds by filing an application with the West Virginia Bureau for Public Health's Center for Local Health. An application may be obtained at:

www.dhhr.wv.gov/localhealth/Pages/Emergency-Fund.aspx

⁸ See *W.Va. Code R. § 64-73-11*

Appendix A: FY2017 Program Plan Required Reports and Timeline

W. Va. Code §16-2-11 (3) requires local boards of health to submit a general plan of operation annually to the commissioner for approval. *W. Va. Code R.* 64-73-6 requires the board of health to submit reports and records in a timely manner in compliance with applicable State and federal rules and regulations and departmental policies.

Documentation for the FY2017 Program Plan should be submitted using the timeline below. **Release of first quarter funding is contingent on receipt of documentation due June 15th, 2016.** *Note: SharePoint Instructions are included in a separate document.*

#	Report Name	Description	Submission	System Open	Date Due
1	Basic Public Health Services Checklist	The board of health documents compliance with State code and rule and has submitted an improvement plan for areas of non-compliance.	CLH SharePoint	Target Date: 5/1/2016	6/15/2016
2	Community Health Improvement Plan Form	The board of health has partnered with community agencies and has identified priority areas and evidence-based strategies for health improvement.	CLH SharePoint		
3	Local Health Department Demographic Information	Statewide local health department demographic information is available.	CLH SharePoint		
4	Local Board of Health Information	Statewide board of health information is available.	CLH SharePoint		
5	Local Board of Health Personnel Information	Statewide board of health personnel information is available.	CLH SharePoint		
6	FY2017 Projected Budget	The board of health's sources of revenue and operating expenses needed for each individual program are described.	CLH SharePoint		
7	Basic Public Health Services Affidavit	The board of health demonstrates the intent and commitment to comply with State code and rule.	CLH SharePoint		
8	Agency Organization Chart	The board of health has an organizational structure with clear lines of authority and responsibility.	CLH SharePoint		
9	Community Health Assessment	The board of health is actively engaged in the evaluation of the health needs of the community it serves.	CLH SharePoint		
10	Proposed Sliding Fee Scale	To ensure that there is a mechanism in place to provide services to uninsured individuals.	CLH SharePoint		
11	Fee Schedule	To determine whether fees are compliant with the Fees for Service Rule.	CLH SharePoint		

12	FY2016 Environmental Health End-of-Year Report*	Statewide environmental health activity data is available to evaluate local public health service delivery, demonstrate compliance with state and local laws and ordinances, support quality improvement and demonstrate value and system efficiency.	CLH SharePoint		
13	FY2016 Agency End-of-Year Financial Report	Statewide complete, timely financial data is available to demonstrate compliance with code and rule, support quality improvement and demonstrate value and system efficiency.	CLH SharePoint	7/1/2016	7/31/2016
14	FY2016 Agency End-of-Year Revenue Generated Fees Report	Statewide complete, timely financial data is available to demonstrate compliance with code and rule, support quality improvement and demonstrate value and system efficiency.	CLH SharePoint		
15	Environmental Health First Quarter Report*	See FY2016 Environmental Health End-of-Year Report	CLH SharePoint	9/30/2016	10/31/2016
16	Environmental Health Mid-Year Report*	See FY2016 Environmental Health End-of-Year Report	CLH SharePoint	12/31/2016	1/31/2017
17	Agency Mid-Year Financial Report	See FY2016 End-of-Year Financial Report	CLH SharePoint	12/31/2016	1/31/2017
18	Environmental Health Third Quarter Report*	See FY2016 Environmental Health End-of-Year Report	CLH SharePoint	3/31/2017	4/30/2017
19	Outbreak Report	Statewide complete, timely outbreak reports are available for analysis, public health action to prevent and/or reduce morbidity and mortality, and to support quality improvement.	Outbreak report forms	As per Office of Epidemiology and Prevention Services protocols and the Reportable Disease Rule (64CSR7).	
20	Disease Report	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	Submitted through WVEDDS		
21	HIV/STD/Hepatitis Reports	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	Report forms		
22	Tuberculosis	Complete, timely disease reports are available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	TB Reporting Guidelines		
23	Immunization Report	Complete, timely data on the administration of vaccinations is available statewide for analysis and public health action to prevent and/or reduce morbidity and mortality.	WVSIS		

* Instructions are forthcoming for local health departments utilizing the Environmental Health Electronic Reporting System.