

# 10/5/16 Statewide LHD Call Summary

Hosted by the West Virginia Bureau for Public Health, Center for Local Health (CLH)

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**Participants: Local Health Departments Represented – 25**  
**Bureau Staff – 13**

## CLH Staffing Update

### **Amy Atkins, Director, Center for Local Health**

Candice Travis, a CDC Public Health Associate, joined CLH on October 3<sup>rd</sup>. Candice recently graduated from the University of Southern Mississippi with a Master's in Public Health and will be with CLH for the next two years. Please join us in welcoming Candice to West Virginia.

## FY 2017 Program Plan

### **Amy Atkins, Director, Center for Local Health**

#### Submission of Required Program Plan Documentation

- For release of second quarter funding, agencies were required to submit the *FY 2016 End of Year Financial Report* and the *FY 2016 Fees for Services and Permits Report*.
- All agencies have now submitted the required documentation and letters of approval have been mailed to board of health chairs and e-mailed to health officers and administrators. Second quarter invoices have been routed to the Bureau's Central Finance Unit for processing.
- As stated in the *Basic Public Health Services FY 2017 Program Plan Guidance*, in order to receive and maintain approval of the program plan and quarterly disbursements of State Aid, 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.
- 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.

#### Review of Data by Local Health Departments

- The Center for Local Health reviewed the approximately 600 documents submitted by local boards as part of the FY 2017 program plan to assure the documents were complete and uploaded and/or data was entered. Reminder notifications were sent to all agencies that were missing documentation or submitted incomplete documentation. However, there are still common errors that appear in the reports submitted using Excel.
- In anticipation of releasing statewide reports this fall in order to increase transparency and facilitate the use of statewide data, the Bureau wants to ensure the accuracy of local health department (LHD) reports.
- The Center for Local Health has reviewed each financial report, and in doing so, noted areas for improvement. A summary entitled "**Local Health Financial Reporting Guidance**" was created to address these areas and provide instructions for review/corrections.

- For the financial reports, local agencies will have until **October 21<sup>st</sup>** to make any necessary revisions.
- The Office of Environmental Health Services has reviewed each environmental health fee schedule and, in doing so, noted areas for improvement. These areas for improvement will be communicated to local health by OEHS in the near future, either in a statewide communication or to individual agencies.

#### Release of Statewide Reports

- After October 21<sup>st</sup>, the data collected in the Program Plan will be made available upon request and through statewide reporting to:
  - Support quality improvement and agency self-assessment,
  - Foster knowledge on the citizenry's health status, the health system and costs of health care, and
  - Ensure accountability for public funds.
- The use of data to support positive change in governmental public health agency performance is well-documented and access to statewide data is critical for local agencies in developing goals and objectives as part of required strategic planning, community health assessment and community health improvement planning efforts.
- Statewide data also provides a framework for measuring progress in improving agency operations and health outcomes and supports the identification of goals and targets for improving public health practice system-wide. Additionally, statewide data can help the Bureau and other state level partners support organizational and community health improvement efforts.
- Local health agencies have been requesting greater transparency and access to data in usable formats and these statewide reports should be of value to both individual agencies and to preparedness regions and agencies considering sharing public health services.

#### Third Quarter Survey

The Center is in the process of developing third quarter surveys for distribution to and completion by local health departments. These surveys will include questions on key areas identified by Bureau programs that require statewide data, including accreditation readiness.

#### Environmental Health Quarterly Reports

- The Office of Environmental Health Services is finalizing the quarterly environmental health report which will be made available on the CLH SharePoint site.
- A statewide e-mail will be sent out describing this process.

#### Q & A

1. *Question:* Is there a reason we have to account for FTEs by program?

*Answer:* It is helpful to know this information for programs to understand how resources are allocated. We appreciate this feedback and will use it to both revise reports for next year and to identify limitations in statewide reports.

2. *Question:* Is the OEHS report a HealthSpace report?

*Answer:* The report is an Excel file but agencies using HealthSpace should be able to pull the information needed directly from HealthSpace. We are trying to ensure that we are able to meet the needs of agencies that use HealthSpace and those who do not.

## Zika Update

*Donnie Haynes, Deputy Director, Center for Threat Preparedness (CTP)*

- CDC Update: National case counts can be found on the Centers for Disease Control website at <http://www.cdc.gov/zika/geo/united-states.html>
- WV Update: State case counts and the Zika Action Plan can be found on the Bureau for Public Health's Zika website at [www.zikawv.org](http://www.zikawv.org)
- Zika Supplemental Grant –This will be a competitive application process, and in order to qualify for the additional funding states will have to be in a high risk jurisdiction, have active local transmission occurring, high volume of returning travelers from areas that have confirmed local transmission, and have the vector present. These Zika supplemental funds will need spent by June 30, 2017.
- State Workgroup Update – now meeting every two weeks
  - The *Zika Case Management Team* continues to build a SharePoint site to enhance communication between BPH work units and foster collaboration for delivery of services. This team is working closely with IT and the BPH Privacy Officer to set permissions to protect Personally Identifiable Information (PII). This team is also working to provide an electronic capability for local health department staff to complete and upload the Environmental Health Assessment form into SharePoint.
  - The *Zika Task Force* is monitoring CDC guidance, working to keep the Zika Action Plan current and the OEPS website updated.
  - The *Zika Response Strategy Team* is providing overall coordination for state response.
  - The Environmental Health Workgroup is working to finalize the dunk distribution strategy for 2017 which will include dunk literature and identifying resources and information to go out with the EH Assessments.
- DCIPHER – Data Collection and Integration for Public Health Responses is an online electronic reporting system required by the CDC to track and report activities associated with Zika funding. The first update is due to CDC on October 31. CTP participated in a webinar earlier this week.
- DUNK Distributions to local health departments (LHDs)
  - All LHD's should now have a box of dunks.
  - Dunks should be used only for nuisance mosquito complaints and Zika cases.
  - You can distribute dunks to the public with the instructions provided on the back of the label, but you can't personally place them without an applicator certification which is obtained through the WV Department of Agriculture.
  - Many resources are available on the CDC website including a larvicide factsheet.

## Subrecipient Grant Process

*Brandi O'Dell, Subrecipient Grants Manager, Central Finance Unit*

- Exhibit D of Grant Agreements provides information regarding a grantee's payment structure. If a grantee is on monthly reimbursement of costs, invoices should be submitted monthly along with a monthly expenditure report showing a breakdown of actual expenditures for that particular month. The same would apply if a grantee is on quarterly reimbursement of costs. For those grantees on scheduled payments, the expenditure reports would be submitted after payment has been dispersed.

- Exhibit G of Grant Agreements provides information regarding reporting requirements for both program reporting as well as financial reporting. However, keep in mind that if the payment structure is set-up on reimbursement of costs, an expenditure report must accompany every invoice in order to be paid. If on scheduled payments, expenditure reports must be submitted prior to future invoices being paid. Additionally, if a grantee is on scheduled payments and the expenditure reports submitted for payments dispersed do not show enough expenditures to prevent grantees from holding more than 10% of the total grant award, future invoices must be held until more expenditures are reported. For those grantees who are on monthly scheduled payments and are only required to submit quarterly reports, we recommend that grantees send them monthly to prevent the need to hold invoices. Although the grant agreement only requires four expenditure reports throughout the grant period, we can accept as many expenditure reports as are submitted by a grantee.
- Sworn Statement of Expenditures are now to be completed when the final expenditure report is completed. This information is also found in Exhibit G of the grant agreement. This form can be obtained from the hyperlink provided in Exhibit G ([www.wvdhhr.org/oamr/GranteeAuditComplianceGuide](http://www.wvdhhr.org/oamr/GranteeAuditComplianceGuide)). In the past, grantees submitted these forms to the Department two years after the end date of a sub-recipient grant. Beginning with FY2016, this process was amended and these forms are now to be submitted with final expenditure reports.
- It is particularly important to ensure that final invoices are submitted timely to ensure payment. If a grant ends on June 30<sup>th</sup>, the final invoice (in most cases) is due 15 days after the end of the grant. However, some sub-recipient grants allow for invoice submission 30 days after the grant's end date, and some grants are 45 days. This information is captured in Exhibit D of the grant agreement. To prevent potential delays in payments, it is very important that invoices are submitted and received timely. Federal and state expiring funds are not available to the Department indefinitely; therefore, the Department has a specific deadline from which to draw down and disperse these funds.
- Indirect Rates: To clear up confusion surrounding indirect cost rates, the following guidance is being provided:
  - According to the OMB Circular, grantors must accept grantees approved indirect cost rates. Indirect cost rates are approved in the following manner:
    - Attestation by a CPA firm
    - Negotiated and approved by a federal cognizant agency
    - Negotiated and approved by a state cognizant agency
    - If none of the three scenarios above exist, a grantee may elect to charge a 10% de minimis
  - An indirect cost plan *proposal* by a CPA firm does not constitute an approved rate. That CPA firm must attest to this rate in order for it to be an actual approved indirect rate.

### **OLS Specimen Submission Quality**

***Sharon Cebrik, Acting Co-Director, Office of Laboratory Services***

- The Office of Laboratory Services provided a summary of key reasons why specimens are rejected for poor quality.
- General reminders to agencies include the following:

- When shipping specimens to OLS via FedEx, be sure to ship Express.
- Do not drop specimens in the dropbox.
- Please ship on Mondays, Tuesdays or Wednesdays to avoid delays.
- When ordering supplies, agencies should order for a 30 day supply and reorder when you have a two-week supply left to ensure you always have supplies on-hand. Appropriate ordering and storage of supplies will ensure that supplies are used before they expire and that enough supplies are on hand at all times.
- OLS will be conducting training related to appropriate specimen packaging and shipment to ensure quality and effective testing.
- Q & A
  3. *Comment:* Not all health departments have a centrifuge or are CLIA certified. This is an infrastructure issue and we need to look at the future. All county health departments should be able to prepare Zika specimens for testing.  
*Answer:* Unless agencies are doing the test itself, CLIA certification is not required. Spinning down the serum for submission to the state lab is considered specimen preparation, not testing. Centrifuges may not be available in all health departments but hospitals, veterinarians and doctor's offices may have this equipment available.
  4. *Question:* Are there any other carriers that local agencies can use other than FedEx?  
*Answer:* Local health departments can use any carriers that will accept the specimens for shipment. However, OLS can only provide labels for FedEx as FedEx is the carrier for the state contract.

## Cross ROADS Study

### *Rebecca Schmidt, Deputy Director, Center for Local Health*

- The end goal of this initiative is to improve health across the state by understanding and documenting the ways in which services are currently shared and providing evidence-based tools for agencies, boards and communities who want to share services/improve their operations.
- The West Virginia University Bureau for Business and Economic Research (BBER) is conducting the study and will be distributing a survey to all local health departments around cross-jurisdictional sharing.
- Feedback from the 12 agencies participating in the study has been incorporated into the survey instrument and the Center for Sharing Public Health Services is assisting with the survey design and data collection process.
- CLH will continue to provide updates and information on the study as we receive them from BBER.

## Additional Items

- *Question:* Do you have an update on the Preventive Services Initiative?
- *Answer:* The Bureau for Medical Services is focused on completing the process outlined in February's webinar to local health departments which includes 1) ensuring local agencies are enrolled appropriately and 2) implementing the Medicaid policy that became effective July 1<sup>st</sup>. Molina has been to 14 agencies to provide individual technical assistance. In addition, Molina's provider workshops

will be taking place over the next several weeks and are the best place to address any questions or challenges agencies may be having related to Medicaid and Managed Care Organizations.

- The CLH has reviewed TA requests we've received over the past 6 months and will be using that information to improve our responsiveness and report to BPH leadership.
- A summary of today's meeting will be distributed to all local health officers and administrators and will be posted on the CLH website.
- The next statewide call will be held on November 16<sup>th</sup> to accommodate speakers and will include an overview of water fluoridation programs and resources. A revised meeting invite will be sent to all participants.
- December's meeting will be held on Wednesday, December 7<sup>th</sup> and has been extended to 10-4. This is an opportunity where both BPH leadership and external speakers are present and available to LHDs.
- As always, if you are a new administrator, the CLH is happy arrange for an orientation and meetings with BPH program staff.
- Please send feedback and ideas on meeting topics to [dhhrbphclh@wv.gov](mailto:dhhrbphclh@wv.gov) or to any CLH staff.