

**BAYFIELD COUNTY
HEALTH BOARD MEETING
Tuesday, June 19, 2007 – 4:30 P.M.**

Present: Jim Crandall, Dee Kittleson, Winefred Punjak, Elaine Kopp, Grace Heitsch

Absent: Wayne Williams, David Good, Jim Beeksma

Staff: Cathy Ekholm, Millie Lindsey, Lynn Frechette, Shellie Heglund, Cecilia Coleman

Others: Mark Abeles-Allison, Bayfield County Administrator

1. **Call the Meeting to Order:** The meeting was called to order at 4:30 p.m. by Chairman Kittleson.

2. **Approval of April 16, 2007 Meeting Minutes:** This item was deferred until another Board member arrived to make a quorum. When Grace Heitsch joined the meeting, this item was addressed. A motion to approve the minutes of the April 16, 2007 meeting minutes was made by Punjak; motion seconded by Heitsch. Motion carried.

3. **Home Care**
 - **Discussion regarding contracting for skilled nursing services:** The home care nurse is going on vacation for three weeks. We will be contracting with Northern Lights Manor Health Care Center (NLM) for RN services as needed. This is being arranged in case the patient schedule gets too busy for Lynn to handle. Orientation for these services started today.
 - **Discussion regarding transferring of Home Care license to Northern Lights Manor Health Care Center:** The Administrator of NLM, approached the Health Department Director regarding transferring our Home Care license to NLM. The letter from the administrator was distributed to the Health Board. Transferring our license to NLM is advantageous to them. If NLM applied for their own license, they would need three patients on the service in order to ask for a survey. It may take three to six months to get the survey done and they would not be able to bill until the survey is done. By doing the change of ownership, NLM takes our policies and procedures, and our provider numbers. They would be able to bill from day one. It would be a huge undertaking to get another license if we ever decided to do Home Care again once the decision is made to transfer the license to NLM. The infrastructure for Home Care would be gone. The original idea was for Bayfield County to continue doing Home Care until NLM was up and running. We would then discontinue services. Grace Heitsch joined the meeting at 5:10 p.m. An advantage to the County in transferring this license is that we would know the exact date NLM would start providing services. Those present discussed the agreement mentioned in Mr. Jordan's letter. Questions such as who would draw this agreement up and what language would it contain were brought up. It was felt a lawyer would draw up the agreement. Anything could be put in that we feel is necessary, within reason. Discussion ensued regarding the personnel that would be affected by discontinuing Home Care. Heitsch felt that their duty as a Board was to the County and its residents. Concerns were raised as to whether the residents would continue to receive quality Home Care if the service is turned over to NLM. And even though they say they will cover the county, will they actually do it. Mention was made that the County may not continue Home

Care, and this would be a way of ensuring Home Care would still be an option for our residents. Kopp suggested having a Memorandum of Understanding with NLM so our expectations for coverage of the county would be spelled out. Frechette felt NLM would do a good job of covering the county. We have been working with aides and therapists from NLM and they have done a good job of covering the county. She felt this would extend to the RN's. The Board felt that if the decision to transfer is made, the County should have an assurance roll and make them accountable for their word. Possibly they could be required to report to the County Board on an annual basis. There are two separate issues here – county residents and county employees. We are unique in still having a home care program. If the Health Board has confidence in NLM, then turn the home care program over but we need to have a place for the employees. The County Administrator felt we needed to see the agreement before making a decision. Once we have the agreement, it will be brought before the Health Board for a decision. There also needs to be more discussion about employees. This should be put on the next agenda as an action item.

- **Report on 2006 Medicare Cost Report: Received cost report.** When the 2005 and 2006 Cost Reports are compared, the cost per visit is going up. The only discipline that did not go up was the home health aide. These costs are directly related to the number of episodes being decreased. The fewer clients we have, the smaller the base to distribute administrative costs over. The unduplicated client count is down considerably from 73 to 57. The reimbursement per episode is also down. This is probably due to our clients not being as ill in 2006 as in 2005. The bottom line is that Home Care in 2006 cost the County more in tax levy than in 2005.
 - **Change in reimbursement for 2008:** Medicare reimbursement will change for 2008. Currently, Medicare pays for one type of episode although reimbursement varies depending on how ill or dependent a person is. For 2008 they are proposing four different types of episodes with health indicators in each of the types that will indicate how much reimbursement will be. At present we get paid very well if 10 or more therapy visits are done. And regardless of the number of visits they are all paid at the same rate. This will change in 2008. Someone with six visits will be paid more per visit than someone who has seven to nineteen visits. And someone with 20 or more visits will be paid at an even lower rate.
 - **Home Care report:** The current census is 11. There was discussion regarding the ratio of clients on the service – Medical Assistance, Medicare, insurance, etc. Contracting with NLM for therapy services is going well. Mention was made of Tele-Health and that Medical Assistance will soon start paying for this. It was felt that no one in this area uses that service. In regard to the Home Care budget, the revenues are down but so are expenses.
4. **Public Health Budget Report:** The Public Health budget is right were we expect it to be for this time of year.
5. **Progress Report on the Bayfield County Community Health Center**
- **A community health board has been established:** Both the implementation and the planning grants have been submitted to the Office of Rural Health in Washington, D.C. In September, the Community Health Center will be notified of the award. A board has

been formed. The Health Department Director is on the Board. The Director informed the Health Board of others that are on the Board. The Community Health Center Board needs to be 50 percent consumers. Right now the Health Center Board is struggling to get more citizens on the board. People who want to be on the board should contact any Community Health Center Board member for an application. Committees have been set up. One committee is looking for other grant funding to run the board. Another is the site committee who will be looking for the best site in the county. There is a group discussing what kind of model of service we want to provide i.e. physician, nurse practitioner with a physician advisor or a combination of these. The Board is hoping to meet with other rural health clinics to talk about the mistakes they made so we don't make the same mistakes. Even if we don't get the grant, the Community Health Board will be around for maybe another application round to try to make a go of things.

6. Staffing Update

- **Recruiting an Environmental Health Technician:** We hired a Sanitarian about one month ago. He has resigned. It was decided to lower the credentials needed for that position. Advertising for an LTE as begun. The deadline is June 25, 2007. We know it will take longer to fill the permanent position so we decided to get an LTE now for the summer. We have in the past gotten environmental health students as summer LTE's.
- **Resignation of Steve Moss, Environmental Health Specialist/Sanitarian:** Addressed above.

7. Grant Applications

- **Seal-A-Smile Grant:** The Director submitted another grant application to the Milwaukee Children's Hospital. This allows us to go into the schools and apply sealants. The plan was to expand to include Drummond School but we had such a poor response in Bayfield School that we are thinking we should slow down and do more education in the Bayfield area. The children receive sealants after the dentist does an exam and prescribes them. We return the next year and check retention. We are having a 92 percent retention rate. Education is done in the classroom. Articles will be put in the paper. Information will be sent home to parents with the children.
- **Wisconsin Partnership Grant – Obesity Prevention:** The Department has had a BC/BS PUSH grant for three yrs. It will expire in March 2008. Because Madison Partnership Grants are available we will be writing for a continuation grant. Hard work has been done on getting our employee wellness program going with a focus on obesity. There is a group of people who are meeting monthly; it's like a Weight Watchers support group. Also, a walking challenge has been started called Walk Around Wisconsin. The goal is to have teams of up to ten walk the distance around Wisconsin. Not quite half the money we receive from this grant is given to Red Cliff for obesity and diabetes prevention activities. The Director would also like to partner with forestry in the development of walking trails. Some property was given to forestry by the Jolly family to develop into walking trails or some other quiet activity. Paul Lundberg, Forestry Director, would like to build walking trails that would connect with the North Country Trail. Dr. Heitsch felt we needed to develop a way to prevent obesity in children. Children spend too much time sitting in front of the TV and drinking soda. The Health Department has developed

some policies in the schools. Suggestions were made for activities that could be done between schools, i.e. a walking challenge like we are doing at the County.

- **AMA Grant written on behalf of the Bayfield County Health Center.** The focus area of this grant is governance. This grant is being written for the rural health clinic. It is only \$2,000.

8. **Preparedness Planning**

- **Report on the status of the Preparedness Consortium:** The Health Department has been in a consortium in the past with various counties including Ashland, Iron and Douglas. This year Ashland and Iron Counties went with a consortium out of Wausau. Bayfield County stayed in the present consortium. It seemed to make more sense since most of our referral source come from the Duluth area. It made more sense to partner with Douglas County. The Division of Public Health will be forcing consortiums to be divided along Public Health Regional lines.

9. **Possible Action Regarding Change in the Sanitarian Ordinance to Include Pre-inspection Fees:** When this was brought to the Health Board in January for approval, three pre-inspection fees were missed. This only affects new businesses. It involves going in and instructing new owners what they need to do to become licensed. A motion to approve the addition of the three pre-inspection fees was made by Heitsch; motion seconded by Kopp. Motion carried.

10. **Other Issues:** Next meeting will be Tuesday, August 28, 2007 at 4:00 p.m. A meeting in July may be called if we get more information on Home Care and NLM. A tentative date is set for Tuesday, July 24, 2007 at 4:00 p.m.

11. **Adjourn:** A motion to adjourn was made by Crandall; motion seconded by Heitsch. Motion carried. Meeting adjourned at 5:51 p.m.

Respectfully Submitted

Cathy Ekholm, Recording Secretary