

**DEKALB COUNTY BOARD OF HEALTH**  
**Minutes of Meeting**  
**September 27, 2005**

**BOARD MEMBERS PRESENT:** Steve Kuhn, P.A.-C., President; Steve Wolf, R.N., Vice President; Russell Bishop, Psy.D.; Secretary; Julia Fullerton, J.D.; Jean Gastiger, R.N., F.N.P.; John Olson, D.D.S.; Deborah Schelkopf, D.V.M.; Mary Beth Shear, M.D.

**BOARD MEMBERS ABSENT:** Carl Heinisch; Mike Groark, J.D.

**MINUTES**

On a motion by Mr. Wolf, seconded by Dr. Olson, the minutes of the Board of Health meeting of July 26, 2005, were approved. Motion carried.

**DIVISION REPORTS**

Mrs. Grush reported that the Health Department's FY2006 budget was presented to the County in August by Ray Bockman and Gary Hanson. Recommendations increased the requests by \$34,400 due to anticipated increases. Also recommended were \$150,000 for the Health Department and \$6,000 for an Animal Control truck in the Renewal and Replacement Fund.

In September, the Finance Office notified county departments that the IRS had increased the allowable gas mileage reimbursement rate from 40.5 cents to 48.5 cents per mile for work-related travel, effective September 1, 2005.

In August, the Department of Human Services (DHS) (Medicaid/Public Aid) conducted a site visit at the Health Department. They are conducting these at all health departments in the state. Mrs. Grush explained that the Family Case Management (FCM) Program began in 1993 with the major goal of reducing the infant mortality rate in the State. Contracts were established with local health departments to provide case management services to eligible pregnant women, infants and children. Reimbursement in 1993 was \$26.25 per client per month for pregnant women and infants and \$12.50 for older children per child per month. The reimbursement rate has remained the same since 1993, and administrators have been unsuccessful in obtaining increased funding.

As a result, DHS worked with the Federal Health Care Financing Administration to establish a mechanism for local health departments to be reimbursed 50 cents for every local dollar spent in supporting the program after grant funds were exhausted. Over the past four years, limited direction was provided on the process to claim the federal dollars provided by DHS. To assure that each department was claiming uniformly, DHS came up with a formula to be used based on data from various reports. The annual percentage rate, which averaged 22.25% of the public health staff over the past four years, was used to claim the administrative/operational match dollars. The State calculated the formula to an average of 21.57%, resulting in a payback situation. The DHS representatives visited local health departments to review the new process and instructed them to redo all quarterly reports. After redoing the claims from October 2001 to September 2002, Medicaid owes our agency \$29,801. Because the time period is over two years, they do not have to pay us back. For the same time period, our agency owes them \$11,849, which we have to pay.

Mrs. Grush pointed out the FY2006 Local Health Department Bioterrorism Block Grant Deliverables under Correspondence, describing what health departments must do to obtain the Bioterrorism Grant funding. She added that the funding provides no new money to hire additional staff to perform the requirements of the grant. The expenditures of the grant so far this year were reviewed. Mrs. Grush added that, while the importance of this grant is evident, CDC has completely lost sight of the fact that local health departments have many other responsibilities in addition to bioterrorism and cannot devote full-time to perform these activities. Staff has worked very hard on these bioterrorism efforts and progress is being made.

In early August, Dr. Wiley of the DeKalb Clinic Board of Directors informed Mrs. Grush that they had ceased acceptance of new Medicaid patients and were discontinuing participation in the Partners in Health (PIH) Program of the Health Department. The decision was based primarily on the untimely payments for service by Medicaid. After consultation with Kishwaukee Medical Associates, Ltd., the PIH Program was temporarily suspended, since the two clinics represented 85% of the referrals. Since a number of questions arose regarding access to care following the suspension, Mrs. Lux, Director of Personal Health Services, convened a meeting at Kishwaukee Community Hospital (KCH) of the PIH Oversight Committee. Primary care physicians and obstetricians were invited for a dialogue to discuss some of the issues that had presented since the suspension. The meeting concluded with the determination that the only physicians accepting new Medicaid patients were Dr. Baumgart, Dr. Hawkins and Dr. Goswami. Other physicians are continuing to see current IPA patients, but are not accepting new referrals. Referrals are also being made to TriCounty Community Health Clinic, Crusader Clinic or the Emergency Department at Kishwaukee Community Hospital (KCH).

Mrs. Lux, Mrs. Carroll (Communicable Disease Program coordinator), and Mrs. Grush attended a meeting as Health Department representatives on September 9 at KCH convened by the Kishwaukee United Way and the DeKalb County Community Foundation representatives. The purpose of the meeting was to respond to the needs of Hurricane Katrina victims. Thirty-five other community partners were in attendance, and each organization reviewed their role and capacity in providing assistance to evacuees.

Following this meeting, 14 individuals from two families arrived at Hope Haven. A coordinated response to the immediate needs of the evacuees was developed. A process for addressing their basic needs and providing case management was agreed upon. The Health Department provided medical screenings, sending two adults to the ED at KCH. Five children were seen in the agency's Well Child Clinic for exams and WIC services. These services were provided at no charge.

Mrs. Grush reported that flu season is approaching, and some of the vaccine ordered has been received. The State of Illinois contract was signed, but many counties have not signed these contracts since State reimbursement is so low. Clinics will be held at the Health Department only this year as there is not enough vaccine to conduct community clinics and selecting one site over another is difficult. Mr. Wolf reported that he had spoken with representatives of both Kane and Kendall Counties, and they have each received 600 doses and have no idea when the balance will be received. Mrs. Grush reported that 920 of the 2,300 doses ordered have been received, but it is unknown when the rest will be received.

Mr. Wolf asked why enough vaccine could not be produced to meet the needs of the country. Mrs. Grush responded that our agency was only able to order what was received last year. She also believes that some of the vaccine will be redirected to the hurricane victims. The first Health Department clinic will be held on the 20<sup>th</sup> of October from 2:00 to 6:00 p.m. and will be advertised that it is for high-risk individuals. After that date, walk-ins will be served on Thursdays until the vaccine supply is exhausted.

Bob Drake, Director of Environmental Health, reported that a restaurant was closed during this time period, and was the third time in the last 11 years that the permit was actually removed from the wall until repairs are made. It is the goal of the Health Department to keep restaurants open and they are always given the opportunity to voluntarily close.

Mrs. Lux presented a folder used by case managers for clients enrolling in the Family Case Management Program for the Board's review. She also presented a notebook with the 2005 Client Satisfaction Surveys and comments. She pointed out that, although many of the clients had long waits, the comments remained positive and the clients were happy with services.

Mr. Kuhn noted that cases of adult onset chicken pox were reported. Mrs. Lux responded that this was a group of NIU students from India.

Lisa Baj, Director of Home Care, introduced Tammy Pieroni, Office Coordinator at Home Care.

Marcy Zanellato, Director of Health Education, reported that five more restaurants have signed up to be smoke-free, bringing the total to 78 in DeKalb County. She reported that Jim Grosklags of the DeKalb Smoke-free Coalition made a presentation to the DeKalb City Council. The information was a report of the community survey, conducted by the Economics Department at NIU, regarding the effects of second-hand smoke. Businesses will have an opportunity to respond to the smoke-free ordinance on the 17<sup>th</sup> of October.

## **FINANCIAL DATA**

On a motion by Dr. Bishop, seconded by Dr. Shear, the Financial Statements for the months of July and August 2005 and the Claims for the months of August and September 2005 were approved. Motion carried.

## **NEW BUSINESS**

### **Home Care Building Study**

Representatives of Wold Architects and Engineers presented an executive summary that provided an overview of the requirements of the Home Care Program, cost analysis, project schedule and site options for a new building.

Representatives of Wold Architects reviewed the space summary, with the existing Home Care space being 5,785 sq. ft. and the proposed needs of the Home Care site as 10,130 sq. ft. A total of 21,000 sq. ft. is being proposed to accommodate accessory programs, which include the Community Mental Health Board, the Regional Superintendent of Schools, and the Veterans' Assistance Commission.

Two options for a Home Care building were reviewed: an addition to the existing Public Health building or a stand-alone building located on existing property. After a review of the existing site and its limitations, Wold Architects is recommending a stand-alone building located south of the Health Department adjacent to the main entry drive from Annie Glidden Road.

Total estimated 2006 project costs of a 10,130 sq. ft. building for the Home Care Program is \$2,507,700 and \$2,608,000 for 2007. A 21,000 sq. ft. building, which would include the accessory programs is estimated at \$4,911,000 in 2006 dollars and \$5,107,000 for 2007. These estimates include construction cost, fees and testing, furniture, fixtures and equipment and a contingency fund.

Two construction schedules were presented: one with construction starting in April 2007 and occupancy of March 2008 and the second with construction starting in the summer of 2007 and occupancy in January 2009.

Mrs. Grush presented a map of the Health Facility Campus and pointed out the location across the parking lot from the Health Department being considered for the Home Care site

Mr. Wolf asked the reasons for waiting until 2007 to begin construction. Mrs. Grush responded that one reason is the cost of buying out the lease from KCH and the other is the recommendation from the County made at their September 7, 2005, meeting (included in Board packet). She pointed out that State law mandates that the county provide space for the Veterans' Association, and they are recommending in the budget a referendum be presented in the Spring of 2006, hopefully passing, providing revenue for both construction for space and services.

Mrs. Fullerton asked what factors determined the calculation of square footage for the building for the accessory space. Mrs. Grush responded that those figures were provided by Gary Hanson, DeKalb County Deputy Administrator. She added that the Health Department has \$1.3 million set aside for a building as, historically, the Home Care Program has been generating approximately \$200,000 each year above expenses.

Wold stated that the projected life span of a building is 50 years.

Dr. Olson asked if any consideration had been given to installing a tornado shelter in the new building. Mrs. Grush responded that that had not been discussed and was certainly worthy of discussion. Mr. Wolf pointed out that the recommendation of the County plans for construction to start in 2007 and wondered if we would need to follow that. Mrs. Grush responded that we would need to follow the recommendation of the County in this regard. She reported that the next step is to determine if the accessory space programs are interested, and if a referendum is to be placed on the ballot this coming spring. Should the project proceed, 2006 would be devoted to doing architectural drawings.

Mrs. Grush reported that a County Board member had asked her about buying a vacant building, but she responded to them that an existing building would not meet the program's needs and also defeats the purpose of having them located close to us physically. Another County Board member had asked about the Welch Industry building on Sycamore Road, but she feels this should be a tax-generating business because of its location.

Mrs. Grush stated that this information is only preliminary, and she will have a better feel at the next meeting on how the other proposed occupants wish to proceed.

## **Home Care**

### Program Evaluation: Karen Grush/Lisa Baj

Mrs. Grush reported that she has had concerns, in light of increases in salaries and health insurance, that the expenses of the Home Care Program were increasing faster than revenue. As a result, Mrs. Grush reported that she hired Terry Cichon, a financial consultant for the Illinois Home Care Council and FR&R

Health Care Consulting in Chicago, to conduct an evaluation of the Home Care Program because of recent data in the area of personnel costs, productivity and a lower than average reimbursement rate compared to national and state data. Ms. Cichon has provided three days of consultation and one more day is anticipated. Every process was reviewed, staffing situations were presented and Ms. Cichon provided recommendations for improvement in regards to processes and reimbursement. While this was an additional expense to the program, Mrs. Grush feels that the money spent will be recouped fairly quickly with implementation of her recommendations.

Ms. Cichon made recommendations to address the low revenue per episode. The high cost per visit would be addressed by increasing the productivity of nursing staff, with a productivity system developed and merit increases based on nurses meeting specific goals. The problem of low therapy utilization is a result of contractors not maximizing ten or more visits when appropriate, which increases reimbursement.

Ms. Cichon suggested that a colleague, Sondra Enger, visit to review billing processes. Ms. Enger's recommendations were to have one supervisor over all office support staff and to bill weekly rather than monthly, as is currently done. Fast EMC of TriMed Solutions has been installed for the billing of private insurance and Public Aid, with electronic billing for Blue Cross/Blue Shield starting October 15. At this time, the Medical Electronic Data Interchange Internet Electronic Claims (MEDI IEC) will be used for Public Aid billing. The program has always maintained its own medical supply room. It is possible to save money on waste in nursing bags, mileage reimbursement, travel time dropping off supplies and loss of outdated inventory by drop-shipping supplies. It is anticipated this would decrease travel time and visits related to supplies, thereby decreasing the cost of nursing visits.

Each year, Home Care Illinois compiles data and then anonymously shares it statewide. This revealed that our payment for 60 day episodes for patients is \$600 per episode lower than Chicago agencies. Mrs. Grush pointed out, however, that most of these agencies are free-standing and for-profit. Since we are the only surrounding county that receives the Chicago reimbursement rate, our program should be doing better per episode per patient. Our average episodes for all patients is 1.6 episodes versus 2.5 episodes for Chicago, which indicates Chicago agencies are carrying patients longer, which is typical for for-profit agencies.

Another issue that arose at this same time was the resignation of the Billing Coordinator, who did not want to perform the management/supervision piece of that position. Since a great deal had been invested in this employee by the agency, she was requested to not resign and the management responsibilities would be removed from her duties.

Mrs. Baj reported that staff in the Home Care Program have done a great job, and there have been a number of changes since 2000 when the agency went to the Perspective Payment System (PPS). The switch was made to a new computer system by McKesson, and laptops for the nurses in the field were implemented in 2004. As a result, office processes would also need to change. Since the visits from the consultant, the program has been able to streamline processes, and eliminate some of the paperwork. Now, when a visit is entered into the computer, it is known immediately if revenue is gained or lost on a patient. Many changes were made before the consultant arrived, and staff have worked even harder following her recommendations to implement some suggested changes. Billing processes have also been studied to better understand the system and the financial reports to ensure that the program is financially sound. The Clinical Coordinator assumed the added duties a couple months ago of being in charge of the nursing supervisors and the nurses and is working on overtime, coding issues, productivity and working with team leaders. Supervisors feel that productivity should improve as nurses become familiar with working on their laptops.

Dr. Olson asked if the nurses were abusing overtime to make a higher salary. Mrs. Baj responded that she did not feel that was the case, but that overtime would most likely decrease with prior approval from a supervisor needed for this time. Supervisors can reassign patients if they see that a nurse is consistently needing to work overtime.

Mr. Kuhn remarked that it is refreshing to have a consultant in to cut down on the paperwork. Mrs. Grush stated that it was expected that paper would decrease with the implementation of laptops, but it was also good to look at the processes in place and have someone from the outside review it. Office staff has been cut by about 1 FTE. She agreed with Lisa that nurses were not abusing overtime to get more salary, but spent more time with the patient than was necessary.

#### Compensation: Home Care Office Coordinator

In the past, office support at Home Care reported to one of three supervisors. The consultant felt this was too much fragmentation and recommended having office staff report to one individual. Tammy Pieroni, current Office Coordinator, has been offered and accepted these additional responsibilities. Mrs. Grush is recommending that her salary be increased by 10%. A copy of this job description was included in the Board packet.

#### Reclassification: Billing Coordinator to Senior Biller

Kari Owen, Home Care Billing Coordinator, submitted her resignation as she did not want to continue with the management duties of the position. Ms. Owen did agree to stay on as an employee if the management aspect of her job was removed. Mrs. Grush recommended changing the job classification of Ms. Owen from Billing Coordinator to Senior Biller, with a reduction in her salary of 10% and the supervision of billing staff being done by Mrs. Pieroni. A job description of the Senior Biller was included in the Board packet.

A revised organizational chart of the Home Care Program was presented to the Board.

Mrs. Gastiger made a motion to approve the changes in the classifications of Home Care Office Coordinator and Senior Biller, effective September 18, 2005, seconded by Dr. Shear. Motion carried.

#### **OB Referral Agreement: Dr. Joseph Baumgart**

Mrs. Grush reported that she had received a request for an agreement from Northern Illinois Fertility to sign an agreement with them, directing the agency's prenatal referrals to Dr. Baumgart, Dr. Olofsson and Dr. Hawkins. Dr. Baumgart's office has undertaken a plan to meet the needs of the county and accept new Public Aid OB patients. This plan includes hiring a new Obstetrician/Gynecologist who will start at the beginning of 2006 and also a Nurse Midwife who will provide both clinical and hospital care for Public Aid patients. A new staff R.N. has also been hired, and the office is being physically expanded to meet the anticipated staff increases. Because of this added expense, Dr. Baumgart is asking that patients be referred to him, Dr. Olofsson or Dr. Hawkins until December 2008. Dr. Baumgart pointed out that this agreement does not prevent any patient from individually selecting and seeing any other physician in the community, but would merely create the referral relationship between the Health Department and his office. Dr. Baumgart's concern is that another group could come into the county and take referrals after he has added staff and expanded his office space. Mrs. Grush indicated that she is in support of this agreement, since Dr. Baumgart and Dr. Hawkins have been our only referral source since May 2005. She does not know what the agency would do if he even limited the number of patients he accepts. Mrs. Grush reported she has been told that Dr. Dubrick is leaving DeKalb Clinic, although she does think he is staying in the community and it is her understanding that he will still do on-call so may deliver some of Dr. Baumgart's patients. Dr. Dubrick is not a part of this agreement. Mrs. Grush stated that she would

not expect him to want to be a part of this agreement, but he could to speak with Dr. Baumgart if he did want to. Dr. Olson feels that this agreement is the least the agency can do in return for what he has done for the agency. Dr. Shear added that the next choice is the ER. She stated that adding staff and space, with limited reimbursement, is a lot to undertake.

Dr. Shear asked if Dr. Hawkins approved of this agreement. Dr. Shear pointed out that 50% of the deliveries at KCH are IPA, and this is a breaking point for doctors financially to make it based on the percentage of IPA clients in the caseload. With the reimbursement rates of IPA, one gets nothing back and still has to pay high malpractice rates.

Mr. Kuhn asked if the States' Attorney's office had any comments on this agreement. Mrs. Grush responded that she had not sent it to them, but would do so before the next meeting. Dr. Shear asked if anyone was going to protest, as Dr. Baumgart is only asking for protection in case a new group comes in.

Dr. Olson made a motion to accept the agreement with the stipulation that the States' Attorney's office approve the document, seconded by Mr. Wolf. Motion carried.

### **HB315: State Animal Control Act Amendments**

Mrs. Grush presented a synopsis of House Bill 315, the Illinois Public Health and Safety Animal Population Control Act. This Bill was signed by Governor Blagojevich in August and the law is currently in effect. Funds from the program will be used to pay for the spay/neuter of pets belonging to Illinois residents who are eligible for the Food Stamp Program or the Social Security Disability Benefits Program. These recipients will need to pay \$15 for these services. Veterinarian participation in the program is voluntary and veterinarians will be reimbursed for the cost of surgery and pre-surgical examinations and vaccinations by the State.

Mrs. Grush reviewed the law and the impediments to implementing and enforcing it. A statewide committee of animal control programs is working on amendatory language for the fall legislative session. At this time, counties have indicated they are not going to implement it in hopes of the amendments addressing some of the problems and concerns addressing the collection of fees. Mrs. Grush stated that Representative Pritchard and Senator Burzynski did vote against this Bill. Unless she is directed otherwise, the agency will not be implementing the requirements at this time and will wait to see what amendments may transpire.

### **Membership Committee: Carl Heinisch, Chair, and Dr. Schelkopf**

Mrs. Grush reported that Ms. Fullerton is eligible for a fourth one-year term, as County Board representative, from December 1, 2005, through November 30, 2006. Mr. Heinisch and Mr. Kuhn have served the second of their three-year terms, so replacements must be found for them, as well as for Dr. Lane, who moved from the area earlier this year. Mrs. Grush asked that Board members call her with recommendations for replacements for these two consumer and one physician positions.

### **CORRESPONDENCE AND ANNOUNCEMENTS**

Included in Board packets were the deliverables of the FY2006 Local Health Department BT Block Grant. Other articles were included on the discontinuation of the Partners in Health Program, slow

reimbursement from IPA, a case of West Nile in DeKalb County, avoiding West Nile mosquitoes, the hosting of a farmers market in Sandwich, and tips on beating the heat. Correspondence was included from Representative Pritchard thanking for the agency's participation in the Senior Expo, a thank you to Communicable Disease staff from a client, and thank you notes from two Home Care patients.

## **ADJOURNMENT**

On a motion by Dr. Bishop, seconded by Mrs. Gastiger, the Board of Health meeting adjourned at 8:45 p.m. Motion carried.

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Russell Bishop, Psy.D., Secretary  
DeKalb County Board of Health