

Macon County



**MACON COUNTY BOARD OF COMMISSIONERS
JULY 13, 2021
6 P.M.
AGENDA**

1. Call to order and welcome by Chairman Tate
2. Announcements
 - (A) Amanda Fuller – Certified Government Chief Information Officer (CGCIO)
3. Moment of Silence
4. Pledge of Allegiance
5. Public Hearing(s) – **None**
6. Public Comment Period
7. Additions to agenda
8. Adjustments to and approval of the agenda
9. Reports/Presentations
 - (A) Medicaid Transformation – Shelly Foreman, Community Relations Regional Director for Vaya Health
10. Old Business
11. New Business
 - (A) Clay/Macon Regional Hazard Mitigation Plan 2021 Update – Emergency Management Director Warren Cabe
 - (B) Request for permission to apply for broadband grant – Economic Development Director Tommy Jenkins
 - (C) Request for release of surety bond for Highlands Falls Country Club – Planning, Permitting and Development Director Jack Morgan
 - (D) Resolution Exempting Architectural Services for former National Guard Armory renovation and improvements – Mr. Morgan

- (E) Satisfaction of Security Instrument regarding Franklin Tubular Products – County Attorney Eric Ridenour
- (F) Request for funding from KIDS Place – Commissioner Beale and/or Alisa Ashe, Executive Director, KIDS Place

12. Consent Agenda – Attachment #12

All items below are considered routine and will be enacted by one motion. No separate discussion will be held except on request of a member of the Board of Commissioners.

- (A) Minutes of the April 13, 2021 regular meeting, the May 11, 2021 regular meeting, the May 25, 2021 continued session, the June 3, 2021 continued session and the June 8, 2021 regular meeting
- (B) Budget Amendments #1-11
- (C) Tax releases in the amount of \$2,692.47
- (D) Billing guide, fee schedule and vaccine fee update summary for Macon County Public Health
- (E) Agreement to Provide Recreation Opportunities with the Scaly Mountain Historical Society
- (F) Service Contract with the Franklin Area Chamber of Commerce
- (G) Service Contract with the Highlands Area Chamber of Commerce
- (H) Resolution Accepting American Rescue Plan Act (ARPA) funds
- (I) Grant Project Ordinance Amendment for Weatherization Assistance Program FY 2021 (#8217)
- (J) Grant Project Ordinance Amendment for Weatherization Assistance Program FY 2022
- (K) Macon Middle School Locker Room Project – Reject bids received on June 21, 2021 as only one bid was received. Authorize staff to readvertise the project.
- (L) Monthly ad valorem tax collection report – no action necessary

13. Appointments

- (A) Library Board (2 seats)

14. Closed session as allowed under NCGS 143-318.11(a)(5) – Mr. Ridenour

15. Adjourn/Recess

FOR IMMEDIATE RELEASE

**Contact:
Shannon Howle Tufts, PhD
UNC School of Government
CGCIO Program**

**Amanda Fuller Graduates from
the University of North Carolina at Chapel Hill's
CGCIO™ Certification Program**

Chapel Hill, NC, June 22, 2021. Amanda Fuller, Assistant Information Technology Director, for Macon County has successfully graduated from the 2020-2021 Certified Government Chief Information Officers Program™ at the University of North Carolina at Chapel Hill's School of Government.

The CGCIO™ program is the first local government specific program for CIOs in the nation and began in 2005. The program is designed for local government Information Technology Directors and Chief Information Officers whose challenging responsibilities require a broad understanding of management, leadership, legal, regulatory, and enterprise topics. The course is approximately 240 hours in length and course instruction covers strategic technology planning, communication, emerging technology trends, risk assessment and management, acquisition management, change management, leadership, cybersecurity, and legal issues related to technology.

The program's director, Dr. Shannon Tufts, has been recognized by *Government Technology* magazine as one of the 2010 Top 25 Doers, Dreamers, and Drivers for the creation and expansion of this nationally acclaimed program. The program seeks to elevate the position of the dedicated and talented cadre of public sector technology leaders who work tirelessly to serve the public good through strategic investments in technology.

Amanda Fuller is one of the 45 local government, state agency, community college, and K-12 education IT leaders in the state of North Carolina who successfully completed the course this year. Over the course of its existence, the CGCIO™ program has graduated over 2000 public sector technology leaders across the nation.

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

CATEGORY – REPORTS/PRESENTATIONS

MEETING DATE: JULY 13, 2021

9A. Shelly Foreman, the Community Relations Regional Director for Vaya Health, will make a presentation on Medicaid Transformation and other topics. The following items from Ms. Foreman are included in the agenda packet: (1) her PowerPoint presentation on “Medicaid Transformation Overview,” (2) another PowerPoint entitled “Vaya Health Budget and COVID-19 Funding Information,” (3) a “dashboard” report of statistics for Macon County for the first three months of 2021, and (4) a June 1 press release regarding the consolidation of Vaya Health and Cardinal Innovations.




Medicaid Transformation Overview

Shelly Foreman
Regional Community Relations Director
Vaya Health

Spring 2021


The slide features a background image of many hands of diverse people reaching towards the center, symbolizing unity and collaboration. A blue diagonal banner is positioned at the bottom right.

Who & What is Vaya Health



Local government agency that manages publicly-funded services and supports for individuals facing challenges with MHSUIDD needs in a 23-county “catchment area” of WNC.


We are a local political subdivision of the state of North Carolina originally known as an “area authority” and now referred to as a “local management entity/ managed care organization” (LME/MCO).



DEPARTMENT OF HEALTH AND HUMAN SERVICES

The slide includes a photograph of a brick building with a classical pediment and columns, identified as the Department of Health and Human Services. A circular seal is visible on the brick wall in front of the building.

We offer three distinct health plans:



1. A MH, SU and IDD health plan for individuals who have a qualifying type of Medicaid based in one of our 22 counties.

We manage this plan under a contract with the NC Department of Health and Human Services pursuant to the NC 1915(b) Medicaid Waiver.


2. A MH, SU and IDD health plan for eligible individuals who are uninsured or underinsured.

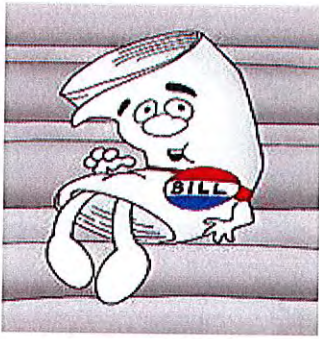
Because this plan is supported with state, local and federal block grant funds (not Medicaid), there is no entitlement to these services and funding is limited.

3. A home and community based services and supports health plan for individuals with I/DD.

This plan is pursuant to the NC 1915(c) "Innovations" Waiver

House Bill 403-Medicaid Managed Care





- Added Secretary's concept of BH/IDD Tailored Plans that will cover **integrated physical health, pharmacy, BH and IDD** services for complex, high-risk population
- Added **mild to moderate** BH population to scope of Standard Plans –list of services includes inpatient, OPT, crisis and some SUD –overlap with enhanced services
- Established assessment and transition process for members moving between plans
- Excluded Some Medicaid Benefits from Standard & Tailored Plans
- Established a Tribal Option for Enrolled Members of the EBCI/ Federally Recognized Tribes

Goals of Medicaid Transformation



- Deliver whole-person care
- Unite communities to address member needs and deploy cost-effective solutions
- Transition to provider-based care management at site of care
- Improve member experience
- Reduce provider administrative burden
- Support a healthier North Carolina
- Address unique needs of historically marginalized populations

NC-PHPs



Prepaid Health Plans

Managed care plans—which are called Prepaid Health Plans (PHPs) in North Carolina—will be paid capitated payments by DHHS to manage the care of eligible Medicaid and NC Health Choice beneficiaries.

- There will be three types of PHPs:
 - Standard Plans
 - Tailored Plans
 - Tribal Option



Standard Plan Enrollment

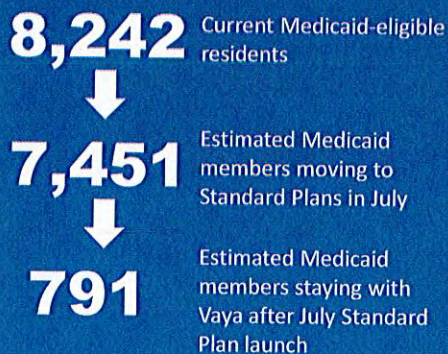


State-Wide Standard Plans

AmeriHealth Caritas North Carolina, Inc.
 Blue Cross and Blue Shield of North Carolina
 UnitedHealthcare of North Carolina, Inc.
 WellCare of North Carolina, Inc.

- ✓ Open Enrollment: March 15-May 14, 2021
- ✓ May 15: NC will auto enroll members who have not chosen a Plan
- ✓ Grace period for Plan changes by members
- ✓ The NC Medicaid Enrollment Call Center number is 833-870-5500/TTY: 833-870-5588,
- ✓ Free NC Managed Care mobile app on Google Play or the App Store

Medicaid Transformation by the Numbers: Macon County



Standard Plans and Tailored Plans: What are they?



Standard Plans will address the majority of the Medicaid population using a “whole person care” approach, to include both the physical health and behavioral health needs for those individuals with mild to moderate challenges

- 4 Standard Plans (commercial) statewide serving the 6 health regions and 1 Provider Led Entity (PLEs) serving region 3, 5
- July 2021


- **Tailored Plans** “whole person care” approach for those individuals who have more complex behavioral health or IDD needs
 - Tailored Plans will manage both the physical health needs of the person with behavioral health and or IDD and their specialty care needs
 - The legislation states that there will be no fewer than 5 and no more than 7 Tailored Plans
- July 2022

Standard Plan Populations



- Medicaid beneficiaries not eligible for Tailored Plan
- Medicaid beneficiaries not excluded from Managed Care
 - EXCLUDED:*
 - Beneficiaries dually eligible for Medicaid and Medicare
 - PACE beneficiaries
 - Medically needy beneficiaries
 - Beneficiaries only eligible for emergency services
 - Presumptively eligible enrollees, during the period of presumptive eligibility
 - Health Insurance Premium Payment (HIPP) beneficiaries
- Medicaid beneficiaries not exempt
 - EXEMPT:*
 - Members of federally recognized tribes-Tribal Option

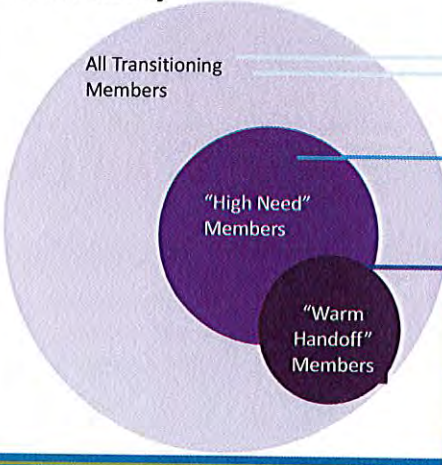
Tailored Plan Populations



- Individuals with SED or a diagnosis of "severe" SUD or TBI
- SUD Diagnosis + Enhanced BH Service
- Individuals with a developmental disability
- Individuals receiving Innovations Wavier Services
- Individuals on the Registry of Unmet Needs
- Individuals with mental illness who:
 - Meet TCLI criteria
 - Had 2 or more psychiatric hospitalizations or readmissions within prior 18 months
 - Known to have had one or more IVC within prior 18 months
 - Had 2 or more visits to the ED for a psychiatric problem within prior 18 months
 - 2 or more episodes using BH crisis services within prior 18 months
- Individuals receiving any of the services currently covered by LME/MCOs that are NOT covered by SPs
- Children with Complex Needs
- Children aged 0-3 with or at risk of developmental delay or disability
- Children involved with DJJ/ DDP "who meet criteria established by DHHS"
- Uninsured
- Individuals utilizing Electroconvulsive Therapy
- Individuals utilizing clozapine or long-acting injectable antipsychotics

Safeguarding Beneficiary Services Through Crossover

Crossover Activities Customized Based on Service History, Vulnerability



All Transitioning Members:

Data Transfer:

- Claims
- Prior Authorization
- Pharmacy Lock In Data
- Care Plans or Assessments, if relevant

"High Need" Members:

- High Need Members are transitioning Members whose service history indicates vulnerability to service disruption
- This group is identified on DHHS "High Need Member List"

"Warm Handoff" Members (<2000 Members):

- High Need Members who have been identified by Medicaid Direct "transition entities" (CCNC/LME-MCOs) or by the Health Plan as warranting a verbal briefing between transition entity and Health Plan
- This group is identified on the DHHS "High Need Member List" and through a specific warm handoff/summary sheet process.

Tailored Plan RFA Metrics

- Total response was 2,645 pages including RFA documents, responses, supporting documentation, and attachments
- 18 hard copies submitted
 - 1 original, 2 copies of the entire response including all state released documents
 - 15 copies of only the response, supporting documentation, and Attachment Q
 - 2 USB electronic copies
- 4 Large moving boxes, an approximate total weight of 254.1 Lbs.
- And roughly a dozen printers overheated...

Tailored Plan Rollout



Project	Status	2020		2021				2022				Target Date
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1115 Waiver Readiness	25% Complete											9/30/2022
TP RFA Response	100% Complete											2/2/2021
- Supplemental Question Response	Potential											Unknown
Electronic Visit Verification	70% Complete											1/1/2021
CMS Interoperability	35% Complete											6/30/2021
MCIS Current Business	32% Complete											8/2/2021
MCIS Physical Health	Not Started											7/1/2022
Care Management Platform	Contracting											10/2/2021
NCQA	Delayed											11/30/2023
SOC2 Examination & Report	In Process											7/1/2022
Pharmacy Benefit Mgmt	Contracting											7/1/2022

★ Tailored Plan Go-live - July 1, 2022
 ☆ Tailored Plan Contract Award

Vaya RFA “Win Themes”

- A “Win Theme” is the reason why Vaya should be awarded the RFA
- Should convince potential customer (DHHS) that you will meet the RFA deliverables
- Includes proof points that differentiate Vaya from competitors
- Overall Theme: Proven Results & Visionary Leadership

Themes:

- ✓ Improving Member Experience & Outcomes
- ✓ Embracing & Promoting Integrated, Whole-person Care
- ✓ Building & Sustaining Cost-effective, Community-based System of Care

Vaya Health Budget and COVID-19 Funding Information

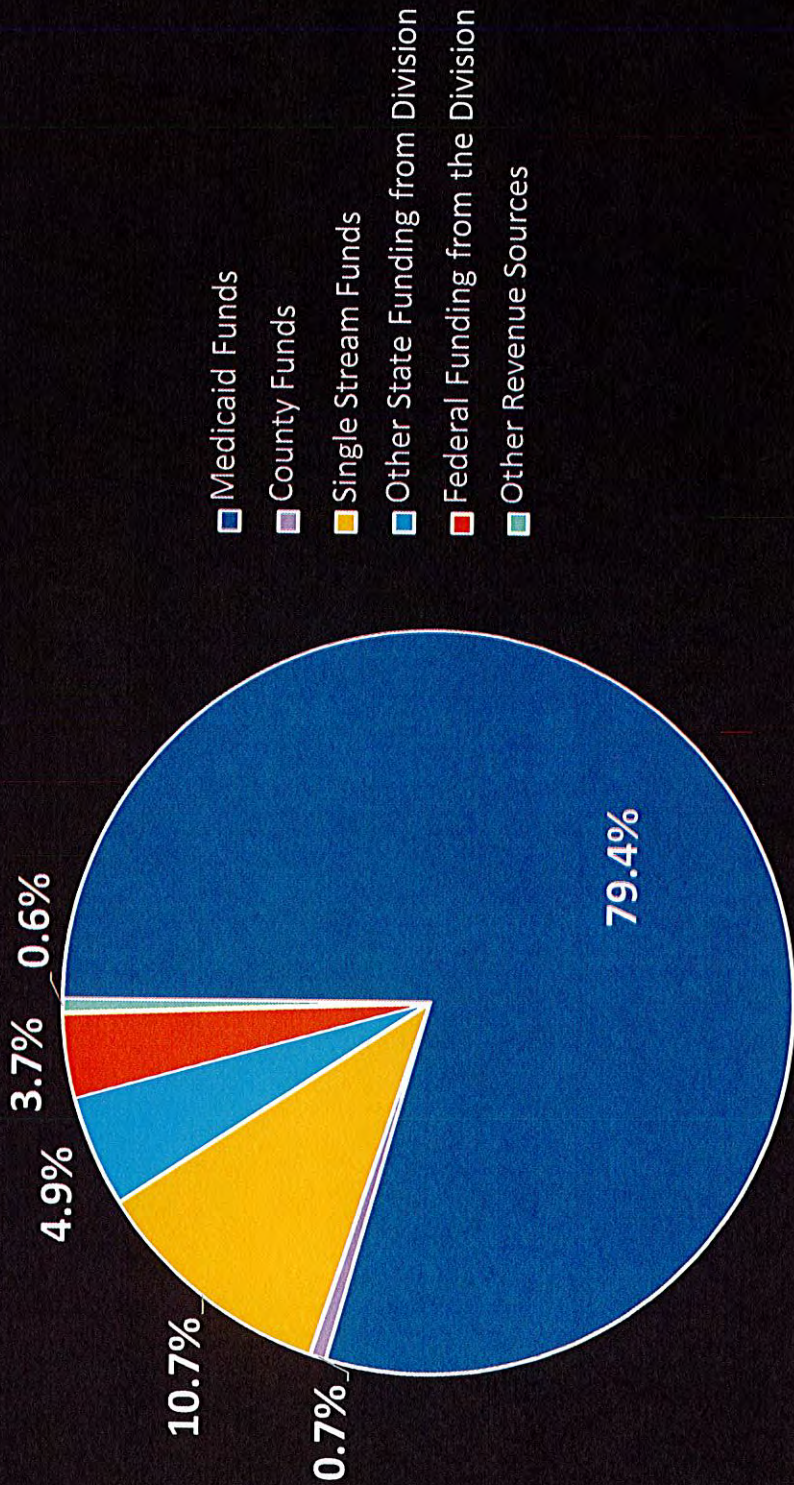
Shelly Foreman

Regional Community Relations Director

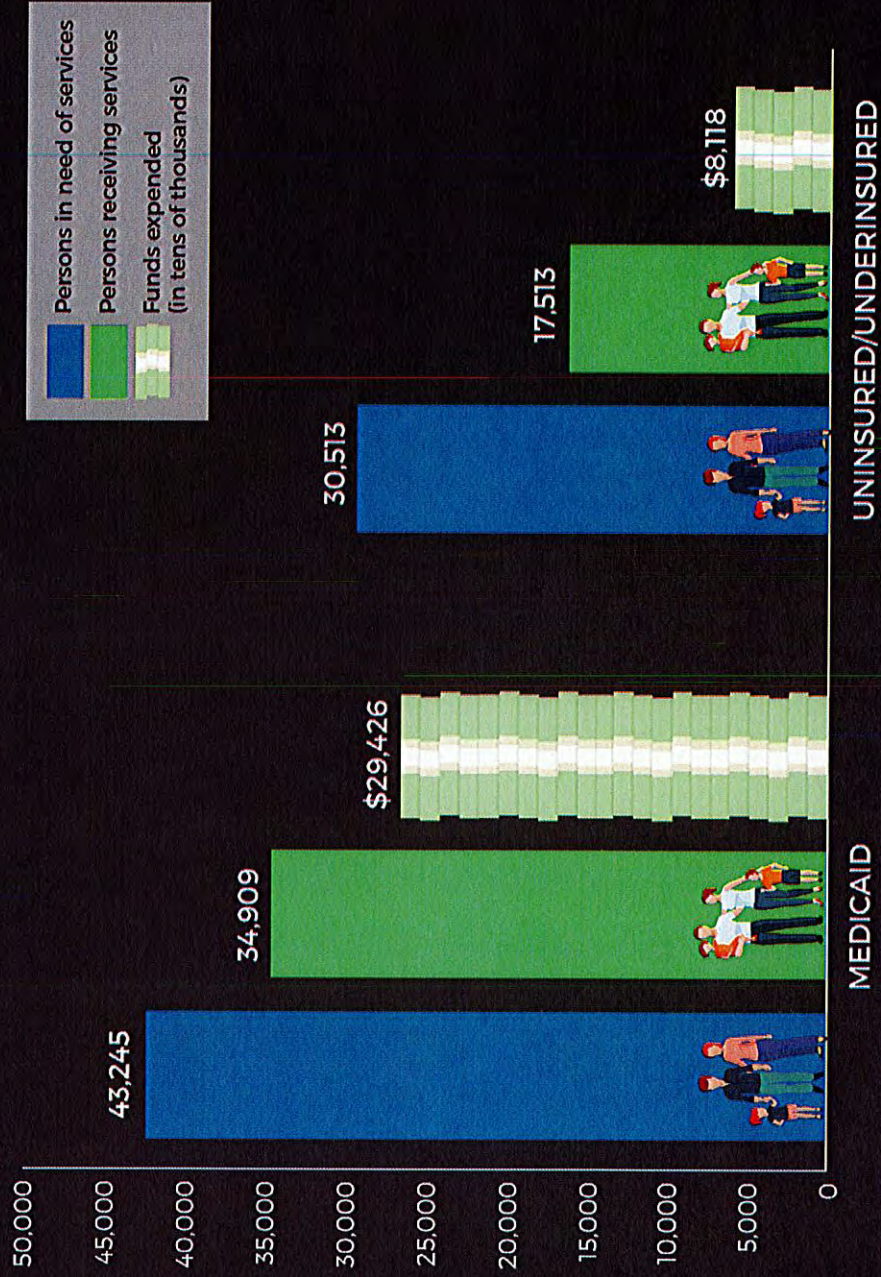
Vaya Health

July, 2021

SOURCES OF FUNDING



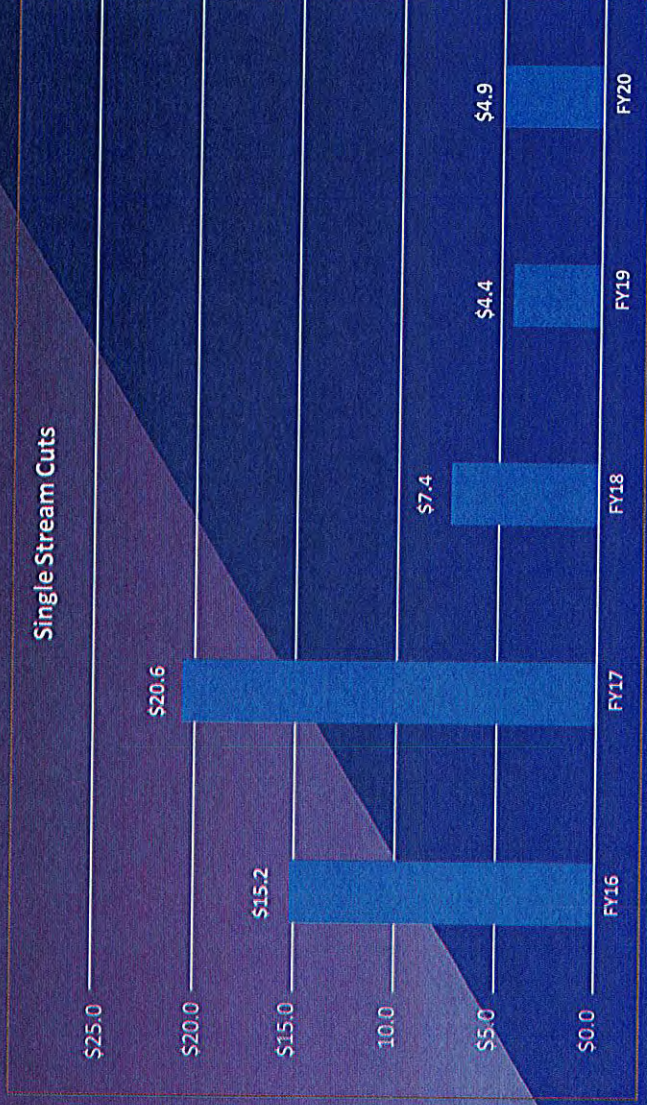
Members Needing Care, Receiving Care and Funding



Data from Fiscal Year 2018-2019

3. Managing Within the State-Funding Allocation for Uninsured

- \$52.5m cuts since 2016
- Anticipated 2021 4.8 million single stream cuts
- Hardwire single stream programmatic changes made in Q4 2020 for full year savings



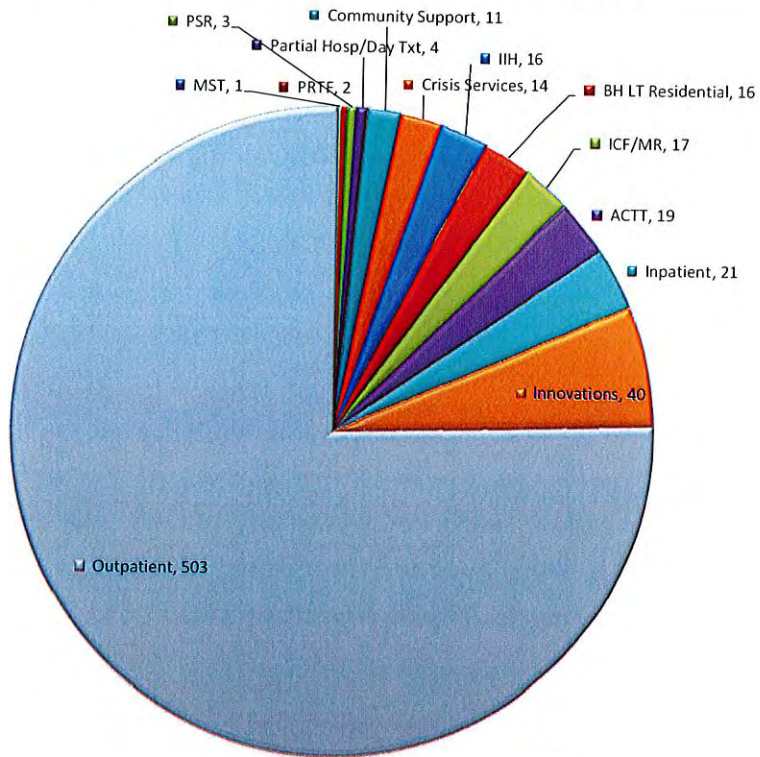
Vaya COVID-19 Provider Stabilization

Total Support Now Exceeds \$26M

As of April 7, 2021	Authorized	Paid	Providers Benefitting	Unduplicated Members Served
Hardship Grants to Providers	\$6,642,513	\$6,516,590	43	n/a
Targeted Rate Increases for Provider Billings	\$16,483,180	\$15,126,910	303	3,493
Removal of Annual Max Service Caps for Members	\$1,853,170	\$49,177	54	234
Payments to Providers for Staff Retainage	\$1,146,158	\$830,632	24	258
Expansion of Services via Telehealth	\$291,345	\$291,345	108	7,688
TOTALS	\$26,416,366	\$22,814,654		

**Macon County
Vaya Health Member Dashboard for January - March 2021**

Member count by service category (Medicaid)



Member count by service category (State-funded)

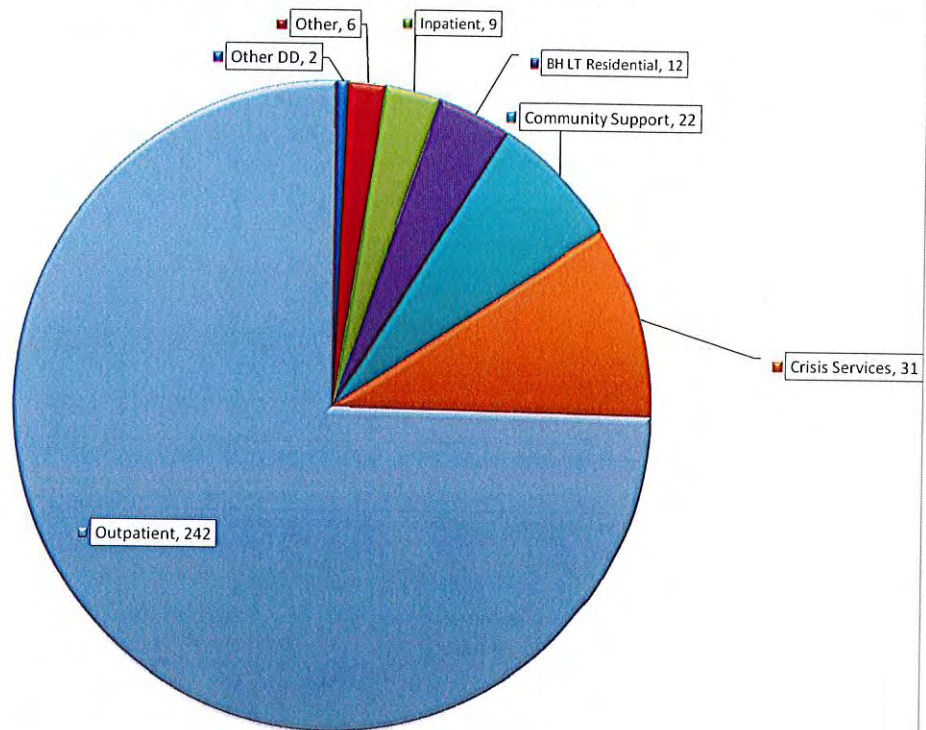


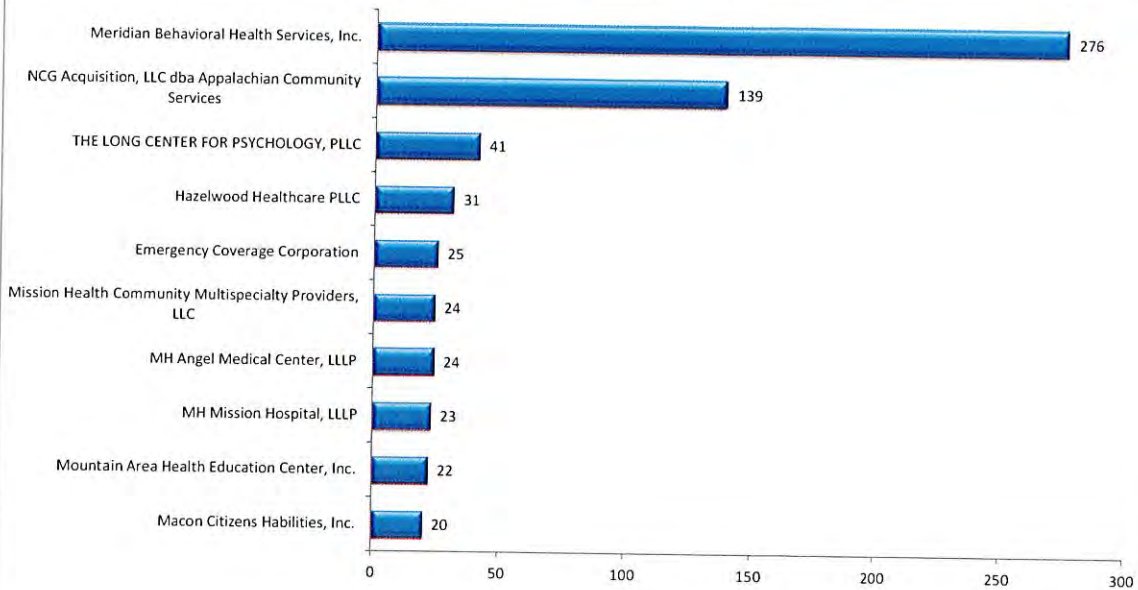
Chart service references

ACTT: Assertive Community Treatment Team
 BH LT Residential: Behavioral health long-term residential
 DD: Developmental disabilities
 ICF/MR: Intermediate care facility for individuals with intellectual disabilities

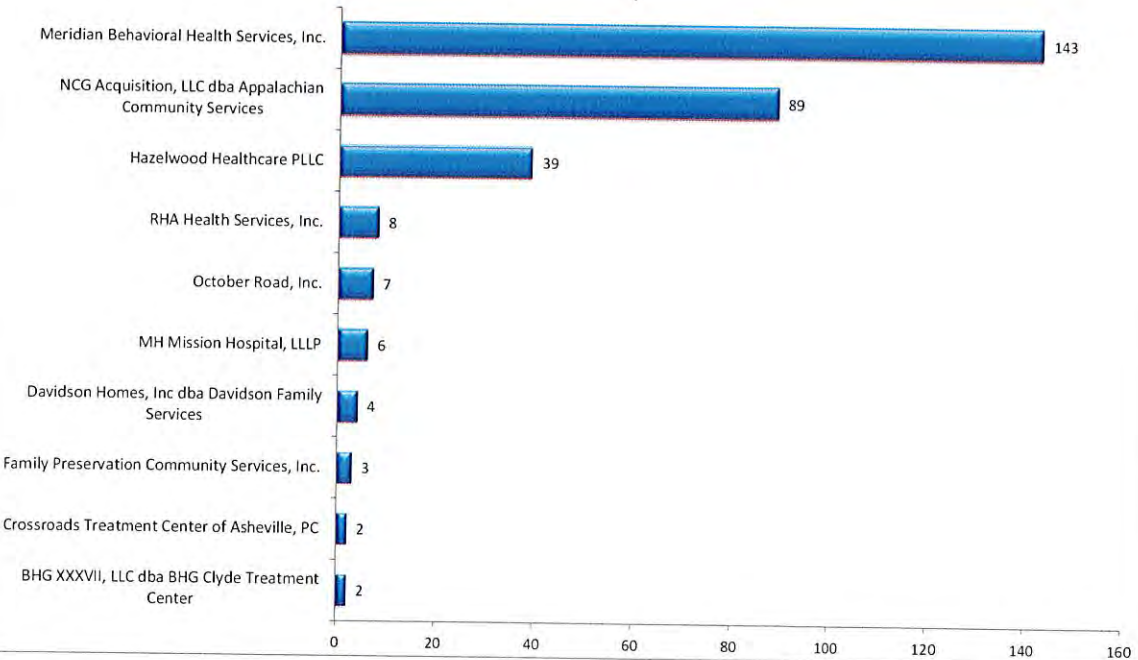
IIH: Intensive In-home
 Innovations: Home and Community-based services for individuals with intellectual and/or developmental disabilities (I/DD)
 Partial Hosp/Day Tx: Partial Hospital/day treatment
 PSR: Psychosocial rehabilitation

Macon County
Vaya Health Member Dashboard for January - March 2021

Top 10 providers by member count (Medicaid)



Top 10 providers by member count (State-funded)



Macon County
Vaya Health Member Dashboard for January - March 2021

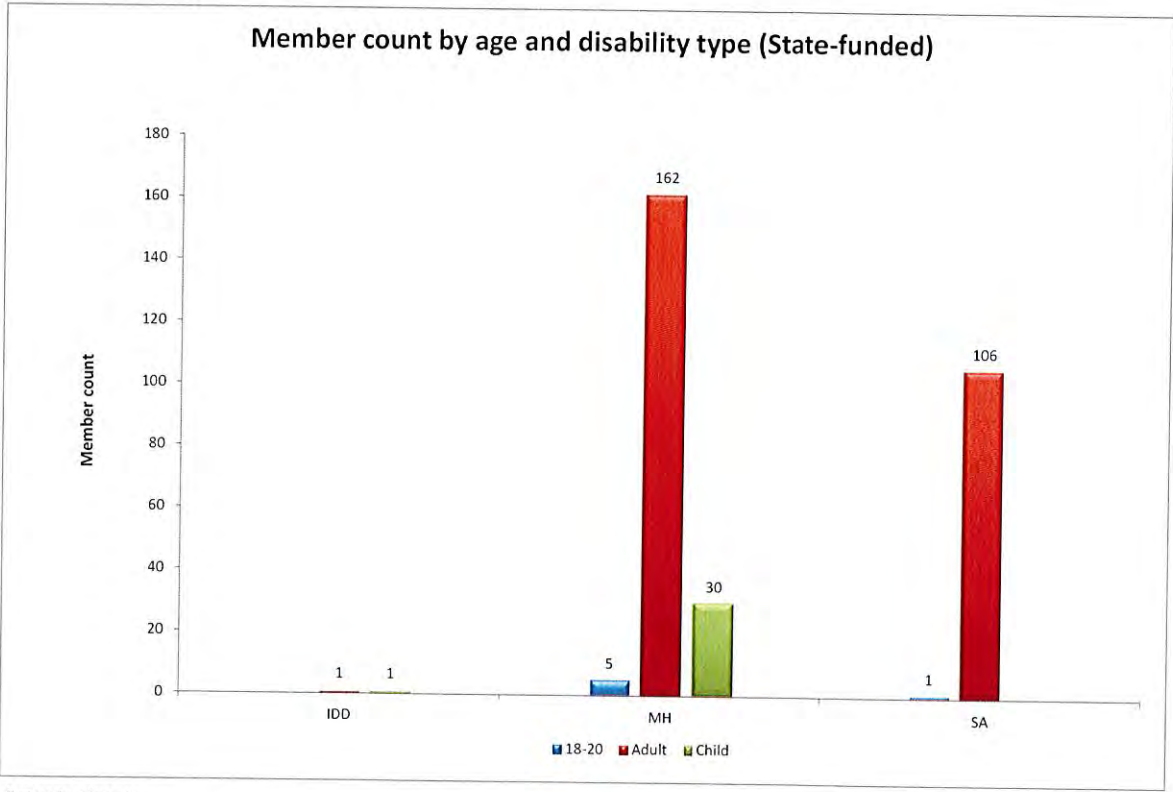
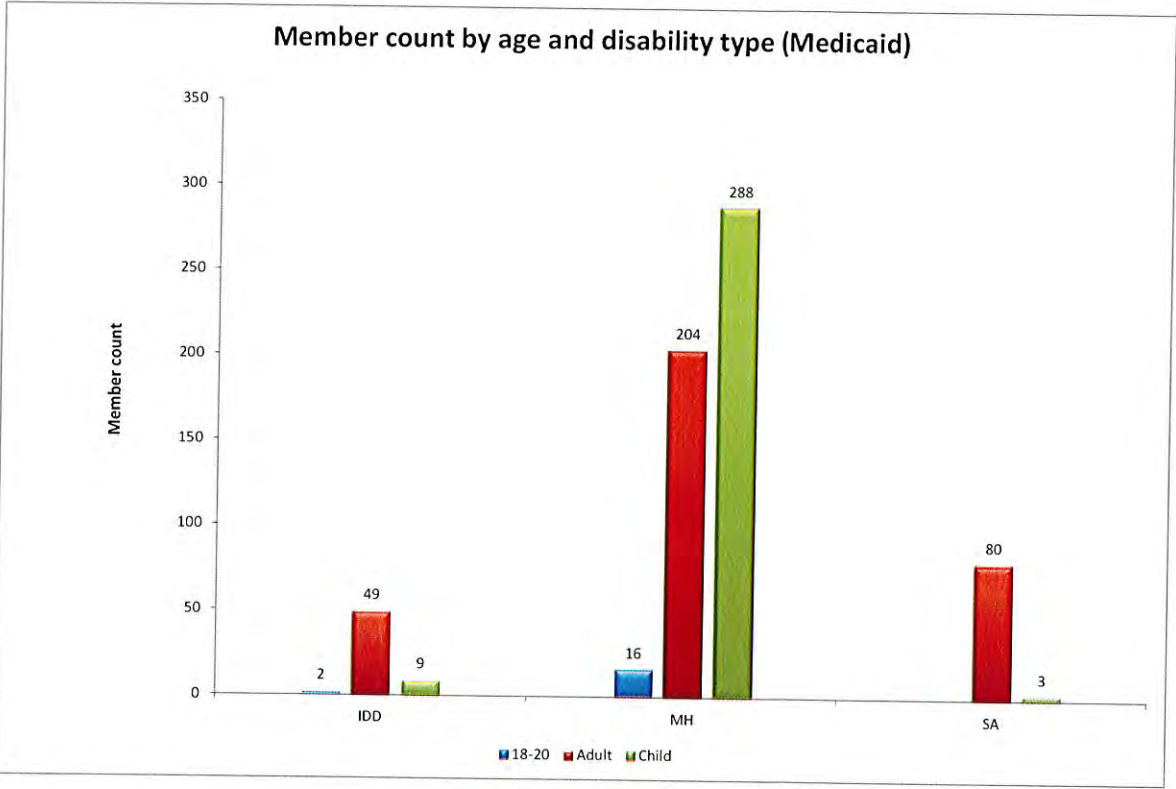
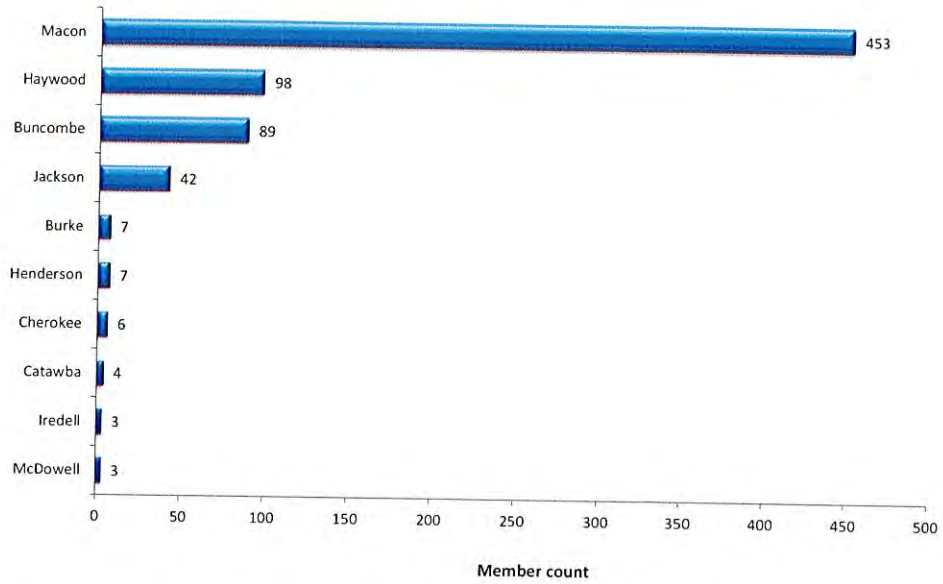


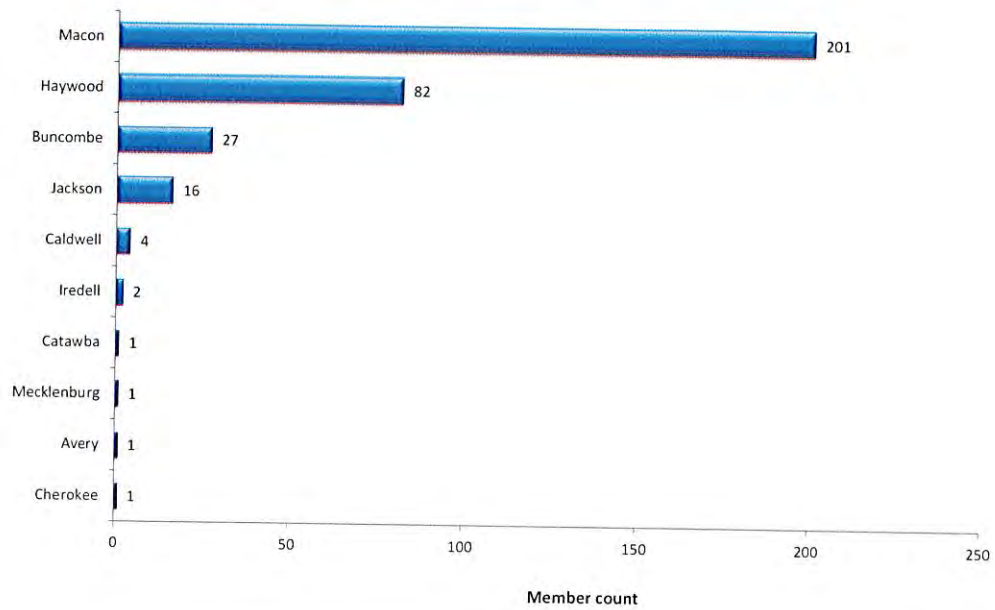
Chart service references
 IDD: Intellectual and/or developmental disabilities
 MH: Mental health
 SA: Substance abuse

Macon County
Vaya Health Member Dashboard for January - March 2021

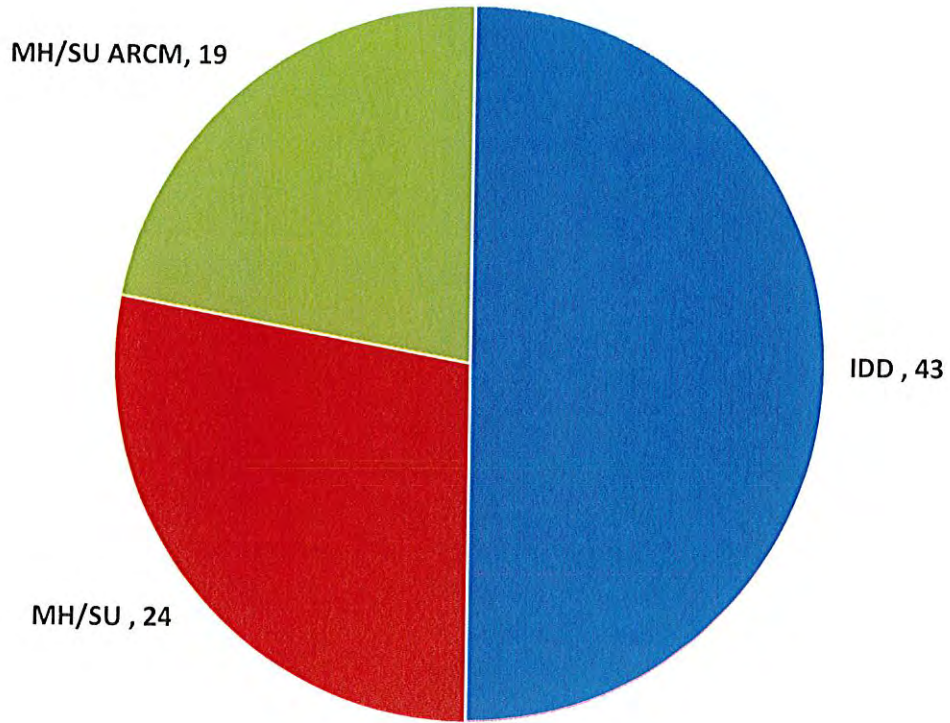
Where members receive services, top 10 Medicaid locations



Where members receive services, top 10 State-funded locations



Count of members receiving Complex Care Management (Medicaid and State Funded)



Notes:

- Due to claims lag, claims corrections and retroactive Medicaid eligibility these numbers subject to change over time.
- By definition, these data groupings produce some duplication within the charts. For example, a consumer receiving services from more than one provider will be counted once per each provider.
- Other Category: Services that are not mapped to a particular grouping. These tend to be ancillary services (e.g. ED-related)

CONTACT:

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Cardinal Innovations:

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ashley.conger@cardinalinnovations.org

FOR IMMEDIATE RELEASE

June 1, 2021

VAYA HEALTH AND CARDINAL INNOVATIONS ANNOUNCE CONSOLIDATION

Managed care organizations join under Vaya Health leadership to bring strength and stability to public behavioral health care in North Carolina

Asheville/Charlotte, N.C. -- Two of North Carolina's largest managed care organizations announced today that they will consolidate in preparation for the state's transformation to Medicaid managed care. Vaya Health and Cardinal Innovations have already begun transition efforts, with Vaya assuming responsibility for coordinating services and supports for Cardinal Innovations members once consolidated. Together, the organizations will work toward a seamless transition focused on integrated, compassionate care for individuals with mental illness, substance use disorders and/or intellectual and developmental disabilities.

Vaya Health currently manages services for individuals in 22 counties in western North Carolina. If approved by the NC Department of Health and Human Services (DHHS) and county representatives, the consolidation will expand Vaya's operations to encompass benefits for the individuals and counties served by Cardinal Innovations. The proposed consolidation marks the fourth such endeavor for Vaya, having successfully led previous mergers with New River Behavioral Healthcare in 2007, Foothills Area MH/DD/SA Authority in 2008 and Western Highlands Network in 2013.

Vaya's experience with transitioning members through consolidation efforts will be especially beneficial as the state's public health care system is undergoing a significant shift. The first phase of NC Medicaid Transformation will launch on July 1, 2021, with five commercial health plans poised to manage integrated health benefits for the majority of Medicaid enrollees. As part of the second phase of transformation to BH and I/DD Tailored Plans, which are expected to launch in July 2022, Vaya and Cardinal Innovations have been preparing to evolve their operations to offer fully integrated care for people with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability, or a traumatic brain injury.

The consolidation of the two organizations will enable a stronger health plan to serve individuals who receive care through North Carolina's public health care system. It will also bring needed stability to members in counties served by Cardinal Innovations. The organizations are committed to bringing the

best of both together to ensure the widest range of services, highest quality care, and unparalleled commitment to local communities.

“We believe that when we work together to meet the needs of our communities, we all benefit,” said Brian Ingraham, Vaya Health President & CEO. “Our number one priority throughout this transition will be to support members, providers and counties and avoid any disruption in care. We remain committed to offering a successful public service option as a Tailored Plan. It is a privilege to have the opportunity to strengthen the public model, support our county partners and serve even more North Carolinians on their journey toward health and wellness.”

“The passion and commitment of Vaya staff in serving our members and communities is beyond compare,” said Rick French, Vaya Health Board Chair. “The Board of Directors is pleased to expand that work to ensure Cardinal Innovations health plan members continue to receive quality services and supports.”

“We believe in our mission to improve the health and wellness of our members and their families,” said Trey Suttan, Cardinal Innovations CEO. “It has become increasingly clear that in order to deliver on that mission, we need to consolidate with a strong organization that has a history of meeting member and community needs and can stabilize the disruption caused by Medicaid Transformation and county realignments. I have known Brian and the Vaya team for years, and know that our members, providers and communities are in the best possible hands.”

“The Board and I unequivocally support the entire team at Cardinal Innovations,” said Bryan Thompson, Cardinal Innovations Board Chair. “While we are saddened to reach this fork in the road, we are confident that Vaya shares our values and is wholly committed to our members, providers and communities.”

Leadership for the two organizations will be working closely with DHHS as well as local and state government representatives to ensure a successful transition. The Boards for each organization will establish a joint steering committee to guide the development of a transition plan that puts member, provider and county needs at the forefront of planning efforts. Vaya leadership will be visiting with each county to hear their concerns and learn about the unique needs of each community. Consolidation of the two entities under Vaya Health leadership is expected to be completed by June 30, 2022.

About Vaya Health: Vaya Health is a public managed care organization that oversees Medicaid, federal, state and local funding for prevention, treatment and crisis services delivered by practitioners and providers in Vaya’s contracted network. Vaya manages services and coordinates care for individuals in 22 western North Carolina counties, home to more than 1 million residents. Vaya’s local model ensures that each county receives individualized attention and support to meet the unique needs of each community. Every day, Vaya works with providers, local stakeholders and members to develop needed services, supports and educational programming for a healthier North Carolina. The organization has a proven track record of meeting or exceeding the state’s clinical benchmarks and maximizing public funds

to reach more citizens per capita than any other LME/MCO. Access to care and crisis assistance are available 24/7 at 1-800-849-6127.

About Cardinal Innovations Healthcare: Cardinal Innovations Healthcare is a specialized health plan and care coordinator for Medicaid recipients and the under- and uninsured in North Carolina with complex behavioral and special needs. Cardinal Innovations connects people with treatment and support for mental health, intellectual and developmental disabilities, and substance use disorders through a network of providers in their communities. In 2020, Cardinal Innovations administered nearly \$850 million for the care of 825,000 people in the region and invested more than \$50 million to improve support systems and to respond to the pandemic. Cardinal Innovations also works with local governments to address public health concerns such as homelessness, suicide prevention, child welfare and domestic violence through education, engagement and outreach.

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

CATEGORY – NEW BUSINESS

MEETING DATE: July 13, 2021

11A. Emergency Management Director Warren Cabe will update the board on the renewal of the Clay/Macon Regional Hazard Mitigation Plan – 2021 Update. Mr. Cabe will be requesting approval of the plan, which requires an update and approval every five (5) years. The plan is required for the counties to be eligible for Federal disaster funding. Included in the packet will be a copy of a letter acknowledging the plan's compliance with FEMA requirements. The plan document itself is 338 pages in length, and a copy has been posted to the county's website under the "Public Announcements" tab and may be viewed there. A copy will not be included in the agenda packet. Mr. Cabe has also asked Mr. Ridenour to prepare an "approval" resolution regarding this matter, and can provide the board with additional details and/or answer questions at the meeting.

11B. Economic Development Director Tommy Jenkins will inform the board regarding the National Telecommunications and Information Administration (NTIA) Broadband Infrastructure Program and will be requesting the commission's permission to apply for a grant.

11C. Planning, Permitting and Development Director Jack Morgan will present a request from Highlands Falls Country Club to have a surety bond in the amount of \$12,500 released. Documentation regarding this matter will be contained in the packet, and Mr. Morgan will be available to provide additional details or answer questions.

11D. Mr. Morgan will also be requesting approval of a resolution that would exempt the architectural services for the proposed renovation and improvements to the former National Guard Armory from the appropriate state statute, as the fee for these services will be less than \$50,000. A copy

of the resolution is attached, and Mr. Morgan can provide additional details at the meeting.

11E. County Attorney Eric Ridenour has prepared a Satisfaction of Security Instrument in regard to Franklin Tubular Products. Mr. Ridenour provided some background information on this matter, as follows: "This stems from an incentive plan through the EDC that was done in 2013. The original Note and Deed of Trust were drafted by Ernest Pearson, an attorney in Raleigh. It is my understanding that the terms of the agreement were met several years ago, and Franklin Tubular has requested that the outstanding Deed of Trust be marked as satisfied. Tommy Jenkins has confirmed that the Deed of Trust needs to be marked as Satisfied. Attached is the Notice of Satisfaction for the County's approval. John Henning is presenting the same to the Town at their July 5 meeting." A copy of the document is included in the agenda packet.

11F. Please see the information below that is an excerpt from an email from Alisa Ashe to Commissioner Beale regarding a financial request from KIDS Place.

Ronnie,

Per our telephone conversation, here is information about the financial shortfall KIDS Place is facing this fiscal year (2021-2022). Sorry this is delayed getting to you. My father became suddenly ill this week (pneumonia) and I've been out of the office. Read this over and let me know if I need to make edits. I can work to shorten or whatever you think is needed to best answer questions that might be asked.

Thank you for all you do for the families of Macon County.

Request: \$75,000

What is KIDS Place:

KIDS Place is a private, nonprofit, nationally accredited children's advocacy center that provides services for child/youth/teen victims of sexual abuse, physical abuse, neglect, or witness to violence or other trauma (such as witness to homicide), in Macon County.

Funding Cut Explained:

KIDS Place and the children of Macon County need your help!

KIDS Place has been notified that its base funding through the Victim's of Crime Act (VOCA) has been cut 67%. Additionally, a competitive VOCA grant was not funded thus adding an additional 20% cut to funding over the previous year's budget.

KIDS Place has cut its budget to bare bones, which means no travel, no training, no new equipment, limited funds for supplies, etc....., but still needs to raise \$110,000 to meet this greatly reduced budget and maintain current levels of service provision. KIDS Place will be making a public appeal for community support/donations and asking for grant funding through local foundations.

During the 30 years that KIDS Place has been providing services in Macon County, this agency has never asked for any county dollars above and beyond those granted through the Community Funding Pool. KIDS Place is VERY appreciative of funds awarded through the Community Funding Pool as this has always been used to leverage additional grant funds and show local support. But this is an unusual circumstance to have VOCA grant funds cut to such a devastating level.

What is VOCA Funding:

KIDS Place and other children's advocacy centers in the state are eligible for grant funding through the Victim's Of Crime Act (VOCA) fund. These are not tax dollars. VOCA is funded through restitution payments made in federal, mostly white-collar crimes. These dollars must be spent to provide services for victims of crime. During the last few years, few federal crimes were tried in court with some settled out of court and any fines paid went into the congressional general fund. This has created a huge funding gap of national proportions for children's advocacy centers.

In North Carolina, VOCA grant dollars are disbursed through Governor's Crime Commission. Accredited children's advocacy centers, including KIDS Place, are eligible for this base funding. KIDS Place had a 67% cut to its base VOCA grant funding for the two-year grant it was just awarded. KIDS Place applied for additional competitive VOCA grant funding to help pay for mental health and medical services for child victims of abuse. This competitive grant was not funded. The grant scored well there just wasn't enough funding to go around. This created an additional 20% cut to funding over the previous fiscal year on top of the 67% cut.

What is Being Done Nationally and in N.C.

KIDS Place is working with its national parent agency, the National Children's Alliance, and other national victim service organizations asking congress to pass VOCA fix legislation. There has been support on both sides of the aisle. But this fix will take time to trickle down to the local level. KIDS Place is also working closely with its statewide agency, Children's Advocacy Centers of North Carolina, Inc., to ask state legislators to provide VOCA Gap funding for children's advocacy centers.

How Does KIDS Place Benefit Macon County?

KIDS Place is a unique public/private partnership. We operate as a multidisciplinary Core Team that is made up of professionals, many of whom are county employees. Team members include representatives from Child Protective Services, the Sheriff's Office, the Franklin Police Department, the Highlands Police Department, the District Attorney's Office, mental health professionals, medical professionals, the KIDS Place child forensic interviewer, the KIDS Place victim assistant, the KIDS Place executive director, Juvenile Justice and sometimes others. The team meets monthly and is coordinated by KIDS Place. The team reviews child maltreatment cases so that all agencies can share information and work together to ensure the needs of the child as well as those of each agency are met. Without KIDS Place, there would be no agency to coordinate this team. The multidisciplinary team approach is seen nationally as the gold standard for working child maltreatment cases.

KIDS Place provides evidence-based mental health treatment for child/youth/teen victims, at no cost to the family. We must provide trauma focused treatment for these little ones so that they do not turn to drugs or other self-destructive forms of "self-medication" because of the trauma they have experienced.

KIDS Place provides specialized medical evaluations at no cost. Without KIDS Place, most of these exams would have to be conducted in Asheville requiring child protective services workers and often a detective to travel with the family to Asheville and spend hours out of the county. KIDS Place is currently working with Children's Advocacy Centers in neighboring counties to form a Child Medical Collaborative nonprofit to better be able to meet the increased need for these specialized medical evaluations. Exams will still be done at the children's advocacy in the county where the child lives through this new collaborative. This is a very important part of the healing process for victims and their caregivers. It is also crucial for the investigation of each case.

KIDS Place maintains state-of-the-art medical equipment for use by specially trained medical providers. In fact, the equipment used at KIDS Place is more up-to-date than what is used in Asheville!

KIDS Place provides specialized forensic interviews for child protective services and law enforcement. KIDS Place provides a neutral setting for these interviews and highly specialized equipment to capture the interviews. It typically costs about \$5,000 to train a forensic interviewer. Without KIDS Place, the county would have to train law enforcement and child protective services workers to do these interviews and add to their already full workload.

KIDS Place has often been able to find grant funding to send law enforcement officers and child protective services workers to specialized training to help them be better trained for the vital work they do and to stay current on the latest research in the field.

It is an understatement to say that the last year was a hard year for children and families. Just at a time when we are experiencing an increased demand for the services we provide, we have been hit with this huge funding cut. These are our children! We must take care of them! Some say that the children are our future. I always counter that by saying that the children are our today and we must take care of them today so that we can have a brighter future!

Thank you so much for your consideration of this proposal.

- Alisa
- Alisa W. Ashe
- Executive Director
- KIDS Place
- P.O. Box 693
- Franklin, NC 28744
- 828-524-3199
- www.kidsplacecac.org



FEMA

May 28, 2021

Mr. Steve McGugan
State Hazard Mitigation Officer
Assistant Director / Mitigation Section Chief
Division of Emergency Management
NC Department of Public Safety
200 Park Offices Drive
Durham, NC 27713

Reference: Multi-jurisdictional Hazard Mitigation Plan: Clay-Macon Regional Hazard Mitigation Plan
– 2021 Update

Dear Mr. McGugan:

This is to confirm that we have completed a Federal review of the draft Clay-Macon Regional Multi-jurisdictional Hazard Mitigation Plan for compliance with the Federal hazard mitigation planning requirements contained in 44 CFR 201.6(b)-(d). We have determined that the Clay-Macon Regional Hazard Mitigation Plan is Approvable Pending Adoption effective May 28, 2021.

For our office to issue formal approval of the plan, at least one plan participant must submit adoption documentation. Upon submittal of a copy of documentation of the adoption resolution(s) to our office, we will issue formal approval of the plan. Please have Clay-Macon Regional submit a final copy of their Plan, without draft notations and track changes.

If you or the participants in the Clay-Macon Regional Multi-jurisdictional Hazard Mitigation Plan have any further questions or need any additional information please do not hesitate to contact Celia Davis, of the Hazard Mitigation Assistance Branch, at (202) 997-7490, Carol Maldonado, of the Hazard Mitigation Assistance Branch, at (470) 307-6294 or Edwardine S. Marrone, of my staff, at (404) 433-3968.

Sincerely,

A handwritten signature in blue ink that reads "Kristen M. Martinenza".

Kristen M. Martinenza, P.E., CFM
Branch Chief
Risk Analysis
FEMA Region IV



Highlands Falls

COUNTRY CLUB

June 21, 2021

Joe Allen
NC Code Enforcement Official
Macon County
1834 Lakeside Drive
Franklin, NC 28734

Dear Joe:

I am in receipt of the final inspection report for our renovation project: Project #LD-19-001531. With the project now completed and the final inspection having been done and approved, I am hereby requesting that the Surety bond of \$12,500 be released and returned to Highlands Falls Country Club. Please send the check to:

Highlands Falls Country Club
One Club Drive
Highlands, NC 28741

Att: Jason Macaulay, GM/COO

Thank you and your staff for your oversight of our project and for your valuable input.

Sincerely,

Jason Macaulay, CCM, CCE
General Manager/COO



Macon County Erosion Control Program

Macon County Human Services Building, 1834 Lakeside Drive
Franklin, N.C. 28734 Phone: 828-349-2560

LAND DISTURBING SURETY BOND

Consult instructions for completion.
PRINCIPAL INFORMATION:

Name: HIGHLANDS FALLS COUNTRY CLUB, INC.

D.B.A.: HIGHLANDS FALLS COUNTRY CLUB

Site or Project Name: HIGHLANDS, NC HIGHLANDS FALLS CC RENOVATION

Land Owner(s) of Record: HIGHLANDS FALLS COUNTRY CLUB, INC.

Address: 1 CLUB DRIVE

City/State/zip: HIGHLANDS, NC 28741

Phones and Fax: 828-526-4118 828-526-4792 FAX

E-Mail Address: jmacaulay@clubhfcc.com

State License or Registration #'s: 56-1184946 Federal TAX ID

SURETY INFORMATION:

Name: HIGHLANDS FALLS COUNTRY CLUB, INC.

Address: 1 CLUB DRIVE

City/State/Zip: HIGHLANDS, NC 28741

Phones and Fax: 828-526-4118 828-526-4792 FAX

E-Mail Address: jmacaulay@clubhfcc.com

Check for Surety Bond #: \$034911

State of North Carolina
County of Macon

KNOW ALL MEN BY THESE PRESENTS THAT WE, HIGHLANDS FALLS COUNTRY CLUB/JASON MACAULAY
(Principal Name)

as Principal and HFCC/JASON MACAULAY, as Surety, are held and firmly bound unto the County
(Surety Name)
of Macon, in the sum of (\$ 12,500.00) check for bond amount to the
payment where we bond ourselves our heirs, executors, administrators, and assigns, firmly by these present.

WHEREAS, the above bounden Principal has applied for an **EROSION CONTROL PLAN APPROVAL AND LAND-DISTURBING PERMIT**, in Macon County, North Carolina,

The condition of this obligation is such that:

WHEREAS, the said Principal is or desires to be engaged in a **LAND-DISTURBING ACTIVITY** within Macon County on a parcel or tract of land which is known in the official registry of the Macon County Land Records Office by the **PROPERTY IDENTIFICATION NUMBER** of: 754086053, and said parcel or tract may also be found in **DEED BOOK**: 1A and **PAGE #**: 5362, in the Macon County Register of Deeds Office, and

WHEREAS, there have been promulgated by Macon County, certain rules and regulations for the conduct of such land-disturbing activities as proposed by the Principal, and

WHEREAS, specific to the conditions creating the requirement of this Surety Bond, the said land-disturbing activity is subject to §153.22 (C) of Chapter 153 of the Macon County Code of Ordinances: Erosion and Sediment Control, and

NOW THEREFORE, if the said Principal shall well and truly perform the land-disturbing activity from the time of undertaking to completion within the guidelines set forth in the approved erosion and sediment control plan for the project and Chapter 153 of Macon County's Code of Ordinances (Erosion and Sediment Control), Macon County will make no demand to redeem the bond. However, the said Principal and the said Surety shall well and truly pay to Macon County all applicable surety bond funds stated herein if the land-disturbing activity in is non-compliance with said Ordinance for 90 working days after a Notice of Violation is received by the Principal.

It is expressly understood that this bond may be canceled by the Surety only at the expiration of thirty (30) calendar days from the date upon which the Surety shall have filed with the Macon County Erosion Control Program and the Macon County Finance Director written notice to so cancel. This provision however, shall not operate to relieve, release or discharge the Surety from any liability, civil penalties or criminal penalties already accrued or which shall accrue before the expiration of the thirty (30) day period. It is expressly understood that if the bond lapses or expires prematurely, the Land-Disturbing Permit will be revoked, and an application for a new Land-Disturbing Permit must then be submitted. It is expressly understood that upon forfeiture of applicable surety, the Principal does hereby grant to Macon County the right to enter said property at reasonable times and perform work upon said property to the value extent of the bond and only for the purpose of installation of sufficient erosion and sediment control measures and devices on the site in accordance with Chapter 153 of the Macon County Code of Ordinances: Erosion and Sediment Control. It is expressly understood that forfeited surety shall be also used to establish erosion control structures or ground covers in accordance with an approved sediment control plan.

This is the 10 day of November, 2019

PRINCIPAL: _____

WITNESS TO PRINCIPAL: _____

SURETY SEAL: _____

WITNESS TO SURETY: Surety Check

ATTORNEY-IN-FACT (SURETY): _____

Details of Application:

1. The number of acres to be disturbed, including all borrow and waste areas and all access and haul roads will be stated as follows to the nearest tenth of an acre: 25 ACRES
2. Dollar amount (U.S.A.) per acre to be posted (fractions of acres will be prorated): \$ 500
3. The total amount of the bond will now be stated as follows: \$ 12,500
4. An original copy of all bond forms must be received by Macon County in order for the bond to be considered valid and before the Land-Disturbing Permit may be issued.



FINANCIAL RESPONSIBILITY/OWNERSHIP FORM SEDIMENTATION POLLUTION CONTROL ACT

No person shall initiate a land-disturbing activity of ½ or more acres until an acceptable erosion control plan has been submitted and approved by the Macon County Codes and Regulations Department, as covered by the Macon Sedimentation and Erosion Control Ordinance. (Please type or print and, if question is not applicable, place N/A in the blank)

Part A.

- 1.) Project Name: HIGHLANDS FALLS COUNTRY CLUB
- 2.) Location of land-disturbing activity:
Township: HIGHLANDS, NC Location: 1 CLUB DRIVE, HIGHLANDS, NC 28741
- 3.) Approximate date that land-disturbing activity will be commenced: 10/14/2019
- 4.) Purpose of development (residential, commercial, industrial, etc.) GOLF COURSE RENOVATION
- 5.) Total acreage disturbed or uncovered (including off-site borrow and waste areas): 25 ACRES
- 6.) Amount of fee to be submitted upon approval of Erosion Control Plan: \$ 2,500.00
- 7.) Has an erosion and sedimentation plan been filed? Yes NO Enclosed
- 8.) Person to contact should sediment control issues arise during land-disturbing activity:
Name: JASON MACAULAY Telephone: 828-526-4118 or 828-200-9640
- 9.) Landowner(s) of Record (Use blank page to list additional owners):
HIGHLANDS FALLS COUNTRY CLUB, INC
Name(s)
1 CLUB DRIVE
Current Mailing Address
HIGHLANDS, NC 28741
City State Zip
1 CLUB DRIVE
Current Mailing Address
HIGHLANDS, NC 28741
City State Zip
- 10.) Parcel ID # (7-digits): # 7540866530

Part B.

- 1.) Person(s) or firm(s) who are financially responsible for this land-disturbing activity (Use blank sheet to list additional persons or firms):
HIGHLANDS FALLS COUNTRY CLUB JASON MACAULAY, General Mgr./COO
Name(s)
1 CLUB DRIVE 1 CLUB DRIVE
Current Mailing Address
HIGHLANDS, NC 28741 HIGHLANDS, NC 28741
City State Zip
828-526-4118 828/526-4118 or 828-200-9640
Telephone

2. (a) If the Financial Responsibility Party is not a resident of North Carolina give name and street address of a North Carolina Agent.

Name(s)			_____		
Current Mailing Address			_____		
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____
Telephone			_____		

(b) If the Financial Responsible Party is a Partnership or other person engaging in business under an Assumed name, attach a copy of the certificate of assumed name. If the Financial Responsible Party is a Corporation give name and street address of the Registered Agent.

Name(s)			_____		
Current Mailing Address			_____		
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. (This form must be signed by the financially responsible person if an individual or his attorney-in-fact or if not an individual by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person). I agree to provide corrected information should there be any change in the information provided herein.

JASON MACAULAY, CCM, CCA
Type or print name

GENERAL MANAGER / COO
Title or Authority

J. Macaulay
Signature

OCTOBER 9, 2019
Date

I, Jennifer Alice Royce, A Notary Public of the County of Macon State of North Carolina, hereby certify that Jason Macaulay appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him.

Witness my hand and notarial seal, this 9 day of October, 2019

Seal

Jennifer Alice Royce
Notary

My Commission expires 09/05/2021



Macon County Erosion Control Program

Macon County Human Services Building
1834 Lakeside Drive
Franklin, NC 28734

Phone: 828-349-2560 or Fax: 828-524-2653

INSTRUCTIONS FOR COMPLETING LAND-DISTURBING ACTIVITY SURETY BONDS

INFORMATION

In compliance with the Macon County Erosion and Sediment Control Ordinance, application for a permit to disturb five or more acres shall require the posting of a surety bond with the County in the form of an account guaranteed by an established surety company or other instruments satisfactory to the County Attorney.

FAXED or PHOTOCOPIED bonds will be accepted as evidence that the bond has been issued if the form is completed, signed and sealed. However the original must be received by the County before the Land-Disturbing Permit can be issued.

INSTRUCTIONS

1. THE BOND MUST BE EXECUTED ON MACON COUNTY'S BOND FORM and completed by a Surety company or Cash Principal. Bonds may only be cancelled by a written 30 day notice to the County by the Principal or the Surety. However, if the bond is canceled before the site is issued a Certificate of Compliance by the County; the Land-Disturbing Permit may be revoked.
2. IF THE PRINCIPAL IS A PARTNERSHIP or other person engaging in business under an assumed name, a copy of the "Certificate of Assumed Name" must be attached to the bond form. At least one partner or person must sign their full legal name as the legal Partnership or Business Representative as Principle.
3. IF THE PRINCIPAL IS A CORPORATION, a Registered Agent must also sign their full legal name as Principal.
4. MAILING ADDRESSES including zip codes, office phone numbers, fax numbers and cell numbers must be included for Principal and Surety.
5. LIST ALL STATE LICENSE NUMBERS, or professional registration numbers held by the Principal.
6. BOND NUMBER is to be assigned by the Surety company. If the bond number has not been assigned, please send rider or endorsement listing the assigned number immediately.
7. BOND AMOUNT will be determined by the County by multiplying the number of acres to be disturbed by an amount within the limits specified in the Ordinance. The required bond amount per acre will be fairly determined by The Erosion Control Office and will generally be based on difficulty of site stabilization upon forfeiture of applicable surety.
8. SIGNATURES of Principal and Attorney In Fact (Surety) **ARE REQUIRED.**
9. INSURANCE COMPANY'S CORPORATE SEAL, must be affixed on bond. A Notary seal or Principal's corporate seal are not acceptable.

MISCELLANEOUS PAYMENT RECPT#: 153063
MACON COUNTY
5 WEST MAIN STREET
FRANKLIN NC 28734

DATE: 10/10/19 TIME: 14:50
CLERK: twiggins DEPT: REGS/CODES
CUSTOMER#: 0

COMMENT:

CHG: SBONDS SURETY BONDS 12500.00

AMOUNT PAID: 12500.00

PAID BY: HIGHLANDS FALLS COUN
PAYMENT METH: CHECK
REFERENCE: 034911

AMT TENDERED: 12500.00
AMT APPLIED: 12500.00
CHANGE: .00

11000 213000
TS

**RESOLUTION EXEMPTING ARCHITECTURAL SERVICES FOR THE
PROPOSED RENOVATION AND IMPROVEMENTS OF NATIONAL
GUARD ARMORY BUILDING, ACCESSORY STRUCTURES AND
GROUNDS IN MACON COUNTY, NORTH CAROLINA, FROM THE
PROVISIONS OF ARTICLE 3D OF CHAPTER 143 OF THE NORTH CAROLINA
GENERAL STATUTES**

WHEREAS, Article 3D of Chapter 143 of the North Carolina General Statutes establishes a general public policy regarding procurement of architectural services; and

WHEREAS, North Carolina General Statutes Section 143-64.32 provides:

"Units of local government or the North Carolina Department of Transportation may in writing exempt particular projects from the provisions of this Article in the case of proposed projects where an estimated professional fee is in an amount less than fifty thousand dollars (\$50,000)"; and

WHEREAS, Macon County is now in need of architectural services for the Proposed Renovation and Improvements of the National Guard Armory Building, Accessory Structures and Grounds project in Macon County, North Carolina; and

WHEREAS, the estimated professional architectural fee for the required architectural work on the Proposed Renovation and Improvements of the National Guard Armory Building, Accessory Structures and Grounds Project in Macon County, North Carolina is in an amount less than fifty thousand (\$50,000) dollars.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE COUNTY OF MACON that the proposed architectural services for the Proposed Renovation and Improvements of the National Guard Armory Building, Accessory Structures and Grounds project in Macon County, North Carolina, is hereby exempted in writing from the provisions of Article 3D of Chapter 143 of North Carolina General Statutes pursuant to the provisions of N.C. Gen. Stat. §143-64.32.

Adopted this 13th day of July, 2021.

James Tate, Chairman
Macon County Board of Commissioners

ATTEST:

Clerk to the Board

(COUNTY SEAL)

Prepared by and return to:
Eric Ridenour, Ridenour & Goss, PA
Post Office Box 965, Sylva, NC 28779

NORTH CAROLINA
MACON COUNTY

SATISFACTION OF SECURITY INSTRUMENT
(G.S. § 45-36.10; G.S. § 45-37(a)(7))

The undersigned is now the secured creditor in the security instrument identified as follows:

Type of Security Instrument: Deed of Trust

Original Grantor(s): Franklin Tubular Products, Inc.

Original Secured Party(ies): County of Macon, Town of Franklin

Recording Data: The security instrument is recorded in Book M-35 at Page 811-817 in the office of the Register of Deeds for Macon County, North Carolina.

This satisfaction terminates the effectiveness of the security instrument.

[signatures and Notary appear on the following pages]

Date: _____

Macon County Board of County Commissioners

By: _____ (seal)
James Tate, Chairman

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public, do hereby certify that James Tate, as Chairman of the Macon County Board of County Commissioners, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal on this the _____ day of April, 2021.

Notary Public _____

(Notarial Seal)

My Commission Expires: _____

Date: _____

By: _____ (seal)
Derek Roland, Macon County Manager and
Clerk to the Board

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public, do hereby certify that Derek Roland, as Macon County Manager and Clerk to the Board, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal on this the _____ day of April, 2021.

Notary Public _____

(Notarial Seal)

My Commission Expires: _____

Date: _____

Town of Franklin

By: _____ (seal)
Bob Scott, Mayor

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public, do hereby certify that Bob Scott, as Mayor of the Town of Franklin, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal on this the _____ day of April, 2021.

Notary Public _____

(Notarial Seal)

My Commission Expires: _____

Date: _____

Town of Franklin

By: _____ (seal)
Travis Tallant, Town Clerk

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public, do hereby certify that Travis Tallant, as the Town Clerk for the Town of Franklin, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed.

Witness my hand and notarial seal on this the _____ day of April, 2021.

Notary Public _____

(Notarial Seal)

My Commission Expires: _____

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

CATEGORY – CONSENT AGENDA

MEETING DATE: July 13, 2021

Item 12A. Minutes from the April 13, 2021 regular meeting, the May 11, 2021 regular meeting, the May 25, 2021 continued session, the June 3, 2021 continued session and the June 8, 2021 regular meeting will be forwarded to you in a separate email. (Mike Decker/Tammy Keezer)

Item 12B. Budget Amendments #1-11 are attached for your review and approval. (Lori Carpenter)

Item 12C. Approval of tax releases (copy attached) in the amount of \$2,692.47. (Teresa McDowell)

Item 12D. Approval of the Macon County Public Health FY 2021-22 Billing and Collection Policies and Fee Schedules, as well as a summary of updated vaccine fees (copies attached). Per Carrie Pazcoguin, the Finance Section Administrator for Public Health, the Macon County Board of Health approved all of these documents on June 22, 2021.

Item 12E. Approval of the annual Agreement to Provide Recreation Opportunities with the Scaly Mountain Historical Society (copy attached) (Lori Carpenter).

Item 12F. Approval of the service contract with the Franklin Area Chamber of Commerce (copy attached) (Lori Carpenter).

Item 12G. Approval of the service contract with the Highlands Area Chamber of Commerce (copy attached) (Lori Carpenter).

Item 12H. Approval of a resolution accepting American Rescue Plan Act (ARPA) funds (copy attached) (Lori Carpenter).

Item 12I. Approval of a Grant Project Ordinance Amendment for the Weatherization Assistance Program FY 2021 (#8217) in the amount of \$261,296 (copy attached) (Lori Carpenter).

Item 12J. Approval of a Grant Project Ordinance Amendment for the Weatherization Assistance Program FY 2022 in the amount of \$132,289 (copy attached) (Lori Carpenter).

Item 12K. Reject the sole bid received for the Macon Middle School Locker Room Project on June 21, 2021 and give authorization for county staff to re-advertise the project, as only one bid was received.

12L. A copy of the ad valorem tax collection report, which shows an overall 98.44 percent collection rate as of June 30, 2021. No action is necessary. (Teresa McDowell)

MACON COUNTY BUDGET AMENDMENT
 AMENDMENT # 3

FROM: Lindsay Leopard

DEPARTMENT: Maintenance

EXPLANATION: Appropriate funds for backflow preventers, truck bed, and pump replacement at Enloe Farm not received by 6/30/2021.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
113840 - 417900	Fund Balance Appropriated	\$28,800.00	
114260 - 556607	Contracted Services	\$6,500.00	
114260 - 556503	Vehicle Repairs & Maintenance	\$7,300.00	
114260 - 556603	Property / Building Improvements	\$15,000.00	

REQUESTED BY DEPARTMENT HEAD Michael B. Coyle

RECOMMENDED BY FINANCE OFFICER Lindsay Leopard

APPROVED BY COUNTY MANAGER _____

ACTION BY BOARD OF COMMISSIONERS 7/13/2021

APPROVED AND ENTERED ON MINUTES DATED _____

CLERK _____

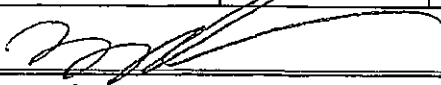
MACON COUNTY BUDGET AMENDMENT
 AMENDMENT # 4

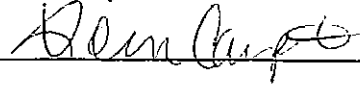
FROM: Lindsay Leopard

DEPARTMENT: Emergency Management

EXPLANATION: Appropriate funds for Prime Mover Vehicles, Dodge Durango (including tag, tax, and title), and equipment not received by 6/30/2021.

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
113840 - 417900	Fund Balance Appropriated	\$34,643.00	
114370 - 569601	Equipment - Vehicles	\$34,643.00	
113850-435526	Homeland Security Grant	\$130,172.00	
114375 - 560906	Homeland Security Grant	\$65,086.00	
114375 - 569502	Capital Equipment	\$65,086.00	

REQUESTED BY DEPARTMENT HEAD 

RECOMMENDED BY FINANCE OFFICER 

APPROVED BY COUNTY MANAGER _____

ACTION BY BOARD OF COMMISSIONERS 7/13/2021

APPROVED AND ENTERED ON MINUTES DATED _____

CLERK _____

MACON COUNTY BUDGET AMENDMENT
 AMENDMENT # 60

FROM: Lindsay Leopard

DEPARTMENT: State, Federal, and Treasury Forfeiture Funds
 EXPLANATION: Appropriation of Fund Balance into FY 21-22

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
	Federal Forfeiture Funds		
223000-499100	Fund Balance Appropriated	\$1,112.00	
224000-559700	Non-Capital Equipment	\$1,112.00	
	State Forfeiture Funds		
223001-499100	Fund Balance Appropriated	\$25,578.00	
224001-559700	Non-Capital Equipment	\$25,578.00	
	Treasury Forfeiture Funds		
223004-499100	Fund Balance Appropriated	\$702.00	
224004-559700	Non-Capital Equipment	\$702.00	

REQUESTED BY DEPARTMENT HEAD Robbie Holland

RECOMMENDED BY FINANCE OFFICER Lindsay Leopard

APPROVED BY COUNTY MANAGER _____

ACTION BY BOARD OF COMMISSIONERS 7/13/2021

APPROVED AND ENTERED ON MINUTES DATED _____

CLERK _____

RELEASES REPORT
Macon County

100181	NAME	BILL NUMBER	OPER	DATE/TIME	DISTRICT	VALUE	AMOUNT
	PARRISH, BARBARA LIFE ESTATE	2020-76210	ZAD	12/31/9999 11:48:44 AM			
					L01 FFEFEE	0.00	108.00
					TOTAL RELEASES:		108.00
100181	PARRISH, BARBARA LIFE ESTATE	2019-76210	ZAD	12/31/9999 11:49:46 AM			
					L01 FFEFEE	0.00	95.00
					TOTAL RELEASES:		95.00
100181	PARRISH, BARBARA LIFE ESTATE	2018-76210	ZAD	12/31/9999 11:50:51 AM			
					L01 FFEFEE	0.00	95.00
					TOTAL RELEASES:		95.00
100181	PARRISH, BARBARA LIFE ESTATE	2017-76210	ZAD	12/31/9999 11:51:35 AM			
					L01 FFEFEE	0.00	95.00
					TOTAL RELEASES:		95.00
100181	PARRISH, BARBARA LIFE ESTATE	2016-76210	ZAD	12/31/9999 11:53:36 AM			
					L01 FFEFEE	0.00	95.00
					TOTAL RELEASES:		95.00
100181	PARRISH, BARBARA LIFE ESTATE	2015-76210	ZAD	12/31/9999 11:55:00 AM			
					L01 FFEFEE	0.00	95.00
					TOTAL RELEASES:		95.00
100181	PARRISH, BARBARA LIFE ESTATE	2014-76210	ZAD	12/31/9999 11:58:03 AM			
					L01 FFEFEE	0.00	72.00
					TOTAL RELEASES:		72.00
95935	CYPRUS LLC	2020-206907	LAS	12/31/9999 1:02:39 PM			
					L02 FFEFEE	0.00	156.00
					L01 FFEFEE	0.00	72.00
					TOTAL RELEASES:		228.00
					H01 PEN FEE	308,505.00	48.28
					H01 ADVLTAX	308,505.00	482.81
					F10 PEN FEE	308,505.00	9.26
					G01 ADVLTAX	308,505.00	1,155.97
					F10 ADVLTAX	308,505.00	92.55
					G01 PEN FEE	308,505.00	115.60
					TOTAL RELEASES:		1,904.47
	NET RELEASES PRINTED:	2,692.47					
	TOTAL TAXES RELEASED						2,692.47

MACON COUNTY PUBLIC HEALTH

FY 21-22

**Billing and Collection Policies
And
Fee Schedules
Effective**

Presented to and Approved by Board of Health on

Presented to and Approved by Board of Commissioners on

BILLING AND COLLECTION POLICIES

RATIONALE

North Carolina law¹ allows a local board of health to impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State.

- Fees may be based on a plan recommended by the Health Director;
- The plan must be approved by the Board of Health and the Board of County Commissioners;
- And, fees collected under the authority of this subsection are to be deposited to the account of the local health department so that they may be expended for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.

The State requires local health departments to provide certain services, and no one may be denied these services. It is in the best interest of our community for the Health Center to:

- Assure that all residents can get all legally required public health services.
- Provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The Health Director has the right to waive fees for individuals who for a good cause are unable to pay.²

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help identify and cover the full cost of providing public health services. As much as possible, fees are based on the true cost of providing a particular service (calculated as direct costs plus indirect costs). Throughout the year, ongoing cost analyses are performed and fee schedules shall be adjusted by the Health Director, with approval from the Board of Health and the Board of Commissioners in the amount of the increased cost for provision of said services. A list of Health Center fees is available upon request.

The information in the document below is the fee plan for FY21-22, effective on July 1, 2021. This Billing Guide for FY21-22 replaces all earlier plans.

COST OF SERVICE DETERMINATION

Costs for services received through the Health Center are based on the actual cost of the service. Cost analysis takes into account all of the resources associated with providing a particular service and calculates the actual cost to provide that service. Cost analysis includes the calculation of direct and indirect costs for services and then adding these figures together to determine the actual cost of the service.

Calculating direct cost: Direct costs are expenses that can be easily related to the provision of a specific service, i.e., physician and support staff salaries and benefits, medical supplies, lab tests, and other resources consumed at the time of the service.

Calculating indirect costs: Indirect costs involve resources that are not directly consumed during the provision of a service, but without them the provision of that service would not be possible, i.e., administrative staff salaries and benefits, training costs, facility costs, insurance premiums, office equipment and supplies, and recruiting and marketing expenses.

¹ North Carolina General Statute 130A-39(g)

² IAW Title X 8.4.3 (42 CFR 59.2)

DRAFT

PAYMENT BY CONSUMER OR RESPONSIBLE THIRD PARTY (SELF PAY)

Fees are charged for services and collected at the Health Center. See attachment for fee schedule. All fees are the responsibility of the consumer, ~~consumer~~ or responsible third party and may be subject to the sliding fee scale. No consumer will be refused services, nor subject to variation of services, solely on their inability to pay for said services. All fees may be paid by cash, check, or major credit card. Full payment is expected at the time of service. Consumers will be informed of their account status at each visit. An itemized receipt showing total charges, as well as any discounts will be provided to individuals upon request. Third parties authorized or legally responsible to pay for consumers at or below 100% of the Federal Poverty Level are properly billed. ~~Fees for adult dental services will be collected before the service is rendered.~~ Prepayment of co-pays for all services in which co-payments apply will be required and collected when services are rendered. Any charges incurred during a visit but not paid for on that date of service will be billed accordingly.

Fees will be charged to individuals in families with annual gross incomes exceeding specified levels of a scale based on current Federal Poverty Income Guidelines. Verification of income and family size must be provided to determine a consumer's eligibility status. Falsification of this information will permanently disqualify consumers from using sliding fee scale. Eligibility will be reevaluated as consumer's income and household status changes or at least annually. If income cannot be verified at the time of screening, the charge for all services will be at 100% pay and a Payment Agreement will be presented to the consumer for signature until verification is provided. If verification of income is received within thirty days of a service, the charge will be retroactively adjusted to reflect percent pay based on verification received. Verification received after thirty days will be applied only to future services. Eligibility of Medicaid will be determined where applicable. Individuals will be requested to provide all social security numbers and names used for employment purposes. If an individual refuses to provide information to verify income, they will not be eligible for the sliding fee scale and will be at 100% pay.

Customary visit services for mandatory childhood immunizations, community outreach, Tuberculosis (TB), TB related X-rays, Sexually Transmitted Disease control (STD), and other epidemiological investigations are provided at no cost to the consumer but may be billed to Medicaid or other third party agent. Separate fees may be charged for drugs, supplies, laboratory services, X-rays and other technological services, if appropriate. The costs of services performed by providers not affiliated with Macon County Public Health are the responsibility of the consumer. Fees may be charged or waived for educational services provided to individuals or groups, such as orientation, preceptorship, field training or classes.

Charges not eligible for sliding scale discount include:

- a. Environmental Health services
- b. Non-mandated immunization services
- c. Miscellaneous/general services (see Miscellaneous/General section below)
- d. Out-of-county residents (see Out-of-County Service Restrictions section below)
- e. Specific insurance situations (see Insurance section below for details)

Bills will be mailed monthly to individuals who have not paid charges in full for services rendered (exception Family Planning for those that request no mail be sent to their home). All bills will show total charges, as well as any discount that may have been provided. Arrangements may be made for payment plans when required for good cause.

PAYMENT BY THIRD PARTY

Verification of enrollment under Medicare, Medicaid, insurance or other third party payment plan is required by presentation of a valid card at the time of service. The Health Center is required to bill only participating third party payers for services rendered. Services that are billed to third parties are billed at 100% of the total charge with no discount applied unless there is a contracted reimbursement rate that must be billed per the third party agreement.

When the claim is returned from the third party payer all discounts are applied at that time. (i.e., any applicable sliding fee scale adjustment) For services rendered to consumers with insurance where the Health Center is not a participating provider, the consumer will be responsible for full payment of service when the service is delivered. The consumer is responsible for charges not covered by third party payers. Co-pay amounts must be paid at the time of services and are not subject to the sliding fee eligibility scale.

Sliding fee scale discount does not apply in the following situations:

- a. Consumers with insurance in which MCPH is not participating provider.
- b. Consumers with any insurance who choose not to use their coverage (exception those requesting confidential services i.e. Family Planning services and Communicable Disease Services).
- c. Insurance co-payments (when MCPH is a participating provider)
- d. Services that are offered as specialty exams under the Adult Health Program.

ACCOUNT COLLECTIONS AND BAD DEBT

The Health Center will issue all consumers a monthly statement of fees that have been incurred and are due. Consumers are expected to make payment at the time services are rendered. If a balance is carried forward, consumers who have not made a payment on their account for any service(s) received from Macon County Public Health for 120 days shall be required to pay their past due balance before another service shall be rendered (see Service Denial for further information).

The Health Center may use the following resources to pursue collection of consumer accounts: billing statements, past due notices, collection agencies or credit bureaus, and the NC Local Government Debt Setoff Clearinghouse (ref: NCGS 105A-1 et seq.) as administered by the NC Department of Revenue

Accounts will be reviewed annually for bad debt status, and at that time with the approval of the BOH and the BOCC's the amounts may be written off for accounting purposes if no further collection is anticipated. Any payments received for write-off debts will be accepted and credited to appropriate accounts. At no time will a consumer be notified that the account has been written off as a bad debt. Bad debt may be reinstated at time of service unless it is determined uncollectible (i.e. bankruptcy, death), at which time it will be written off permanently.

CONSUMER DONATION POLICY

A consumer may choose to make a donation to the agency. The consumer will never be asked to make a donation, but if offered the donation is accepted. Donations are not required, and are not a prerequisite for the provision of any service. Billing requirements set out above in the Payment by Consumer section are not waived because of consumer donations. (ref: Donation Policy 101.9)

RETURNED CHECK POLICY

A \$25.00 fee will be charged for a returned check written to Macon County Public Health (MCPH). The consumer will be notified via telephone or letter. All returned checks will be made good via cash, money order, and/or certified check. If a consumer has two returned checks within a one-year period, he/she will be required to pay for services in advance via cash, money order, or certified check for the period of one year. After the one-year period expires, if another returned check occurs, all future bills must be paid with cash, money order, or certified check prior to the provision of services. (Exception: Family Planning, Child Health and Maternal Health services for families with income at or below 250% of Federal Poverty should not pay more in co-payments or additional fees than what they otherwise pay when a Schedule of Discounts is applied. 42 U.S.C. 300 et seq./42 CFR 59.5 (a) (9)).

REFUNDS

In the event that a consumer or other third-party has overpaid their responsible charges, the credit balance is either: applied to future charges or refunded to the payer within thirty (30) days of discovery or request. Refunds for Environmental Health services are determined by attached policy and procedure.

SERVICE DENIAL

No individual may be denied Health Center mandated services e.g. communicable disease services (STD/TB) and immunizations. These services are provided at no charge to the consumer. Individuals who do not meet program guideline criteria may be denied specific services. Consumers covered by Medicaid who fail to make required co- payments will not be denied services but may be subject to collections and/or bad debt set-off.

Individuals who have not paid proper charges for previous services (unless state and federal program rules prohibit services restriction or denial) may be required to pay fees beforehand, be denied access to services (see Account Collections and Bad Debts), or be denied subsequent services pending demonstration of a good faith effort to make payment within the past ninety (90) days.

OUT OF COUNTY SERVICE RESTRICTIONS

Macon County supports its low-income citizens by subsidizing the cost for certain health care services. To assure that Macon County citizens have maximum access to Health Center services only those services mandated by Federal Law, North Carolina General Statutes or approved in this plan will be provided to non-Macon County residents. If an individual moves out of Macon County, they are encouraged to obtain services from another provider. Consumers are required to report any change of address at time of service.

COMPLIANCE WITH TITLE VI AND VII, OF 42 US CODE CHAPTER 21

The MCPH complies with Title VI and Title VII of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the regulations. Staff will not discriminate against any consumers because of age, sex, race, creed, national origin, or disability. Staff will ensure consumers with LEP are provided adequate language assistance so they have meaningful access to the agency's services.

Services will be provided, reported and billed in compliance with the most current Consolidated Agreement and all program Agreement Addenda.

PROGRAM SPECIFIC INFORMATION

COMMUNICABLE DISEASE CONTROL

Deals with the investigation and follow-up of all reportable communicable diseases. Testing, diagnosis, treatment, and referring as appropriate, of a variety of STD's. Provides follow-up and treatment of TB cases and their contacts. ~~No fees are charged directly to consumers for these services as stated in Program Rules (exception~~ Medicaid or other third party agent can be billed with the consumer's permission).

Eligibility:

- No residency or financial requirements

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:

- Must be a resident of Macon County;
- uninsured or underinsured;
- without Medicare Part B or Medicaid;
- between ages 40 - 64 for breast screening services and 18 - 64 for cervical screening services;
- have a household income at or below 250% of the federal poverty level.
- No charge for those who qualify for the program; family size shall be determined as follows:
Consumer, spouse of consumer and all children under 18 years of age, including step-children who live in the home.
- Proof of income must be provided.

CHILD HEALTH

Well child exams conducted by (appropriate provider); exam includes medical, social, development, nutritional history, lab work, and physical exam. MCPH accepts self-pay; most Private Insurances; Health Choice; Medicaid

Eligibility:

- Residents of Macon County; Birth thru 20 years;
- Discounts are used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Child Health services.

EMPLOYEE HEALTH

Provides acute episodic medical care and chronic disease management services. This program is not intended to replace an individual's primary care provider.

Eligibility:

- ~~New employees in the waiting period for their health insurance to start~~
- **Macon County** Employees and retirees and their dependents on the county health insurance plan
- Select part-time **county** employees as determined by the county manager.

WORKSITE WELLNESS

Employee health Worksite wellness services are available for all employers in Macon County. **Employee health Worksite wellness** services are available on a per program basis or under an annual contract arrangement. Individual program fees will vary and are based on salary expense to prepare and deliver the program; current mileage rates if travel is required; as well as any materials, laboratory, or medical supplies costs. An administrative supplement of 10% is added for each individual program. Comprehensive worksite wellness programs are available under contract for organizations and companies with at least 50 employees. This program, also known as the LIFE program, provides **employee** health screenings followed by customized programs and consultation services to address the health needs of the employees. Fees for the LIFE program range from \$30 to \$50 per employee per year depending upon the cost to provide the services, the number of programs provided, as well as the organization's ability to provide in-kind assistance.

IMMUNIZATIONS

Provide all required and recommended vaccines that are available for infants, school aged children and college bound individuals. Also provide a wide range of vaccines for adults to include foreign travel vaccinations. MCPH accepts most Private Insurances, Health Choice, Medicaid, and Medicare. In some instances, charges do not apply (e.g. **based on eligibility to receive** state supplied vaccine). Sliding fee scale does not apply to immunizations.

Eligibility:

- No residency or financial requirements for immunizations.

CARE COORDINATION FOR CHILDREN (CC4C)-Care Management for At Risk Children (CMARC)

Case management assists families in identification of and access to services for children with special needs that

will allow them the maximum opportunity to reach their development potential.

Eligibility:

- Macon County children birth to age three who are at risk for developmental delay or disability, long term illness and/or social, emotional disorders and children ages birth to five who have been diagnosed with developmental delay or disability, long term illness and/or social, emotional disorder may be eligible for the program.

FAMILY PLANNING

Services designed to assist consumers in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by (appropriate provider). MCPH accepts self-pay; most Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Family Planning services.
- Services are provided without regard to residence requirements and without a referral by a physician (42 U.S.C. 300 et seq./42 CFR 59.5 (b) (5)).
- Proof of income must be provided. (Exception: for those requesting “Confidential Services” that do not have proof of income or by producing proof of income may put their confidentiality at risk, they may write a statement of declaration of income.) Where legally obligated or authorized to receive third party reimbursement including public or private sources all reasonable efforts must be made to obtain said payment without application of any discounts. Family Income should be accessed before determining whether co-payments or additional fees are charged. Families with income at or below 250% of Federal Poverty should not pay more in co-payments or additional fees than what they otherwise pay when a Schedule of Discounts is applied. (42 U.S.C. 300 et seq./42 CFR 59.5 (a) (9)).
- A Family Planning consumer will never be refused a Family Planning service, or asked to meet with the Health Director due to a delinquent account; however, they may be referred to Debt set-off so long as that does not compromise confidentiality.
- Income information reported on the Family Planning financial eligibility screening can be used through other programs rather than re-verification of income or relying on the consumer declaration.
- Pregnancy tests will be charged based on the qualifying Schedule of Discounts.

ADULT HEALTH

Services in Adult Health Include: **specialty physical exams** for daycare, DOT, foster care, and employment ~~or other specialty physical exams. For these services no insurances will be billed.~~ **Insurances may be billed for these services at the patient’s request. In order to do so, the patient must complete a Non-Coverage Form acknowledging their ultimate responsibility for any balance not covered.**

Eligibility:

- 18 years and older
- Residents of Macon County (exception, colposcopies, pregnancy tests,)
- These services are not eligible for sliding fee scale payment. **Services will be paid for prior to any service being rendered.** Any **additional** fees associated with a visit will be **added to the consumers account and** paid in full at checkout.

OTHER SERVICES

- Laboratory Services
- Eligibility: None
- Exceptions: None
- Third party insurance can be billed; these services are not eligible for Sliding Fee Discount.

MATERNAL HEALTH

Prenatal care is medical care recommended for women during pregnancy. The aim of good prenatal care is to detect any potential problems early, to prevent them if possible (through recommendations on adequate nutrition, exercise, vitamin intake etc), and to direct the woman to appropriate specialists, hospitals, etc. if necessary. Visits are monthly during the first two trimesters (from week one to week 28 of pregnancy), every two weeks from 28 to week 36 of pregnancy and weekly after week 36 (until the day of delivery that could be between week 38 and 40 weeks). MCPH accepts self-pay; most Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- Residents of Macon - eligibility policy and residency requirements attached
- Maternal Health consumers will be required to have proof of residency
- Proof of income is required.
- Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Maternal Health services.

OB-CARE COORDINATION MANAGEMENT (OBCM)-Care Management for High Risk Pregnancies (CMHRP)

Case manager assists pregnant women in receiving needed prenatal care and pregnancy related services.

Eligibility:

- Residents of Macon County

Primary Care

Provides primary care services for Macon County residents between the ages of 21- 64. Consumers are required to complete an application to determine eligibility prior to receiving services. Third party insurance will be billed appropriately. Self-pay consumers may qualify for sliding fee scale discount based on their family size and household income with the maximum discount of 60%. Sliding fee discount is based on 250% of federal poverty.

Eligibility:

- Resident of Macon County between the ages of 21- 64

WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (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, infants, and children up to age 5 who meet the follow criteria:

- Be a resident of Macon County;
- Be at medical and/or nutritional risk;
- Have a family income less than 185% of the US Federal Poverty Level;
- Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement

CHILDRENS DENTAL PROGRAM

The Macon County Children’s Dental Clinic (Molar Roller) provides comprehensive general dental services to children from birth to 20 years of age. Self-pay consumers may qualify for sliding fee scale based on their family size and household income. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 75%.

Eligibility:

- Resident of Macon County.

ADULT DENTAL PROGRAM

~~The Macon County Adult Dental Clinic provides comprehensive general dental services to adults 21 years of age and above. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 75%.~~

Eligibility:

- ~~➤ Residents of Macon County.~~
- ~~➤ Charges not eligible for sliding fee scale discount include: Services not covered by Medicaid or Health Choice and those covered by insurances which MCPH is not a participating provider. (i.e. Fluoride treatments for adults)~~
- ~~➤ Fees for adult dental services will be collected before the service is rendered.~~

COMMUNITY EDUCATION AND TRAINING

Health education/health training programs/services are provided to individuals and/or groups.

Eligibility:

- No Restrictions/Requirements

EXAMPLE

- Cardiopulmonary resuscitation (CPR)
- Automated external defibrillators(AED)
- First Aid Training:

EXPLANATION

Various components of American Red Cross Standard First Aid and/or CPR/AED for lay responders are offered on-site at Macon County Public Health Classes are offered for a fee Pre-registration and pre-payment are required. Fees for the specific educational components are based on current American Red Cross pricing.

NUTRITION SERVICES:

Diabetes Self-Management Education (DSME) Services:

Macon County Public Health offers Diabetes Self-Management Education/Training services accredited by the American Diabetes Association. The registered dietitians are credentialed and certified providers with some third party payors. For consumers with third party insurance, a physician referral and medical diagnosis of diabetes is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered.

Diabetes Prevention Program (DPP)

Macon County Public Health offers Diabetes Prevention Program accredited by The Center for Disease Control and Prevention. Because there is no established billing code for this program accepted by third party payors and to encourage participation, a small program fee will be established for each participant. Consumers may qualify for sliding fee scale discount based on their family size and household income with the sliding fee discount is based on 250% of federal poverty. Medicaid or Medicaid eligible consumers may be eligible for a Center for Disease Control and Prevention (CDC) sponsored scholarship and therefore are not charged a fee for the program, but are eligible for the incentives.

Eligibility

- Declaration of Income

Medical Nutrition Therapy (MNT) Services:

Macon County Public Health offers Medical Nutrition Therapy services. The registered dietitians are credentialed and certified providers with some third party payors. For consumers with third party insurance, a physician referral and a covered medical diagnosis is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered to consumer.

ENVIRONMENTAL HEALTH

Unlike other health department fees, Environmental Health fees are determined by the Boards of Health and County Commissioners. Environmental Health fees from other counties are taken into consideration. Exception, water testing fees are determined based on actual costs for supplies/test kits. Fees for Environmental Health Services are collected at time of application.

REFUND POLICY: Attached

ANIMAL SERVICES

Unlike other health department fees, Animal Service fees are determined by the Boards of Health and

County Commissioners. Animal Service fees from other counties are taken into consideration. Fees for Animal Services are due at time of Service.

Guidelines for Determining Elements of the Sliding Fee Scale

Eligibility screening is required on all new consumers or when family size and/or income changes occur, or at 12 month intervals. A consumer's percentage of pay is documented on the Financial Eligibility Application in the consumer's medical record and dental record. Consumer income information reported can be used to determine eligibility for other sliding fee based programs (i.e. Adult Health, Child Health, Prenatal, Family Planning and Dental).

Definition for Family Size and Countable Gross Income for the following clinics:

Primary Care, Nutrition Services, Child Health, Maternal Health, Family Planning and Dental

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.

Example: consumer with no income must be considered part of a larger economic unit that provides support to the household. Groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered a separate household.

EXCEPTIONS TO ECONOMIC UNIT

- A. Un-emancipated minors and others requesting confidential services will be considered a family unit of one, and fees will be assessed based on their own income.
- B. A foster child assigned by DSS shall always be considered a family of one.

Determination of Gross Income:

The dollar amounts represent gross annual income; they refer to total cash receipts before taxes from all sources. Household income sources include: Salaries and wages, earnings from self-employment (deduct business expenses, except depreciation); interest income, all investment and rental income; public assistance, unemployment benefits, worker's compensation, alimony, military allotments; Social Security benefits, VA benefits; retirement and pension pay; insurance or annuity plans; gaming proceeds and any other income not represented here that contributes to the household consumption of goods. This list is not all inclusive.

Documents acceptable for income verifications:

Current pay stub (noting the pay timeframe i.e.: weekly, bi-weekly etc.)

Signed statement from employer indicating gross earnings for a specified pay period, statement must include the business name, address and phone number and must be legible.

W-2 Forms

Unemployment letter/notice

Award letter from Social Security Office, VA or Railroad Retirement Board

1099's received from IRS

For Self-employment: Accounting records or income tax return for the most recent calendar year, entire tax return must be provided in order to allow deductions for business expenses.

Macon County Public Health Fee Schedule			
Code	Modifier	Description	Current Fees
J0133		Doxycycline/Acyclovir	0.00
J0456		Azithromax	0.00
J0561		Bicillin	.25/unit
J0696		Ceftriazone	2.50/unit
J1050		Injection, Medroxyprogesterone Acetate, 150 MG (.34 per unit)	20.00
J1100		Injection, Dexamethasone sodium phosphate	10.00
J1725		17P Injection	21.00
J1726		Makena 17P	850.00
J2790		Rho (D) Immune Globulin (Rhlg), full dose, 300mcg	134.00
J3490		17-P used only for the treatment of advanced adenocarcinoma of the uterine corpus	850.00
J7297		Liletta	50.00
J7298		Mirena (replaces J7302)	350.00
J7298	UD	Mirena IUD - Medicaid	311.00
J7300		Intrauterine copper contraceptive device, Paragard T380A	250.00
J7300	UD	Intrauterine copper contraceptive device, Paragard T380A	250.00
J7301		Skyla IUD small frame	800.00
J7301	UD	Skyla IUD small frame - Medicaid	376.00
J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	528.00
J7307		Nexplanon	500.00
J7307	UD	Nexplanon	364.00
Q3014		TELE Psychiatry Origination Site Fee	21.00
Q9984		Kyleena IUD - hormone releasing	900.00
Q9984	UD	Kyleena IUD - hormone releasing - Medicaid	543.00
S0030		Metronidazole	0.00
2000F		BPV Measurement of ocular blood flow with interpretation	5.00
11200		Removal of skin tags, up to 15 lesions	70.00
11201		Removal of skin tags each additional 10 lesions	28.00
11400		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.5 cm or less	115.00
11401		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 0.6 cm to 1.0 cm	135.00
11402		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 1.1 cm to 2.0 cm	152.00
11403		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 2.1 cm to 3.0 cm	176.00
11404		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 3.1 cm to 4.0 cm	194.00
11406		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter over 4.0	232.00
11420		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	110.00
11421		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	142.00
11422		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 cm to 2.0 cm	158.00
11423		Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 cm to 3.0 cm	192.00

11424	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 cm to 4.0 cm	218.00
11426	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	291.00
11440	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	132.00
11441	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 cm to 1.0 cm	157.00
11442	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 cm to 2.0 cm	174.00
11443	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 cm to 3.0 cm	219.00
11444	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 cm to 4.0 cm	272.00
11446	Excision, benign lesion including margins. Except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	333.00
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 2.5 cm or less	147.00
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	159.00
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	184.00
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	228.00
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	298.00
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, and/or extremities (including hands and feet); over 30.0 cm	331.00
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 2.5 cm or less	153.00
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 2.6 cm to 5.0 cm	171.00
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 5.1 cm to 7.5 cm	200.00
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 7.6 cm to 12.5 cm	250.00
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 12.6 cm to 20.0 cm	304.00
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); 20.1 cm to 30.0 cm	394.00
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes (including hands and feet); over 30.0 cm	476.00
12020	Treatment of superficial wound dehiscence; simple closure	202.00
12021	Treatment of superficial wound dehiscence; with packing	148.00
11981	Nexplanon insertion	65.00
11982	Nexplanon removal	80.00

11983	Nexplanon removal with reinsertion	145.00
17110	Destruction (eg, laser surgery, electrosurgery, cryosurger, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	79.00
54050	Destroy Penis Lesion(s) - Simple Chemical	228.00
54065	Destruction Penis Lesion(s) - Extensive Cryosurgery	387.00
56501	TCA Vulva	229.00
56515	Destroy Vulva Lesion(s) - Complex	394.00
57170	Diaphragm fitting with instructions	91.00
57452	Colposcopy of the cervix including upper/adjacent vagina	191.00
57454	Colposcopy of the cervix including upper/adjacent vagina w/biopsy of cervix or endocervical curettage	269.00
57455	Colposcopy of cervix including upper/adjacent vagina w/biopsy of cervix	253.00
57456	Colposcopy of the cervix including upper/adjacent vagina w/endocervical curettage	239.00
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	109.00
58300	Insert intrauterine device	132.00
58301	Removal of IUD	169.00
59025	Fetal Non-Stress Test	62.00
59425	Prenatal visits: 4 to 6 visits	1,000.00
59426	Prenatal visits: 7 or more visits	1,300.00
59430	After Delivery Care	121.00
69210	Remove impacted ear wax	86.00
86580	TB Test	6.00
86580P	TB Test - Patient Pay	6.00
G0008	Administration Fee - Flu Shot (Medicare)	14.00
G0009	Administration Fee - Pneumonia Shot (Medicare)	14.00
G0010	Administration Fee - Hep B (Medicare)	14.00
Q2038	Influenza vaccine quadrivalent 6-36 months	16.00
Q2037	Flu Virus Vaccine (Fluvirin) Medicare	16.00
Q2038	Flu Virus Vaccine (Fluzone) Medicare	16.00
Q2039	Flu Virus Vaccine (Unspecified) Medicare	18.00
90471	Vaccine Administration Fee	14.00
90472	Vaccine Administration Fee-Each Additional	14.00
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	20.00
90474	Each additional intranasal or oral route vaccine (single or combination vaccine/toxoid)	20.00
90620	Meningococcal B (recombinant protein serogroup B, 2 dose)	188.00
90621	Meningococcal B (recombinant lipoprotein serogroup B 3 dose)	160.00
90632	Hep A - Adult	51.00
90633	Hep A - Pediatric	35.00
90636	Twinrix Vaccine	116.00
90645	Hib - child - HbOC 4 dose schedule	31.00
90646	Hib - Adult - booster only	31.00
90647	Hib - PRP_OMP 3 dose schedule	31.00
90648	Hib - child - PRP-T 4 dose schedule	59.00
90649	Gardasil (HPV)	190.00
90650	HPV bivalent 2vHPV (Cervarix)	137.00
90651	HPV 9 3 dose	249.00
90657	Flu Shot (6-35 months)	11.00
90658	Flu Shot (3 yrs & >)	11.00
90660	Flumist - State Supplied	
90662	Fluzone High Dose (65 & >)	46.00
90670	Pprevnar	220.00

90672	Quadrivalent Flu Mist	40.00
90675	Rabies Vaccine - Exposure	352.00
90676	Rabies Vaccine - Preventive	352.00
90680	Rotateq	92.00
90681	Rotarix	115.00
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	24.00
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	23.00
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	22.00
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	22.00
90691	Typhoid Vaccine	116.00
90696	Kinrix - (DTaP-IPV)	59.00
90698	Pentacel - (DTaP-IPV/Hib)	130.00
90700	DTaP	35.00
90702	DT - Diphtheria Tetanus	58.00
90707	MMR	89.00
90710	MMRV (Proquad)	246.00
90713	IPV	40.00
90714	Td	39.00
90715	Tdap	43.00
90716	Varicella Vaccine	147.00
90717	Yellow Fever Vaccine	125.00
90723	Pediarix - (DTaP- HepB-IPV)	79.00
90732	Pneumonia Vaccine	118.00
90733	Meningococcal	118.00
90734	Menactra	139.00
90736	Zostavax (Shingles Vaccine)	230.00
90738	Japanese Encephalitis Vaccine	296.00
90744	Hep B - Pediatric	37.00
90746	Hep B - Adult	65.00
90750	Shingrix	167.00
92552	Hearing Test	39.00
92567	Tympanometry	18.00
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient)	63.00
93000	EKG with Interpretation and Report	40.00
93010	EKG additional testing	30.00
96110	Developmental Screening	13.00
96127	Brief Emotional/Behavioral Assessment	7.00
96150	Health & Behavior Assessment, per 15 min, Initial	21.00
96151	Health & Behavior Assessment, per 15 min, re-assessment	20.00
96160	Administration of Patient-Focused Health Risk Assessment	6.00
96372	Therapeutic Injection	20.00
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	100.00
97802	Medical nutrition therapy; initial assessment and intervention, individual,	45.00
97803	Medical nutrition therapy; re-assessment and intervention, individual,	22.00
98967	Telephone Education, 15 min/unit	0.00
98960	Individual Education, face to face	0.00

98961	Group Education, face to face	0.00
99080	Special reports such as insurance forms & complete physical forms	15.00
99172	Visual Acuity Screening Test - Color	5.00
99173	Visual Acuity Screening Test	5.00
99201	Office Visit (OV) new patient (pt) minor-phys time approx. 10 minutes	83.00
99202	OV new pt, moderate-phys time approx 20 minutes	124.00
99203	OV new pt, moderate-phys time approx 30 minutes	180.00
99204	OV new pt, complex-phys time approx 45 minutes	280.00
99205	OV new pt, severe-phys time approx 60 minutes	326.00
99211	OV established (estab) pt, minimal w/wo phys, time approx 5 min (inc limited specialty PE)	43.00
99212	OV estab. pt, minor-phys time approx 10 min. (inc. Employment PE)	72.00
99213	OV estab. pt, moderate. phys time approx 15 min. (inc. DOT PE)	121.00
99214	OV estab. pt, severe. phys time approx 25 min.	209.00
99215	OV estab. pt, severe. phys time approx 40 min.	262.00
99381	New Patient (NP) physical exam: < 1 year	211.00
99382	NP physical exam: 1 to 4 Years	227.00
99383	NP physical exam: 5 to 11 years	226.00
99384	NP physical exam: 12 to 17 years	249.00
99385	NP physical exam: 18 to 39 years	242.00
99386	NP physical exam: 40 to 64 years	287.00
99387	NP physical exam: 65 years and over	310.00
G0438	Initial Visit Medicare Only Once in a lifetime	310.00
99391	Established Patient (EP) physical exam: < 1 year	200.00
99392	EP physical exam: 1 to 4 years	200.00
99393	EP physical exam: 5 through 11 years	200.00
99394	EP physical exam: 12 to 17 years	216.00
99395	EP physical exam: 18 to 39 years	217.00
99396	EP physical exam: 40 to 64 years	242.00
99397	EP physical exam: 65 years and older	250.00
G0439	Medicare Subsequent Annual Wellness Visit	250.00
99406	Tobacco Education (3-10 min)	13.00
99407	Tobacco Education over 10 min	25.00
99408	Substance Abuse	31.00
99409	Substance Abuse over 30 min	63.00
99420	Additional Assessments	9.00
99451	Consultant - 5 minutes or more without patient being present	36.00
99452	Consultant Treating Provider 16-30 min communicating & preparing referral	36.00
99492	Initial psychiatric collaborative care management first 70 minutes	131.00
99493	Subsequent psychiatric collaborative care management 60 minutes	105.00
99494	Collaborative care management, each additional 30 mins in a month	55.00
99495	Transitional care management services/moderate	121.00
99496	Transitional care management services/high	209.00
99497	Advance care planning first 30 min	180.00
99498	Advance care planning additional 30 minutes	180.00
99499	Other Evaluation and Management Services (Replaced LU202)	25.00
99412	Preventive medicine, group counseling, appx 60 minutes	91.00
DENTAL		
D0120	Periodic oral evaluation	38.00
D0140	Limited oral evaluation - problem focused	66.00
D0145	Oral Evaluation, pt < 3yrs	48.00
D0150	Comprehensive oral evaluation - new or established patient	69.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	100.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-op)	44.00

D0210	Intraoral - complete series (including bitewings)	141.00
D0220	Intraoral -periapical first film	30.00
D0230	Intraoral - periapical each additional film	24.00
D0240	Intraoral - occlusal film	32.00
D0250	Extraoral - first film	42.00
D0260	Extraoral - each additional film	35.00
D0270	Bitewing - single film	22.00
D0272	Bitewings - 2 films	36.00
D0273	Bitewings - 3 films	50.00
D0274	Bitewings - 4 films	63.00
D0330	Panoramic film	116.00
D1110	Prophylaxis - adult	81.00
D1120	Prophylaxis - child	56.00
D1201	Topical Fluoride w/ Prophylaxis	82.00
D1205	Topical Fluoride w/ Prophylaxis	82.00
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	51.00
D1208	Topical application of fluoride (prophylaxis not included)	35.00
D1351	Sealant - per tooth	44.00
D1510	Space maintainer - fixed - unilateral	283.00
D1515	Space maintainer - fixed - bilateral	395.00
D1555	Remove Fix Space Maintainer	51.00
D2140	Amalgam - 1 surface, primary or permanent	95.00
D2150	Amalgam - 2 surfaces, primary or permanent	123.00
D2160	Amalgam - 3 surfaces, primary or permanent	149.00
D2161	Amalgam - 4 or more surfaces, primary or permanent	181.00
D2330	Resin-based composite - 1 surface, anterior	118.00
D2331	Resin-based composite - 2 surfaces, anterior	150.00
D2332	Resin-based composite - 3 surfaces, anterior	184.00
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	217.00
D2336	Resin based composite - 1 surface pstr perm	138.00
D2391	Resin-based composite - 1 surface, posterior	138.00
D2392	Resin-based composite - 2 surfaces, posterior	180.00
D2393	Resin-based composite - 3 surfaces, posterior	223.00
D2394	Resin-based composite - 4 or more surfaces, posterior	275.00
D2751	Crown, non- precious metal (porcelain)	1,000.00
D2910	Recement inlay/onlay or part	25.00
D2920	Recement Crown	28.00
D2930	Prefabricated stainless steel crown - primary tooth	223.00
D2940	Sedative filling	85.00
D2950	Core buildup, including any pins	194.00
D2951	Pin retention - per tooth, in addition to restoration	48.00
D3220	Therapeutic pulpotomy (excluding final restoration)	138.00
D3310	Root canal therapy - anterior (excluding final restoration)	572.00
D3320	Root canal therapy - bicuspid (excluding final restoration)	700.00
D3330	Root canal therapy - molar (excluding final restoration)	869.00
D4211	Gingivectomy or gingivoplasty 1 to 3 contiguous teeth/quadrant	182.00
D4341	Periodontal scaling and root planing 4 or more contiguous teeth	198.00
D4342	Periodontal scaling and root planing 1 to 3 teeth/quadrant	188.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	146.00
D4910	Periodontal Maintenance	98.00
D5110	Complete Denture - Maxillary	1138.00
D5120	Complete Denture - Mandibular	1138.00
D5130	Immediate Denture - Maxillary	1234.00
D5140	Immediate Denture - Mandibular	1234.00

D5211	Maxillary Partial Denture - Resin Base	844.00
D5212	Mandibular Partial Denture - Resin Base	844.00
D5213	Maxillary partial denture - cast metal framework resin base	1230.00
D5214	Mandibular Partial Denture - cast metal framework resin base	1230.00
D5410	Adjust Complete Denture Maxillary	62.00
D5411	Adjust Complete Denture Mandibular	62.00
D5421	Adjust Partial Denture Maxillary	62.00
D5422	Adjust Partial Denture Mandibular	62.00
D5510	Repair Broken Complete Denture	150.00
D5520	Replace Missing or Broken Tooth	128.00
D5610	Repair Resin Denture Base	150.00
D5640	Replace Broken Teeth	128.00
D5650	Add tooth to existing partial denture	156.00
D5660	Add clasp to existing partial denture	234.00
D5730	Reline Complete Maxillary Denture	264.00
D5731	Reline Complete Mandibular Denture	264.00
D5740	Reline Maxillary Partial Denture	258.00
D5741	Reline Mandibular Partial Denture	258.00
D6930	Recement bridge	88.00
D7111	Extraction, coronal remnants - deciduous tooth	92.00
D7140	Extraction, erupted tooth or exposed root	123.00
D7210	Surgical removal of erupted tooth	217.00
D7220	Removal of impacted tooth - soft tissue	271.00
D7230	Removal of impacted tooth - partially bony	354.00
D7240	Removal of impacted tooth - completely bony	424.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	234.00
D7310	Alveoloplasty in conjunction with extractions - 4 or more tooth spaces, per quadrant	223.00
D7311	Alveoloplasty in conjunction with extractions 1 to 3 tooth spaces	190.00
D7320	Alveoloplasty not in conjunction with extractions - 4 or more tooth spaces, per quadrant	364.00
D7321	Alveoloplasty not in conjunction with extractions - 1 to 3 tooth spaces, per quadrant	308.00
D7410	Excision of benign lesion up to 1.25 cm	177.56
D7510	Incision and drainage of abscess - intraoral soft tissue	241.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous tissue	250.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	97.00
D9940	Occlusal Bite Guard	400.00
LU401	MI Paste	12.25
	OTHER SERVICES	
99499	Lice Treatment	
S9982	Copy of Medical Records (per sheet charge not to exceed \$15.00)	0.25
99402	HIV Post-Test Results	
T1001	TB Screening Form	10.00
86580	PPD given, high risk (State Supplied)	0.00
3510F	PPD, positive result, contact	
3510F	PPD, negative result, contact	
3510F	PPD, positive result, low risk	
3510F	PPD, negative result, low risk	
LU121	TB Directly Observed Therapy (DOT)	
LU122	TB Directly Observed Preventive Therapy (DOPT)	
LU123	PPD, not read, contact	
LU124	PPD, not read, low risk	
3510F	PPD, positive result, high risk	

3510F		PPD, negative result, high risk	
3510F		PPD, not read, high risk	
LU265		Treatment of LTBI initiated, high risk	
LU266		Treatment of LTBI, initiated, low risk	
LU267		Treatment of LTBI, initiated, contact	
LU268		Treatment of LTBI completed, high risk	
LU269		Treatment of LTBI completed, low risk	
LU270		Treatment of LTBI completed, contact	
LU271		Treatment of LTBI incomplete	
LU272		Treatment of LTBI incomplete, low risk	
LU273		Treatment of LTBI incomplete, contact	
LU274		PPD given, contact	
S9981		Miscellaneous Services (ex. Medical records payment from Disability Determination, shipping charges)	15.00
LU402		Medicaid Co-Payment	3.00
G0431		Hair Drug Testing	100.00
H0049		Expanded Hair Drug Testing	110.00
S0280		Medical home program, comprehensive care coordination and planning, Initial Plan	50.00
S0281		Med home prog, comp care coord and planning, main. of plan (postpartum)	150.00
T1002		RN Services	20.00
TH EDUCATION SERVICES			
G0108		DSMT (Individual) 1/2 Hour Units	54.00
G0109		DSMT (Group) 1/2 Hour Units	19.00
G0447		Face To Face Behavioral Counseling for Obesity, Individual, 15 min un	25.00
G0473		face To Face Behavioral Counseling for Obesity, Group, 30 min un	25.00
O430T		Diabetes Prevention Program	60.00
97802		MNT Individual/Initial (15 Min Units)	28.00
97803		MNT Re-Check/Individual (15 Min Units)	24.00
S9465		Diabetic management program, dietician visit (BCBS)	35.00
S9470		Nutritional counseling, dietician visit (BCBS)	35.00
		Baby Think It Over 4 Classes	350.00
		Body Fat Monitor & Calipers	10.00
		Body Fat Testing by Calipers	7.00
		Body Fat Testing by Monitor	5.00
		BTIO Keys	6.00
		Challenge Course	10.00
		CPR Breathing Barriers	6.00
		Adult 1st Aid / CPR / AED	90.00
		CPR w/AED (Adult & Child) - ELIMINATED	0.00
		Adult CPR/AED	70.00
		Adult & Pediatric CPR/AED	90.00
		Pediatric CPR/AED	70.00
		CPR w/AED (Child) + Infant CPR + FAB - ELIMINATED	0.00
		CPR w/AED (Adult & Child) + FAB - ELIMINATED	0.00
		Adult & Pediatric 1st Aid/CPR/AED	110.00
		First Aid-Basic	70.00
		Healthy Heart Screening	35.50
S9445		Individual Health Education	20.00
		Life Worksite Wellness (A)	40.00
		Life Worksite Wellness (B)	37.50
		Life Worksite Wellness (C)	35.00
		Life Worksite Wellness (D)	32.50
		Life Worksite Wellness (E)	30.00

	Locking Clips	1.00
	Face Shield	2.00
LABORATORY	*Fees listed in this section are the most commonly ordered lab services at Macon County Public Health. A full listing can be referenced by accessing the "LabCorp Cost Schedule" document. A \$20 fee will be added to all lab services listed on the LabCorp document.	
36415	ROUTINE VENIPUNCTURE	9.00
36416	CAPILLARY BLOOD DRAW	4.00
80048	BMP- METABOLIC PANEL TOTAL CA	27.00
80050	GENERAL HEALTH PANEL	74.00
80051	ELECTROLYTE PANEL	29.00
80053	CMP - COMPREHEN METABOLIC PANEL	24.00
80055	PRENATAL - OBSTETRIC PANEL	57.00
80061	LIPID PANEL	30.00
80069	RENAL FUNCTION PANEL	29.00
80074	HEPATITIS PANEL- ACUTE (A,B,C)	46.00
80076	HEPATIC FUNCTION PANEL	27.00
G0431	DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00
80335	AMITRIPTYLINE (Replaces 80152)	43.00
80156	CARBAMAZEPINE, TOTAL- TEGRETOL	32.00
80157	TEGRETOL, FREE	70.00
80158	CYCLOSPORINE - BLOOD	43.00
80162	DIGOXIN	31.00
80164	VALPROIC ACID (DIPROPYLACETIC ACID)	30.00
80177	LEVETIRACETAM	38.00
80178	LITHIUM	31.00
80184	PHENOBARBITAL	39.00
80185	DILANTIN - PHENYTOIN, TOTAL	32.00
80188	PRIMIDONE- MYSOLINE (W/PHENOB)	41.00
80195	SIROLIMUS(RAPAMUNE) BLOOD	49.00
80197	TACROLIMUS	82.00
80198	THEOPHYLLINE	38.00
80299	QUANTITATIVE ASSAY DRUG	137.00
80300	DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00
80301	DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)	50.00
80302	DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)	50.00
80303	DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)	50.00
80304	DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)	50.00
80320	DRUG SCREEN - ALCOHOL (Replaces 80101)	73.00
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2	40.00
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 3-5	40.00
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	40.00
81001	URINALYSIS, AUTO W/SCOPE"	22.00
81002	URINALYSIS NONAUTO W/O SCOPE (P&G)	16.00
81003	URINALYSIS, AUTO, W/O SCOPE"	17.00
81025	URINE PREGNANCY TEST	19.00
81220	CYSTIC FIBROSIS GENE ANALYSIS (CFTR)	130.00
81240	Prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis	110.00
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each for Inflammatory Diseases, Cirrhosis , arthritis and inflammatory bowel response	42.00
82024	ACTH	50.00
82040	ALBUMIN	29.00

82043	MICROALBUMIN / CREAT RATION - RANDOM URINE	34.00
82055	ALCOHOL - BLOOD (ETHANOL)	40.00
82075	ALCOHOL- BREATH ETHANOL	50.00
82085	ALDOLASE	28.00
82088	ALDOSTERONE	45.00
82103	ALPHA-1-ANTITRYPSIN, TOTAL"	32.00
82104	ALPHA-1-ANTITRYPSIN, PHENOTYPE	45.00
82105	ALPHA-FETOPROTEIN, SERUM"	30.00
82131	AMINO ACIDS, SINGLE QUANT"	45.00
82140	AMMONIA	38.00
82150	AMYLASE	30.00
82157	ANDROSTENEDIONE	46.00
82164	ANGIOTENSIN I ENZYME TEST	31.00
82175	ARSENIC	60.00
82232	BETA-2 MICROGLOBULIN SERUM	41.00
82239	BILE ACIDS, TOTAL	37.00
82247	BILIRUBIN, TOTAL"	29.00
82270	FECAL OCCULT BLOOD	25.00
82248	BILIRUBIN, DIRECT"	29.00
82274	FECAL OCCULT BLOOD,IMMUNOASSAY	50.00
82306	VITAMIN D	40.00
82308	CALCITONIN, SERUM	40.00
82310	CALCIUM	29.00
82330	CALCIUM- ionized	30.00
82340	CALCIUM IN URINE	31.00
82374	CARBON DIOXIDE-BLOOD	36.00
82375	CARBON MONOXIDE-BLOOD	38.00
82378	CEA-CARCINOEMBRYONIC ANTIGEN	33.00
82380	CAROTENE, BETA	37.00
82384	THREE CATECHOLAMINES	54.00
82390	CERULOPLASMIN	32.00
82435	CHLORIDE-BLOOD	29.00
82436	CHLORIDE- URINE	29.00
82465	CHOLESTEROL-BLD/SERUM	29.00
82491	CHROMOTOGRAPHY, QUANT, SING"	125.00
82495	CHROMIUM	50.00
82542	LAMOTRIGINE (LAMICTAL) SERUM	58.00
82507	CITRATE - urine 24 hour	45.00
82523	COLLAGEN CROSSLINKS	125.00
82530	CORTISOL, FREE - URINE 24 HOUR	37.00
82533	CORTISOL- TOTAL	31.00
82550	CPK TOTAL	25.00
82552	CPK ISOENZYMES	34.00
82553	CPK, MB FRACTION"	114.00
82565	CREATININE	25.00
82570	CREATININE- URINE 24 HOUR/RANDOM	30.00
82575	CREATININE CLEARANCE TEST	31.00
82595	CRYOGLOBULIN- semiquant, REFLEX	29.00
82607	VITAMIN B-12	30.00
82627	DEHYDROEPIANDROSTERONE- DHEAS	37.00
82652	CALCITRIOL	38.00
82668	ERYTHROPOIETIN	32.00
82670	ESTRADIOL	47.00
82672	ESTROGEN	45.00

82677	ESTRIOL	41.00
82679	ESTRONE, SERUM	44.00
82705	FATS/LIPIDS, FECES, QUAL"	34.00
82710	FECAL FATS, QUANTITATIVE	41.00
82728	FERRITIN	26.00
82731	FETAL FIBRONECTIN	192.00
82746	FOLIC ACID SERUM	30.00
82784	GAMMAGLOBULIN IgA, IgD, IgG, IgM, each	30.00
82785	GAMMAGLOBULIN IgE	32.00
82941	GASTRIN, SERUM	35.00
82947	GLUCOSE, BLOOD QUANT"	18.00
82950	O'SULLIVAN GLUCOSE TEST	28.00
82951	GLUCOSE TOLERANCE TEST (GTT) 2HR	54.00
82952	GLUCOSE TOLERANCE TEST -ADDITIONAL specimen	11.00
82952	GTT-ADDED SAMPLES	11.00
82955	G6PD ENZYME- QUANT	35.00
82977	GGT	29.00
82985	GLYCATED PROTEIN	44.00
83001	FSH- GONADOTROPIN (FSH)	32.00
83002	LH - GONADOTROPIN (LH)	35.00
83010	HAPTOGLOBIN, QUANT"	34.00
83018	HEAVY METAL LEVEL	95.00
83020	SICKLE CELL TO STATE LAB	0.00
83021	HEMOGLOBIN CHROMOTOGRAPHY	86.00
83036	A1C Hgb - GLYCOSYLATED HEMOGLOBIN TEST	29.00
83090	HOMOCYSTINE	57.00
83497	HIAA Hydroxyindolacetic acid, 5 Qualitative	\$10/un
83498	HYDROXY-PROGESTERONE, 17-d alpha	45.00
83516	IMMUNOASSAY NONANTIBODY	100.00
83520	IMMUNOASSAY RIA	100.00
83525	INSULIN	30.00
83527	INSULIN-FREE	33.00
83540	IRON	25.00
83550	IRON BINDING TEST	10.00
83615	LACTATE (LD) (LDH) ENZYME	29.00
83655	LEAD (adult)	29.00
83690	LIPASE	30.00
83695	LIPOPROTEIN(A)	36.00
83701	ELECTROPHORETIC SEP & QUANT WITH HR REFRACTION	45.00
83704	LIPOPROTEIN PARTICLES-QUANTITATION	75.00
83718	HDL- DIRECT LIPOPROTEIN	25.00
83721	LDL DIRECT - LIPOPROTEIN	29.00
83735	MAGNESIUM	25.00
83825	MERCURY	54.00
83835	METANEPHRINES- TOTAL - 24 HOUR URINE	49.00
83874	MYOGLOBIN- URINE OR SERUM QUANT	39.00
83880	BNP- T-TYPE NATRIURETIC PEPTIDE	68.00
83883	NEPHELOMETRY NOT SPEC	40.00
83891	MOLECULE ISOLATE NUCLEIC	35.00
83894	MOLECULE GEL ELECTROPHOR	26.00
83898	MOLECULE NUCLEIC AMPLI, EACH"	26.00
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	30.00
83901	MOLECULE NUCLEIC AMPLI ADDON	26.00
83909	SEPARATION+ID BY HIGH RESOLUTION	15.00

83912	GENETIC EXAMINATION	26.00
83914	MUTATION ID OLA/SBCE/ASPE	26.00
83921	ORGANIC ACID, SINGLE, QUANT"	125.00
83930	OSMOLALITY- BLOOD	31.00
83935	OSMOLALITY- URINE	31.00
83945	OXALATE -24 HR URINE	36.00
83970	PTH- PARATHYROID HORMONE-INTACT	31.00
83986	BODY FLUID ACIDITY Nitrazine paper	9.00
84066	PROSTATE ACID PHOSPHATASE	32.00
84075	ALKALINE PHOSPHATASE	29.00
84100	PHOSPHORUS- INORGANIC -SERUM	24.00
84105	PHOSPHORUS- INORGANIC - URINE	29.00
84132	POTASSIUM- SERUM	29.00
84133	POTASSIUM- URINE	31.00
84134	PREALBUMIN	33.00
84144	PROGESTERONE	35.00
84146	PROLACTIN	33.00
84153	PSA, TOTAL	30.00
84154	PSA, FREE	33.00
84155	PROTEIN - TOTAL/REFLECT SERUM	24.00
84156	PROTEIN, URINE RANDOM or 24 hour	29.00
84165	PROTEIN ELEC-PHORESIS, SERUM QUANT	30.00
84166	PROTEIN ELEC-PHORESIS/URINE/CSF	34.00
84207	VIT B6 - PLASMA	49.00
84244	RENIN	40.00
84295	SODIUM- SERUM	29.00
84300	SODIUM- URINE 24 HOUR	29.00
84305	SOMATOMEDIN	40.00
84402	TESTOSTERONE- FREE	52.00
84403	TESTOSTERONE- TOTAL	32.00
84425	VITAMIN B-1 THIAMINE	42.00
84436	T4- TOTAL THYROXINE	23.00
84439	T4- FREE THYROXINE	27.00
84443	TSH- THYROID STIM HORMONE	24.00
84445	TSI-THYROID STIMULATING IMMUNG	77.00
84446	VIT E - SERUM	37.00
84450	AST (SGOT) TRANSFERASE	29.00
84460	ALT (SGPT) ALANINE AMINO	29.00
84466	TRANSFERRIN	33.00
84478	TRIGLYCERIDES	29.00
84479	T3 or T4 UPTAKE or THBR	28.00
84480	T3- TRIIODOTHYRONINE (T3)	32.00
84481	T3-FREE ASSAY (FT-3)	34.00
84482	T3- REVERSE	49.00
84484	TROPONIN, QUANT"	110.00
84520	BUN -UREA NITROGEN	29.00
84540	UREA NITROGEN -24 HR URINE	32.00
84550	URIC ACID- BLOOD	25.00
84560	URIC ACID- URINE	29.00
84585	VMA- URINE 24 HOUR	37.00
84590	VITAMIN A	40.00
84591	Vitamin B7 - Biotin	125.00
84597	VIT K - 1	200.00
84630	ZINC	30.00

84681	C-PEPTIDE	32.00
84702	HCG- QUANT SERUM	34.00
84703	HCG-QUAL SERUM	32.00
85002	BLEEDING TIME TEST	40.00
85004	WBC DIFFERENTIAL -AUTOMATED	27.00
85007	WBC DIFFERENTIAL- MANUAL bld smear	16.00
85014	HEMATOCRIT	18.00
85018	HEMOGLOBIN	18.00
85025	CBC W/AUTO DIFF WBC	26.00
85027	CBC COMPLETE (COMPONENT OF 80050)	24.00
85041	RBC COUNT AUTOMATED	31.00
85045	RETICULOCYTE COUNT AUTOMATED	29.00
85048	WBC-COUNT - BLOOD (LEUKOCYTE) AUTOMATED	29.00
85049	PLATELET COUNT AUTOMATED	29.00
85060	BLOOD SMEAR INTERPRETATION	30.00
85220	FACTOR V ACTIVITY	95.00
85240	FACTOR VIII ACTIVITY	95.00
85250	FACTOR IX ACTIVITY	95.00
85300	ANTITHROMBIN III TEST	51.00
85301	ANTITHROMBIN III ANTIGEN TEST	43.00
85302	PROTEIN C ANTIGEN	63.00
85303	PROTEIN C ACTIVITY	54.00
85305	PROTEIN S, TOTAL	61.00
85306	PROTEIN S FREE	61.00
85307	ACTIVATED PROTEIN C (ACP) RESISTANCE	55.00
85379	FIBRIN DEGRADATION, QUANT"	45.00
85384	FIBRINOGEN	30.00
85610	PT / INR PROTHROMBIN TIME	28.00
85613	RUSSELL VIPER VENOM, DILUTED"	54.00
85651	SED RATE, NONAUTOMATED"	29.00
85652	SEDRATE (ESR) AUTOMATED	29.00
85660	SICKLE CELL TEST-RBC REDUCTION-reflex fraction.	100.00
85670	THROMBIN TIME PLASMA	44.00
85705	THROMBOPLASTIN INHIBITION	75.00
85730	PTT- THROMBOPLASTIN TIME, PARTIAL"	28.00
85732	THROMBOPLASTIN TIME, SUBSTITUTION EA	75.00
86003	ALLERGEN SPECIFIC IgE QUANTITATIVE OR SEMIQUANTITATIVE (24 units)	126.00
86005	ALLERGEN SPECIFIC IgE; MULTIALLERGEN SCREEN	24.00
86038	ANA- ANTINUCLEAR ANTIBODIES-DIRECT	30.00
86060	ANTISTREPTOLYSIN O, TITER"	29.00
86140	C-REACTIVE PROTEIN	30.00
86146	BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142	32.00
86141	C-REACTIVE PROTEIN, HS - CARDIAC	31.00
86147	CARDIOLIPIN ANTIBOD, each class	37.00
86160	COMPLEMENT, ANTIGEN"	33.00
86162	COMPLEMENT, TOTAL (CH50)"	31.00
86200	CCP-CYCLIC CITRUL...PEPTIDE AB	45.00
86215	DNASE (DEOXYRIBONUCLEASE) ANTIBODY	42.00
86225	DNA ANTIBODY- NATIVE OR DOUBLE STRAND	32.00
86226	DNA ANTIBODY, SINGLE STRAND"	45.00
86235	NUCLEAR ANTIGEN ANTIBODY-EXTRACTABLE	34.00
86255	FLUORESCENT ANTIBODY, SCREEN"	35.00
86256	FLUORESCENT ANTIBODY, TITER"	35.00
86300	CA IMMUNOASSAY TUMOR,	38.00

86300	CA 27.29 -IMMUNOASSAY TUMOR,	36.00
86301	CA 19-9- MMUNOASSAY TUMOR,	35.00
86304	CA 125- MUNOASSAY TUMOR,	33.00
86308	MONO- HETEROPHILE ANTIBODIES-QUALITATIVE	33.00
86334	IMMUNOFIX E-PHORESIS, SERUM"	27.00
86335	IMMUNFIX E-PHORSIS/URINE/CSF	51.00
86336	INHIBIN A	20.00
86340	INTRINSIC FACTOR ANTIBODY	36.00
86359	T CELLS; TOTAL COUNT	35.00
86360	CD4 / CD8, ABSOLUTE COUNT/RATIO"	73.00
86376	MICROSOMAL ANTIBODY	31.00
86382	RABIES TITER - NEUTRALIZATION TEST, VIRAL	70.00
86431	RA -RHEUMATOID FACTOR, QUANT"	30.00
86480	TB- INTERFERON GOLD TEST	69.00
86580	TB INTRADERMAL TEST	21.00
86592	RPR- BLOOD SEROLOGY, QUALITATIVE"	28.00
86593	RPR-TITER BLOOD SEROLOGY, QUANT	30.00
86611	BARTONELLA ANTIBODY CAT SCRATCH	50.00
86617	LYME DISEASE ANTIBODY-CONFIRMATORY WB	58.00
86618	LYME DISEASE IGM ANTIBODY	45.00
86632	CHLAMYDIA IGM ANTIBODY	40.00
86644	CMV ANTIBODY- IGG	31.00
86645	CMV ANTIBODY, IGM"	33.00
86663	EPSTEIN-BARR ANTIBODY-EA EARLY ANTIGEN	30.00
86664	EPSTEIN-BARR ANTIBODY-EBNA NUCLEAR AG	30.00
86665	EPSTEIN-BARR ANTIBODY-VIRAL CAPSID(VCA)	30.00
86677	HELICOBACTER PYLORI - IGG QUANT	39.00
86689	HTLV/HIV WB CONFIRMATORY	70.00
86694	HERPES SIMPLEX TEST- TYPE 1 & 2 IGM	39.00
86695	HERPES SIMPLEX TYPE 1 IGG	41.00
86696	HERPES SIMPLEX TYPE 2	44.00
86701	HIV-1	33.00
86703	HIV-1/HIV-2, SCREENING	32.00
86704	HEP B CORE ANTIBODY, TOTAL"	32.00
86705	HEP B CORE ANTIBODY, IGM"	31.00
86706	HEP B SURFACE ANTIBODY- QUALITAtive	29.00
86707	HEP BE ANTIBODY	33.00
86708	HEP A ANTIBODY, TOTAL"	31.00
86709	HEP A ANTIBODY, IGM"	31.00
86735	MUMPS TITER - IGG ANTIBODY	32.00
86747	PARVOVIRUS ANTIBODY-B19 IGG-IGM	66.00
86757	RICKETTSIA AB-ROCKY MTN SPOTTED FEVER	48.00
86762	RUBELLA ANTIBODY TITER IGG	30.00
86765	RUBEOLA ANTIBODY TITER IGG	33.00
86777	TOXOPLASMA GONDII IGG ANTIBODY	34.00
86780	TP-PA SYPHILIS CONFIRM TEST	67.00
86787	VARICELLA-ZOSTER ANTIBODY TITER	34.00
86790	VIRUS ANTIBODY NOS	144.00
86800	THYROGLOBULIN ANTIBODY	34.00
86803	HEPATITIS C AB TEST	31.00
86803	Test Code 550362 - HEP C Reflex	135.00
86804	HEP C AB TEST, CONFIRM"	155.00
86850	ANTIBODY SCREEN- RBC	30.00
86870	ANTIBODY IDENTIFICATION- RBC	42.00

86880	COOMBS TEST, DIRECT"	36.00
86900	BLOOD TYPING, ABO"	30.00
86901	BLOOD TYPING, RH (D)"	38.00
87045	STOOL (FECES) CULTURE to State Lab	0.00
87070	CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	25.00
87071	CULTURE, BACTERIA, OTHER	25.00
87075	CULTURE ANAEROBIC BACTERIA, EXCEPT BLOOD"	88.00
87077	CULTURE AEROBIC ORGANISM IDENTIFICATION	25.00
87081	CULTURE SCREEN ONLY	60.00
87086	URINE CULTURE/COLONY COUNT	26.00
87088	URINE BACTERIA CULTURE	22.00
87149	CULTURE IDENTIFICATION BY NEUCLEIC ACID	25.00
87168	MACROSCOPIC EXAM ARTHROPOD (nits-lice)	17.00
87172	PINWORM EXAM	15.00
87177	OVA AND PARASITES SMEARS-concentration	30.00
87186	SUSCEPTIBLE - MICROBE , MIC"	39.00
87205	GRAM STAIN- SMEAR,	18.00
87207	SMEAR, SPECIAL STAIN"	119.00
87209	SMEAR, COMPLEX STAIN- richrome, iron etc	30.00
87210	WET MOUNT, SALINE/INK"	15.00
87230	C.DIFFICILE B TOXIN - (QUAL)	40.00
87324	CLOSTRIDIUM difficile toxin A and B, EIA	40.00
87338	HELICOBACTER PYLORI, STOOL ANITGEN, EIA	63.00
87340	HEPATITIS B SURFACE AG, EIA"	29.00
87350	HEPATITIS BE AG, EIA"	32.00
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	26.00
87390	HIV-1 AG, EIA - STATE LAB	0.00
87425	ROTAVIRUS AG, EIA"	38.00
87490	CHLAMYDIA TRACH BY DNA PROBE	33.00
87491	CHLAMYDIA TRACH, DNA, TO State Lab	0.00
87491	CHLAMYDIA TRACH, DNA, LabCorp swab or ua	30.00
87496	CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE	144.00
87517	HEPATITIS B, DNA, QUANT - PCR	262.00
87521	HEPATITIS C, RNA, AMP PROBE - QUAL	115.00
87522	HEPATITIS C, RNA, QUANTISURE (IU)	115.00
87590	N.GONORRHOEAE, DNA, DIR PROB"	33.00
87591	N.GONORRHOEAE, DNA, AMP PROB	30.00
87623	HPV, DNA, AMP PROBE" (Replaces 87621)	40.00
87624	PAP/HPV HIGH-RISK Test dependant	\$33,\$80,\$54
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	100.00
87798	ZIKA	670.00
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	320.00
87804	RAPID FLU (59 MODIFIER FOR BOTH A AND B ENTER CODE TWICE)	30.00
87807	RSV	45
87880	STREP A ASSAY W/OPTIC	48.00
87902	HEPATITIS C GENOTYPE, DNA, "	228.00
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL	20.00
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL THIN PREP	37.00

88175	90	PAP COLLECTION FEE	20.00
88305		Level IV Pathology Read	\$30/un
88342		Immunohistochemistry perspecimen, initial single antibody stain	\$110/un
Q0091		PAP COLLECTION FEE - Medicare	20.00
89055		WBC - STOOL	33.00
89321		SEMEN ANAL, SPERM DETECTION"-AMC	30.00
99000		HANDLING FEE	25.00
99070		MATERIALS AND SUPPLIES-each container	7.50
G0328		HEMOCCULTS X 3 (MEDICARE)	18.00
Q0114		FERN TEST	20.00
99000		Handling Fee/ COC DRUG COLLECTION FEE	25.00
99000		Handling Fee / COC PATERNITY COLLECTION	25.00
		ENVIRONMENTAL HEALTH	
		On-Site Waste Water (OSWW)	
		Improvement Permit (IP Only) 240-360 Gallons per day/2-3 Bedrooms	500.00
		Authorization to Construct (AC Only) 240-360 Gallons per day/2-3 Bedrooms	500.00
		Application fees for permitting a Pit Privy, Vault Privy, Incinerating Toilet or a Composting Toilet	250.00
		IP/AC 240-360 Gallons per day/2-3 Bedrooms	500.00
		Improvement Permit (IP Only) 480-600 Gallons/4-5 Bedrooms	1,000.00
		Authorization to Construct (AC Only) 480-600 Gallons per day/4-5 Bedrooms	1,000.00
		IP/AC 480-600 Gallons per day/4-5 Bedrooms	1,000.00
		Commercial Improvement Permit (IP) - also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal
		Commercial Authorization to Construct (AC) also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal
		Commercial IP/AC - also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal
		RV Permit Only 0-120 Gallons per day	250.00
		Addition to System (Per Bedroom) -0-120 Gallons per day - IP/AC/RV	250.00
		Relocate Tank	225.00
		Consultative Visit	125.00
		Mobile Home Reconnect Site Visit	125.00
		Additions to Structure	125.00
		Return Visit Fee	125.00
		Residential Repair Permit	0.00
		Commercial Repair Permit	.42 per gal
		***Engineer Option Permit (EOP) fee is 30% of standard fee	30% standard fee
		Private Drinking Water Wells (PDWW)	
		Private Drinking Water Well (PDWW) Permit	375.00
		Consultative Visit	125.00
		Return Site Visit	125.00
		Abandonment of a Well (no charge if done in conjunction with a PDWW Permit)	0.00
		Renewal of Permit before Expiration (no changes in permit)	175.00
		Well Repair	0.00
		Water Test Fees/Sampling All fees include a \$5 charge for handling and processing of specimens (data entry, packaging, tracking, courier costs and explanation/interpretation of test results).	
		Full Panel Inorganic Chemistry and Microbiology	
		New Private Water Well	79.00

	Existing Private Water Well	79.00
	Microbiology	
	Inorganic Chemistry and Microbiology	20.00
	New Private Water Well	30.00
	Existing Private Water Well	31.00
	Inorganic Chemistry and Microbiology	50.00
	New Private Water Well	34.00
	Existing Private Water Well	35.00
	Inorganic Chemistry and Microbiology	45.00
	New Private Water Well	34.00
	Existing Private Water Well	30.00
	Inorganic Chemistry	
	Inorganic Panel - <i>(Metals, Anions, Nitrate/ Nitrite)</i>	73.00
	Inorganic Panel - <i>(Metals, Anions)</i>	68.00
	Inorganic Panel – <i>(Coal Ash Testing)</i>	73.00
	Hexavalent Chromium	57.00
	Metals Panel	64.00
	Individual Metals - <i>(1-3 maximum from above + Uranium)</i>	50.00
	Lead follow-up testing (up to 3 samples from same location)	70.00
	Anions – <i>(Fluoride, Chloride, Sulfate)</i>	34.00
	Disinfection By-Products – <i>(Bromide, Bromate, Chlorite, Chlorate)</i>	34.00
	Fluoride – <i>Physician, Dentist request</i>	34.00
	Nitrate/Nitrite	31.00
	Arsenic speciation	34.00
	Organic Chemistry	
	Pesticides	
	Chlorinated Pesticides	79.00
	Nitrogen-Phosphorus Pesticides	79.00
	EDB, DBCP and TCP	79.00
	Herbicides	
	Glyphosate	79.00
	Chlorinated Acid Herbicides	79.00
	Carbamates	79.00
	Synthetic Organic Chemicals (SOC) Scan	79.00
	Petroleum products	79.00
	Volatile Organic Chemicals (Sample collection must be performed by a Registered EH Specialist.	129.00
	FOOD AND LODGING	
	Food Service Establishment Plan Review - New/<24 seats	200.00
	Food Service Establishment Plan Review - Existing/<24 seats	150.00
	Food Service Establishment Plan Review - New/>25 seats	200.00
	Food Service Establishment Plan Review - Existing/>25seats	200.00
	Food Stand Plan Review	100.00
	Temporary Food Establishment Permit	75.00 per event
	Tattoo Parlor Plan Review - New	200.00
	Tattoo Parlor Plan Review - Existing	150.00
	Tattoo Parlor Plan Review - Owner/Operator (annually)	700.00
	Tattoo Parlor Permit - Each Additional Artist (annually)	500.00
	Pool Plan Review	200.00
	Pool Application Fee (annually)	100.00
	Additional Pool or Spa	50.00
	ANIMAL SERVICES	
	Microchipping for general public	15.00

	Adoption - Cat	65.00
	Adoption - Dog	65.00
	Adoption - Special (Animals spayed or neutered prior to entering shelter)	45.00
	Adoption Fee for Veterans (Dog or Cat)	35.00
	Reclaim Fee	25.00
	Citation - Option 1 (at officer's discretion)	25.00
	Citation - Option 2 (at officer's discretion)	50.00
	Pet Carrier	5.00
	Quarantine Fee (per day)	10.00
	Sponsor Fee	65.00
	Adoption - Special Event (Festival, Fair, Holiday approved event) - Cat	20.00
	Adoption - Special Event (Festival, Fair, Holiday approved event) - Dog	30.00
	Adoption - Overpopulation - Cat	10.00
	Adoption - Overpopulation - Dog	20.00
	Adoption - Sponsored Event - fee set by sponsor	Fee set by sponsor
	Boarding Fee (per day after notification)	10.00
	Leash	1.00/un

CPT Code	Discription of Service / Vaccine	Current Fee	Cost Per Dose	Proposed New Fee
90675	Rabies Vaccine - Exposure	\$ 346.00	\$ 346.78	\$ 352.00
90676	Rabies Vaccine - Preventive	\$ 331.00	\$ 346.78	\$ 352.00
90691	Typhoid Vi	\$ 106.00	\$ 110.61	\$ 116.00
90696	Kinrix - (DTaP-IPV)	\$ 55.00	\$ 53.67	\$ 59.00
90713	IPV	\$ 36.00	\$ 35.08	\$ 40.00
90715	Tdap	\$ 41.00	\$ 37.79	\$ 43.00
90716	Varicella Vaccine	\$ 136.00	\$ 142.47	\$ 147.00
90723	Pediarix - (DTaP- HepB-IPV)	\$ 75.00	\$ 74.19	\$ 79.00
90734	Menactra	\$ 125.00	\$ 134.32	\$ 139.00
90750	Shingrix	\$ 165.00	\$ 161.85	\$ 167.00

STATE OF NORTH CAROLINA
COUNTY OF MACON

AGREEMENT TO PROVIDE RECREATION OPPORTUNITIES

THIS AGREEMENT made and entered into this the ____ day of _____, 2021, by and between Macon County (hereinafter "County"), a North Carolina Body Politic and Corporate, and Scaly Mountain Historical Society, Inc., (hereinafter "Historical Society"), a North Carolina non- profit corporation.

WITNESSETH:

THAT WHEREAS the State of North Carolina by way of N.C. Gen. Stat. § 160A-351 has established the following as policy for the State of North Carolina concerning recreation:

"The lack of adequate recreational programs and facilities is a menace to the morals, happiness, and welfare of the people of this State. Making available recreational opportunities for citizens of all ages is a subject of general interest and concern, and a function requiring appropriate action by both State and local government. The General Assembly therefore declares that the public good and the general welfare of the citizens of this State require adequate recreation programs, the creation, establishment, and operation of parks and recreation programs is a proper governmental function, and that it is the policy of North Carolina to forever encourage, foster, and provide these facilities and programs for all of its citizens."; and

WHEREAS, N.C. Gen. Stat. § 160A-352 provides that "Recreation" means activities that are diversionary in character and aid in promoting entertainment, pleasure, relaxation, instruction, and other physical, mental and cultural development and leisure time experiences; and

WHEREAS, pursuant to N.C. Gen. Stat. § 153A-444, the County is authorized to establish parks and provide recreational programs; and

WHEREAS, pursuant to N.C. Gen. Stat. § 153A-449, the County is authorized to contract with and appropriate money to any person, association, or corporation, in order to carry out any public purpose that the County is authorized by law to engage in; and

WHEREAS, there is a need for recreation opportunities in the Scaly Mountain area of Macon County, North Carolina; and

WHEREAS, Scaly Mountain Historical Society, Inc., (Historical Society), does own a building known as the Old Scaly School House, located at 41 Buck Knob Road, Scaly Mountain, North Carolina 28775 (hereinafter referred to as the Old Scaly School House) and does agree with County as provided for hereinafter for such facility to be used in part for public "recreation" as that term is defined by N.C. Gen. Stat. § 160A-352 and provide recreational opportunities to

the general public at such location, and County does agree with Historical Society as provided for hereinafter to appropriate and provide funds to Historical Society in accordance with the provisions of N.C. Gen. Stat. § 153A-449 to carry out the public purpose of providing recreation opportunities to the general public at the Old Scaly School House.

NOW THEREFORE, IN CONSIDERATION OF THE COVENANTS CONTAINED HEREINAFTER, THE PARTIES DO HEREBY AGREE AS FOLLOWS:

1. That Historical Society shall make the Old Scaly School House, located at 41 Buck Knob Road, Scaly Mountain, North Carolina 28775, open and available to members of the general public during reasonable days and hours for recreation as that term is defined by N.C. Gen. Stat. § 160A-352 for the period between July 1, 2021, and the end of June 30, 2022, and it shall provide recreational opportunities to the general public at such location.
2. The Historical Society shall perform its obligations hereunder in a nondiscriminatory fashion appropriate for public activity and there shall be no discrimination by it on the basis of race, sex or religion in its performance of such obligation.
3. County shall pay Historical Society upon the execution of this Agreement the sum of \$2,500.00 for making the Old Scaly School House open and available to members of the general public during reasonable days and hours for recreation as that term is defined by N.C. Gen. Stat. § 160A-352 for the period between July 1, 2021, and the end of June 30, 2022, and for providing recreational opportunities to the general public.
4. Historical Society shall account to County for its expenditures and uses of the monies provided by County to Historical Society in accordance with paragraph number three above and Historical Society shall use such monies only for the public purpose of making the Old Scaly School House open and available to members of the general public during reasonable days and hours for recreation as that term is defined by N.C. Gen. Stat. § 160A-352 for the period between July 1, 2021, and the end of June 30, 2022, and for providing recreational opportunities to the general public.
5. Historical Society shall at all times properly maintain the Old Scaly School House in a condition for use as a safe place of public recreation.
6. This Agreement shall not be construed to be a lease.
7. Historical Society is an independent contractor.
8. Historical society shall maintain throughout the term of this Agreement property damage insurance and liability insurance in amounts as will protect it against any and all damages, liability, loss and claims to the Historical Society, Old Scaly School House, appurtenances and approaches thereto, in any manner caused directly or indirectly by, arising from, incident to, or in connection with its use or occupancy of the Old Scaly School House and its performance of its duties under this Agreement.

9. County may periodically inspect and monitor Historical Society's performance of its obligations hereunder.
10. The laws of the State of North Carolina shall control and govern this Agreement. Any controversy or claim arising out of this Agreement shall be settled by action instituted in the appropriate Division of the General Court of Justice in Macon County, North Carolina.
11. This Agreement may be modified only by written agreement executed by the parties hereto.
12. E-VERIFY. Each Party hereto shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if any party hereto utilizes a subcontractor, such party shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes.

IN WITNESS WHEREOF, the parties have made and executed this Agreement the day and year first above written.

Scaly Mountain Historical Society, Inc.

Macon County

By: _____
President

By: _____
County Manager

ATTEST: _____
Secretary

PRE-AUDIT CERTIFICATE

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

This the ____ day of _____, 2021

Macon County Finance Officer

NORTH CAROLINA
MACON COUNTY

SERVICE CONTRACT

THIS CONTRACT is made, and entered into this the _____ day of July, 2021, by and between the COUNTY of MACON, a political subdivision of the State of North Carolina, (hereinafter referred to as "County"), and THE FRANKLIN AREA CHAMBER OF COMMERCE, INC., a not for profit corporation duly authorized to do business in the State of North Carolina (herein after referred to as "Chamber").

1. SCOPE OF SERVICES. Chamber hereby agrees to provide the Travel and Tourism Development services under this Contract within the Franklin Travel and Tourism District pursuant to the provisions and specifications identified in "Attachment 1" (hereinafter collectively referred to as "Services"). Attachment 1 is hereby incorporated herein and made part hereof.

Further, Chamber agrees to provide Travel and Tourism Development services under this Contract within the Nantahala Travel and Tourism District pursuant to the provisions and specifications identified in "Attachment 2" (hereinafter collectively referred to as "Services"). Attachment 2 is hereby incorporated herein and made a part hereof

2. TERM OF CONTRACT. The Term of this Contract for services is from July 1, 2021, through June 30, 2022. This contract may be renewed annually upon written agreement by the County and Chamber.
3. PAYMENT TO CHAMBER. Except as otherwise provided for in this Paragraph #3, Chamber shall receive from County a monthly amount not to exceed the amount of the occupancy tax under S.L. 1985-969 collected by the County from hotels, motels, inns, and similar places known by County to be within The Franklin Travel and Tourism District which consists of the Franklin, Millshoal, Ellijay, Smithbridge, Cartoogechaye, Cowee and Burningtown Townships of Macon County, North Carolina, during the preceding month, less administrative expenses of Macon County, as compensation for the provision of Services within The Franklin Travel and Tourism District. However, notwithstanding the foregoing, all occupancy taxes heretofore and hereafter collected by Airbnb and other companies which operate in a similar fashion to Airbnb and which are remitted to Macon County with inadequate information to identify the owner of the property temporarily rented and the Township or address of the property temporarily rented for which such occupancy taxes were collected shall be used to promote travel and tourism within the following Travel and Tourism Districts in the following percentages, less any administrative fee due the County pursuant to applicable law:

- A. The Highlands Travel and Tourism District: 71.04%;
- B. The Nantahala Travel and Tourism District: 6.22%; and
- C. The Franklin Travel and Tourism District: 22.74%.

The Chamber shall receive the percentage of such occupancy taxes set forth hereinabove for The Franklin Travel and Tourism District and the same shall be additional compensation for the provision of Services within The Franklin Travel and Tourism District. County agrees to pay Chamber at the rates specified for Services, performed to the satisfaction of the County, in accordance with this Contract, and Attachment 1.

The Occupancy Taxes received by Chamber from County for use in the Franklin Travel and Tourism District shall be used to promote travel and tourism within the Franklin Travel and Tourism District only.

Further, Chamber shall receive from County a monthly amount not to exceed the amount of the occupancy tax under S.L. 1985-969 collected by the County from hotels, motels, inns, and similar places known by the County to be within The Nantahala Travel and Tourism District which consists of the Nantahala Township of Macon County, North Carolina, during the preceding month, less administrative expenses of Macon County, as compensation for the provision of Services within The Nantahala Travel and Tourism District. However, notwithstanding the foregoing, all occupancy taxes heretofore and hereafter collected by Airbnb and other companies which operate in a similar fashion to Airbnb and which are remitted to Macon County with inadequate information to identify the owner of the property temporarily rented and the Township or address of the property temporarily rented for which such occupancy taxes were collected shall be used to promote travel and tourism within the following Travel and Tourism Districts in the following percentages, less any administrative fee due the County pursuant to applicable law:

- A. The Highlands Travel and Tourism District: 71.04%;
- B. The Nantahala Travel and Tourism District: 6.22%; and
- C. The Franklin Travel and Tourism District: 22.74%.

The Chamber shall receive the percentage of such occupancy taxes set forth hereinabove for The Nantahala Travel and Tourism District and the same shall be additional compensation for the provision of Services within The Nantahala Travel and Tourism District. County agrees to pay Chamber at the rates specified for Services, performed to the satisfaction of the County, in accordance with this Contract, and Attachment 2.

NOTWITHSTANDING THE FOREGOING, all such compensation for the provision of

Services within The Nantahala Travel and Tourism District by Chamber hereunder shall be held in an account by County and upon the submission of invoices to County by Chamber for the provision of services, overhead, materials and/or equipment for the promotion of travel and tourism in the Nantahala Travel and Tourism District in accordance with this Service Contract, County shall review the same, code them and pay the same from such account to the extent such account contains sufficient funds to pay the same. County shall provide Chamber a monthly statement of the occupancy taxes collected by the County for use within The Nantahala Travel and Tourism District for the preceding month in order to let Chamber know that amount, less the administrative expenses withheld by County.

The Occupancy Taxes received by Chamber from County for use in the Nantahala Travel and Tourism District shall be used to promote travel and tourism with the Nantahala Travel and Tourism District only.

4. **INDEPENDENT CONTRACTOR.** County and Chamber agree that Chamber is an independent contractor and shall not represent itself as an agent or employee of County for any purpose in the performance of Chamber's duties under this Contract. Accordingly, Chamber shall be responsible for payment of all federal, state and local taxes as well as applicable business license fees arising out of Chamber's activities in accordance with this Contract. For purposes of this Contract, taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes. Chamber, as an independent contractor, shall perform the Services required hereunder in a professional manner and in accordance with the standards of applicable professional organizations.
5. **INSURANCE AND INDEMNITY.** To the fullest extent permitted by laws and regulations, Chamber shall indemnify and hold harmless the County and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from Chamber's performance of this Contract or the actions of the Chamber or its officials, or employees under this Contract or under contracts entered into by the Chamber in connection with this Contract. This indemnification shall survive the termination of this Contract. In addition, Chamber shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act.
6. **HEALTH AND SAFETY.** Chamber shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.
7. **NON-DISCRIMINATION IN EMPLOYMENT.** Chamber shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin,

or disability. In the event Chamber is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by County, and Chamber may be declared ineligible for further County contracts.

8. **GOVERNING LAW.** This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Macon and the State of North Carolina.
9. **TERMINATION OF AGREEMENT.** This Contract may be terminated, without cause, by either party upon ninety (90) days written notice to the other party. This termination period shall begin upon receipt of the notice of termination. This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party in writing of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties shall be entitled to such additional rights and remedies as may be allowed by relevant law.

Termination of this Contract, either with or without cause, shall not form the basis of any claim for loss of anticipated profits by either party.

10. **RECORD KEEPING.** The Chamber shall furnish to the County a copy of the Chamber's payroll for any employees funded by County monies on at least a quarterly basis showing the wages paid to such employees who perform work pursuant to this Contract. Chamber employees' social security numbers shall be confidential in accordance with applicable law(s). The hourly rate shall be made available to the County Manager.

Funds provided under his Contract shall not be used to pay for employees for work which is connected with general Chamber activities conducted outside of the scope of this Contract. Funds provided under this Contract shall not be used to pay for promotional materials or activities which are connected with general Chamber activities conducted outside the scope of this Contract.

11. **SUCCESSORS AND ASSIGNS.** Chamber shall not assign its interest in this Contract without the written consent of County. Chamber has no authority to enter into contract on behalf of County.
12. **COMPLIANCE WITH LAWS.** Chamber represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract shall be carried out in strict compliance with all Federal, State, or local laws.

13. NOTICES. All notices which may be required by this Contract or any rule of law shall be effective when received by certified mail sent to the following addresses:
- | | |
|----------------------|------------------------------|
| COUNTY OF MACON | THE FRANKLIN AREA CHAMBER OF |
| ATTN: County Manager | COMMERCE, INC. |
| 5 West Main St. | ATTN: Linda Harbuck |
| Franklin, NC 28734 | 98 Hyatt Road |
| | Franklin, NC 28734 |
14. AUDIT RIGHTS. For all Services being provided hereunder, County shall have the right to inspect, examine, and make copies of all books, accounts, invoices, records and other writings relating to the performance of said Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, Chamber must make the materials to be audited available within one (1) week of the request for them.
- In addition, Chamber shall, at its own expense, cause an annual audit of its financial statements to be performed and provide County with a copy of the annual audit.
15. COUNTY NOT RESPONSIBLE FOR EXPENSES. County shall not be liable to Chamber for any expenses paid or incurred by Chamber, unless otherwise agreed in writing.
16. EQUIPMENT. Chamber shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.
17. REPORTS. Chamber shall make semi-annual reports of activities to the Franklin-Nantahala Area Tourism Development Commission.
18. Chamber hereby acknowledges receipt of a copy of, and expressly agrees to the terms and provisions of the Macon County Commissioners' Resolution Amending in Part the Resolution Creating the Franklin-Nantahala Area and The Highlands Area Tourism and Development Commissions, which was adopted on June 11, 2019.
19. ENTIRE AGREEMENT. This Contract and the attached documents labeled "Attachment 1" and "Attachment 2" shall constitute the entire understanding between County and Chamber and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.
20. HEADINGS. The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This Contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

IN TESTIMONY WHEREOF, the County of Macon has caused these presents to be signed in its name by its County Manager, and Chamber, acting under and by virtue of the authority in them vested, has hereunto set their hand and seal, the day and year first written above.

COUNTY OF MACON

By: _____
Derek Roland, County Manager

THE FRANKLIN AREA CHAMBER OF COMMERCE, INC.

By: _____
Authorized Representative

This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act.

Macon County Finance Officer

Attachment 1:

Scope of Services:

Provide Space and Staffing for a Visitor Information Center;

Provide maintenance and supplies for a Visitor Center, including parking, public restrooms and beautification of grounds;

Provide insurance and utilities for visitor center operations;

Provide staff for answering phones and responding to tourism requests;

Provide staff, materials and equipment for preparing and mailing tourism information packages;

Pay staff payroll expenses and insurance;

Maintain a website providing tourism information for Macon County;

Provide staff for bookkeeping and reporting;

Prepare and distribute advertising and promotional materials and press releases;

Maintain a database of local photos for use in advertising and promotion;

Maintain contacts and work cooperatively with local and regional organizations to promote tourism;

Develop and coordinate printing and production of brochures, guides, maps, etc.;

Produce and promote events to attract tourist to Macon County;

Provide telecommunications services and equipment; and

Provide office equipment and materials.

Attachment 2:

Scope of Services:

Provide insurance and utilities for operations;

Provide staff for answering phones and responding to tourism requests;

Provide staff, materials and equipment for preparing and mailing tourism information packages;

Pay staff payroll expenses and insurance;

Maintain a website providing tourism information for Macon County;

Provide staff for bookkeeping and reporting;

Prepare and distribute advertising and promotional materials and press releases;

Maintain a database of local photos for use in advertising and promotion;

Maintain contacts and work cooperatively with local and regional organizations to promote tourism;

Develop and coordinate printing and production of brochures, guides, maps, etc.;

Produce and promote events to attract tourist to Macon County;

Provide telecommunications services and equipment; and

Provide office equipment and materials.

THIS CONTRACT is made, and entered into this the _____ day of July, 2021, by and between the COUNTY of MACON, a political subdivision of the State of North Carolina, (hereinafter referred to as "County"), and HIGHLANDS AREA CHAMBER OF COMMERCE, INC., a not for profit corporation duly authorized to do business in the State of North Carolina (herein after referred to as "Chamber").

1. SCOPE OF SERVICES. Chamber hereby agrees to provide the Travel and Tourism Development services under this Contract within the Highlands Area Travel and Tourism District(s) pursuant to the provisions and specifications identified in "Attachment 1" (hereinafter collectively referred to as "Services"). Attachment 1 is hereby incorporated herein and made part hereof.
2. TERM OF CONTRACT. The Term of this Contract for services is from July 1, 2021, through June 30, 2022. This contract may be renewed annually upon written agreement by the County and Chamber.
3. PAYMENT TO CHAMBER. Except as otherwise provided for in this Paragraph #3, Chamber shall receive from County a monthly amount not to exceed the amount of the occupancy tax under S.L. 1985-969 collected by the County from hotels, motels, inns, and similar places known by County to be within The Highlands Travel and Tourism District which consists of the Flats, Sugarfork, and Highlands Townships of Macon County, North Carolina, during the preceding month, less administrative expenses of Macon County, as compensation for the provision of Services. However, notwithstanding the foregoing, all occupancy taxes heretofore and hereafter collected by Airbnb and other companies which operate in a similar fashion to Airbnb and which are remitted to Macon County with inadequate information to identify the owner of the property temporarily rented and the Township or address of the property temporarily rented for which such occupancy taxes were collected shall be used to promote travel and tourism within the following Travel and Tourism Districts in the following percentages, less any administrative fee due the County pursuant to applicable law:
 - A. The Highlands Travel and Tourism District: 71.04 %;
 - B. The Nantahala Travel and Tourism District: 6.22 %; and
 - C. The Franklin Travel and Tourism District: 22.74 %.

The Chamber shall receive only the percentage of such occupancy taxes set forth hereinabove for The Highlands Travel and Tourism District and the same shall be additional compensation for the provision of Services. County agrees to pay Chamber at the rates specified for Services, performed to the satisfaction of the County, in accordance with this Contract, and Attachment 1.

4. **INDEPENDENT CONTRACTOR.** County and Chamber agree that Chamber is an independent contractor and shall not represent itself as an agent or employee of County for any purpose in the performance of Chamber's duties under this Contract. Accordingly, Chamber shall be responsible for payment of all federal, state and local taxes as well as applicable business license fees arising out of Chamber's activities in accordance with this Contract. For purposes of this Contract, taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

Chamber, as an independent contractor, shall perform the Services required hereunder in a professional manner and in accordance with the standards of applicable professional organizations.

5. **INSURANCE AND INDEMNITY.** To the fullest extent permitted by laws and regulations, Chamber shall indemnify and hold harmless the County and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or arbitration) arising out of or resulting from Chamber's performance of this Contract or the actions of the Chamber or its officials, or employees under this Contract or under contracts entered into by the Chamber in connection with this Contract. This indemnification shall survive the termination of this Contract.

In addition, Chamber shall comply with the North Carolina Workers' Compensation Act and shall provide for the payment of workers' compensation to its employees in the manner and to the extent required by such Act.

6. **HEALTH AND SAFETY.** Chamber shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.
7. **NON-DISCRIMINATION IN EMPLOYMENT.** Chamber shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. In the event Chamber is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by County, and Chamber may be declared ineligible for further County contracts.

8. **GOVERNING LAW.** This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Macon and the State of North Carolina.
9. **TERMINATION OF AGREEMENT.** This Contract may be terminated, without cause, by either party upon ninety (90) days written notice to the other party. This termination period shall begin upon receipt of the notice of termination.

This Contract may be terminated, for cause, by the non-breaching party notifying the breaching party in writing of a substantial failure to perform in accordance with the provisions of this Contract and if the failure is not corrected within ten (10) days of the receipt of the notification. Upon such termination, the parties shall be entitled to such additional rights and remedies as may be allowed by relevant law.

Termination of this Contract, either with or without cause, shall not form the basis of any claim for loss of anticipated profits by either party.

10. **RECORD KEEPING.** The Chamber shall furnish to the County a copy of the Chamber's payroll for any employees funded by County monies on at least a quarterly basis showing the wages paid to such employees who perform work pursuant to this Contract. Chamber employees' social security numbers shall be confidential in accordance with applicable law(s). The hourly rate shall be made available to the County Manager.

Funds provided under his Contract shall not be used to pay for employees for work which is connected with general Chamber activities conducted outside of the scope of this Contract. Funds provided under this Contract shall not be used to pay for promotional materials or activities which are connected with general Chamber activities conducted outside the scope of this Contract.

11. **SUCCESSORS AND ASSIGNS.** Chamber shall not assign its interest in this Contract without the written consent of County. Chamber has no authority to enter into contract on behalf of County.
12. **COMPLIANCE WITH LAWS.** Chamber represents that it is in compliance with all Federal, State, and local laws, regulations or orders, as amended or supplemented. The implementation of this Contract shall be carried out in strict compliance with all Federal, State, or local laws.
13. **NOTICES.** All notices which may be required by this Contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

COUNTY OF MACON
ATTN: County Manager
5 West Main St.
Franklin, NC 28734

HIGHLANDS AREA CHAMBER OF COMMERCE
ATTN: Kaye McHan
P.O. Box 62
Highlands, NC 28741

14. **AUDIT RIGHTS.** For all Services being provided hereunder, County shall have the right to inspect, examine, and make copies of all books, accounts, invoices, records and other writings relating to the performance of said Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, Chamber must make the materials to be audited available within one (1) week of the request for them.

In addition, Chamber shall, at its own expense, cause an annual audit of its financial statements to be performed and provide County with a copy of the annual audit.
15. **COUNTY NOT RESPONSIBLE FOR EXPENSES.** County shall not be liable to Chamber for any expenses paid or incurred by Chamber, unless otherwise agreed in writing.
16. **EQUIPMENT.** Chamber shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.
17. **REPORTS.** Chamber shall make semi-annual reports of activities to the Highlands Area Tourism Development Commission.
18. Chamber hereby acknowledges receipt of a copy of, and expressly agrees to the terms and provisions of the Macon County Commissioners' Resolution Amending in Part the Resolution Creating the Franklin-Nantahala Area and The Highlands Area Tourism and Development Commissions which was adopted on June 11, 2019.
19. **ENTIRE AGREEMENT.** This Contract and the attached document labeled "Attachment 1" shall constitute the entire understanding between County and Chamber and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.
20. **HEADINGS.** The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This Contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

IN TESTIMONY WHEREOF, the County of Macon has caused these presents to be signed in its name by its County Manager, and Chamber, acting under and by virtue of the authority in them vested, has hereunto set their hand and seal, the day and year first written above.

COUNTY OF MACON

By: _____
Derek Roland, County Manager

HIGHLANDS AREA CHAMBER OF COMMERCE, INC.

By: _____
Authorized Representative

This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act.

Macon County Finance Officer

ATTACHMENT 1

SCOPE OF SERVICES

The purpose of this Contract is to set forth the rights, obligations and responsibilities of the Highlands Area Chamber of Commerce to perform the functions of travel and tourism development for the County on a contract basis. The Chamber's extensive knowledge of the Highlands area community and its strong relationships with business, political, government and educational leaders allows the chamber to effectively serve the County's needs. To assist with the promotion and expansion of travel and tourism to Macon County, the Chamber shall provide the following services in the Highlands Area Travel and Tourism District(s):

1. Major Responsibilities:

- A. Visitor Center Operators
- B. Tourism and Travel Promotion
- C. Marketing
- D. Communications

2. Reporting:

The Chamber shall furnish the County Manager or his designee the following periodic reports, including an accounting for the expenditures of County funds pertaining to the Services undertaken pursuant to this Contract, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Agreement. Additionally, the Chamber shall provide:

- A. Communication from the Chamber on progress to targeted travel and tourism sectors as requested by the County and/or the TDC, in such form as the parties may agree.
- B. A semi-annual report presented to the TDC each January and July.

RESOLUTION ACCEPTING AMERICAN RESCUE PLAN ACT (ARPA) FUNDS

WHEREAS, Macon County is eligible to receive funding from the Coronavirus State and Local Fiscal Recovery Funds of H.R. 1319 American Rescue Plan Act of 2021 (CSLRF) directly from the US Treasury Department currently estimated in the total amount of \$6,964,996, and has applied for and already received the first tranche of said funds in the amount of \$3,482,498; and

WHEREAS, all funding received under the CSLRF must be accounted for in a separate fund and not co-mingled with other revenue for accounting purposes, and must also be spent only for certain purposes specifically authorized by the CSLRF (including applicable regulations and guidance of the US Treasury Department), and also in compliance with the laws and applicable regulations of the State of North Carolina; and

WHEREAS, in accordance with the foregoing, Macon County must comply with all applicable budgeting, accounting, contracting, reporting, and other compliance requirements for all CSLRF funds; and

WHEREAS, the Board of Commissioners is required to take formal action through the passage of this Resolution to formally approve the application for and formally accept the CSLRF funds.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Macon County as follows:

1. That the County Manager and County Finance Officer are designated and directed to take all actions deemed reasonably necessary on behalf of the Board of Commissioners to apply for, receive, and administer the CSLRF funds in accordance with all applicable federal and state laws, regulations, and guidance; and
2. That the previously submitted application for eligible CSLRF funding submitted by the County Manager and County Finance Officer on behalf of Macon County is hereby ratified and approved; and
3. That all such CSLRF funding for which Macon County is eligible which has been or will be distributed by the US Treasury Department and which is received by Macon County is hereby accepted subject to all applicable federal and state laws, regulations, and guidance.

Adopted this 13th day of July 2021.

James P. Tate, Chairman
Macon County Board of Commissioners

ATTEST:

Clerk to the Board

(COUNTY SEAL)

**MACON COUNTY, NORTH CAROLINA
GRANT PROJECT ORDINANCE
AMENDMENT
WEATHERIZATION ASSISTANCE PROGRAM FY 2021 (#8217)**

BE IT ORDAINED by the Macon County Board of Commissioners, Macon County, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following grant project ordinance is hereby amended:

SECTION 1. The project authorized is a Weatherization Assistance Program and a Heating and Air Repair and Replacement Program administered through the NC Department of Environmental Quality.

SECTION 2. The officers of this unit are hereby directed to proceed with the grant project within the requirements of N.C.G.S. 159-26 and the budget contained herein.

SECTION 3. The following amounts are appropriated for the project:

Weatherization Services DOE	\$184,937
Weatherization Services DHHS	49,325
HARRP Services DHHS	<u>27,034</u>
Total	\$261,296

SECTION 4. The following revenues are anticipated to be available to complete the project:

DOE WX Funds	\$184,937
DHHS LIHEAP WX Funds	49,325
DHHS HARRP Funds	<u>27,034</u>
Total	\$261,296

SECTION 5. The Finance Director is hereby directed to maintain within the grant project fund sufficient specific detailed accounting records to satisfy the requirements of N.C.G.S. 159-26.

SECTION 6. Copies of this grant project ordinance shall be furnished to the County Manager and the Finance Director for direction in carrying out this project.

ADOPTED this 13th day of July 2021.

James P. Tate, Chairman
Board of Commissioners

**MACON COUNTY, NORTH CAROLINA
GRANT PROJECT ORDINANCE
AMENDMENT
WEATHERIZATION ASSISTANCE PROGRAM FY 2022**

BE IT ORDAINED by the Macon County Board of Commissioners, Macon County, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following grant project ordinance is hereby amended:

SECTION 1. The project authorized is a Weatherization Assistance Program and a Heating and Air Repair and Replacement Program administered through the NC Department of Environmental Quality.

SECTION 2. The officers of this unit are hereby directed to proceed with the grant project within the requirements of N.C.G.S. 159-26 and the budget contained herein.

SECTION 3. The following amounts are appropriated for the project:

Weatherization Services DOE	\$ 0
Weatherization Services DHHS	98,887
HARRP Services DHHS	<u>33,402</u>
Total	\$132,289

SECTION 4. The following revenues are anticipated to be available to complete the project:

DOE WX Funds	\$ 0
DHHS LIHEAP WX Funds	98,887
DHHS HARRP Funds	<u>33,402</u>
Total	\$132,289

SECTION 5. The Finance Director is hereby directed to maintain within the grant project fund sufficient specific detailed accounting records to satisfy the requirements of N.C.G.S. 159-26.

SECTION 6. Copies of this grant project ordinance shall be furnished to the County Manager and the Finance Director for direction in carrying out this project.

ADOPTED this 13th day of July 2021.

James P. Tate, Chairman
Board of Commissioners

Macon County
Advalorem Tax Collections Report
Year To Date June 2021 Tax Year 2020

TAX YEAR 2020 Month To Date June 2021 Tax Year 2020									
Month to Date	Beginning Balance	Levy Added	Less Releases	Less Administrative Refunds	Less Write Offs	Equals Adjusted Levy	Less Payments	Outstanding Balance	
General Tax	484,455.97	14,872.17	0.00	0.00	-11.27	499,316.87	-81,485.21	417,831.66	
Fire Districts	76,834.56	1,299.19	0.00	0.00	-1.90	78,131.85	-12,635.60	65,496.25	
Landfill User Fee	90,768.09	0.00	0.00	0.00	-4.74	90,763.35	-8,760.08	82,003.27	
TOTAL:	652,058.62	16,171.36	0.00	0.00	-17.91	668,212.07	-102,880.89	565,331.18	

TAX YEAR 2020 Year To Date June 2021 Tax Year 2020										
Year to Date	Beginning Balance	Levy Added	Less Releases	Less Administrative Refunds	Less Write Offs	Equals Adjusted Levy	Less Payments	Outstanding Balance	This Year Collection Percentage Tax Year 2020 As of 6/30/2021	Last Year Collection Percentage Tax Year 2019 As of 6/30/2020
General Tax	0.00	29,284,862.85	-17,184.25	0.00	-1223.32	29,266,455.28	-28,848,623.62	417,831.66	98.57%	98.35
Fire Districts	0.00	4,037,278.16	-2,174.86	0.00	-185.87	4,034,917.43	-3,969,421.18	65,496.25	98.38%	98.07
Landfill User Fee	0.00	2,921,119.00	-3,348.00	0.00	-26.70	2,917,744.30	-2,835,741.03	82,003.27	97.19%	96.59
TOTAL:	0.00	36,243,260.01	-22,707.11	0.00	-1435.89	36,219,117.01	-35,653,785.83	565,331.18	98.44%	98.19

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

CATEGORY – APPOINTMENTS

MEETING DATE: July 13, 2021

13A. **Library Board:** Per Fontana Regional Library Director Karen Wallace, the term of Wood Lovell on the Macon County Library Board of Trustees will expire this month, and Mr. Lovell has agreed to serve another term. Additionally, the term of Bill Trotter on the library board will expire next month, and Mr. Trotter has agreed to serve another term. Per Ms. Wallace, both represent the Highlands community.