

Local Health Operations

Table of Contents

(ctrl+click on text to go directly to section)

Appointment and Scheduling Requirements

All Local Health Department Personal Health Services	1
Appointments/Scheduling for WIC Applicants	1
Late Arrivals or Missed Appointments for WIC Services.....	1
Making the Appointment System Functional.....	1

Overview of Patient Fees & Services

Patient Fees.....	2
Inability to Pay Patient Fees.....	2

Standard Procedures for Interpretive Services

Standards for Interpretive services.....	3
--	---

Communication with the Public

Keeping the public informed about services available	4
--	---

Days and Hours of Operation

Notice of Hours of Operation to the Public	5
Exceptions to the Hours of Operation.....	5
Extended Hours of Operation.....	5

Information Technology

Policies and Procedures	6
Computer Use/Access	6
Support and Maintenance	6
Minimum Internet Speed/Bandwidth.....	7
Help Desk Support.....	8
Systems Planning	8
Web Development.....	8
Security.....	8
Procedures for Requesting a KY Number (KY#) from LHO Help Desk.....	9

Computer Security Use of Passwords

Policy	10
Background.....	10
Password Procedures	11
Selecting a Password.....	12
Changing a Password.....	12
Computer/Network Security Policy on Compromised Passwords	13

Custom Data Processing (CDP)	
Extra Hours Procedures	14
Open Records	
Definition of Public Record	15
Open Records Requests and Release of Information Process	15
Administrative Hearings	
Eligibility for an Administrative Hearing Request	16
Exceptions to an Administrative Hearing Request	16
Action to take when an Administrative Hearing Request is Received	16
General Administrative Hearing Procedures and Timeframes	16
Reporting and Reporting Systems	
Patient and Community Health Services Reporting and Billing System	18
Community Action on Tobacco Evaluation System (CATALYST)	18
Home Health Reporting	19
Environmental Reporting	19
Public Health Laboratory Reporting	20
HANDS Reporting	20
Kentucky Early Intervention Program, First Steps (KEIS) Reporting	20
Healthy Start in Childcare	20
Birth and Death Reporting (Vital Statistics)	20
DiaWEB™ Reporting	21
Other Reporting Systems	21
Kentucky AIDS Drug Assistance Program (KADAP) and Ryan White CARE Ware for the Kentucky HIV Care Coordinator Program (KHCCP)	21
HIV/AIDS Reporting System (eHARS) and Program Evaluation & Monitoring System (PEMS)	22
Responsibilities of Local Health Departments in Preparing for and Responding to Bioterrorism and other Public Health Emergencies	
Hazards Emergency Operations Plans	23
Strategic National Stockpile Planning	23
Pandemic Influenza Operational Planning	23
Continuity of Operations Planning	23
Public Health Preparedness Webpage and Contact Information	24

APPOINTMENT AND SCHEDULING REQUIREMENTS FOR PERSONAL HEALTH SERVICES

In consideration of the patient population needs and to promote efficiency in local health department operations, a patient appointment system is essential. The following are general guidelines regarding patient appointments with specific requirements for the Women, Infants and Children (WIC) program (in accordance with federal regulations and state policy):

All Local Health Department Personal Health Services

Every effort shall be made to provide health services within ten (10) calendar days from a patient's request for an appointment.

Appointments/Scheduling for WIC Applicants

- The time frame for migrants, pregnant women and infants is a maximum of ten (10) calendar days from their request for services.
- The time frame for all other WIC applicants to be served should be ten (10) calendar days from their request, but in no event shall the time frame exceed twenty (20) calendar days. Reference the WIC section of the Administrative Reference for more explanation.
- The name, address, telephone number and date of request for WIC services shall be recorded for all applicants.

Late Arrivals or Missed Appointments for WIC Services

- Pregnant women missing initial WIC certification shall be contacted regarding their appointment.
- Priority shall be given to providing services within the pregnant woman's first trimester.
- WIC patients who are late for their food instrument pick-up appointments shall be served on the day of the appointment.
- Missed appointments for WIC certification shall be rescheduled as soon as possible, but not to exceed thirty (30) calendar days of the missed appointment. Reference the WIC section of the Administrative Reference for more explanation.

Making the Appointment System Functional

- If these appointment/scheduling objectives cannot be met, the health department director shall perform an analysis of the appointment/scheduling process, patient caseload, patient/clinic flow, and staffing complement. Following the analysis, the director shall make any necessary changes to the appointment/scheduling process to ensure the appointment/scheduling objectives are met.
- The Department for Public Health will provide input and guidance, if requested.

OVERVIEW OF PATIENT FEES & SERVICES

Public health services benefit the entire population. The local health department (LHD) shall make personal and environmental health services available to all persons within the appropriate guidelines prescribed by the Department for Public Health (DPH). With the exception of communicable diseases and family planning services, priority may be given to residents of the health department's service area. Local health departments do not possess the discretionary authority to exclude aliens (non United States citizens) solely on the basis of their alien status.

Patient Fees

A patient fee may be assessed for personal health services (except WIC and HANDS) if the patient does not have any governmental or private insurance coverage as the primary payor or unless otherwise directed by law or regulation. See [902 KAR 8:170](#), Section 3 [4] for specific requirements regarding patient fees. Additionally, the initial visit for Fluoride Varnish and Folic Acid Supplementation/Counseling is not charged but subsequent visits may include a patient fee.

There are three methods by which patient fees may be assessed:

1. Applying the Uniform Percentage Payment Schedule with the fee determined by the patient's ability to pay

Patient fees based on the Uniform Percentage Payment Schedule with the fee determined by a patient's ability to pay begin at 0% for patients with an income below 101% poverty* and ends at 100% pay for patients with an income above 250% poverty. (See the LHD Patient Self-Pay Fee Matrix and the Uniform Percentage Payment Schedule in AR Volume II; Patient Services Reporting and Billing Procedures.)

2. Applying a nominal flat fee up to five (5) dollars

A nominal fee (flat fee) up to five (5) dollars per CPT code is charged for communicable disease services, e.g. primary diagnosis of tuberculosis (TB), sexually transmitted diseases (STD) and the human immunodeficiency virus (HIV) as well as a flat fee for childhood immunizations as specified by the Department for Public Health. 902 KAR 8:170, section 3 (4) (b) 1.

3. Charging a fixed full charge

A fixed full charge is applied to certain services approved by DPH. (See the LHD Patient Self-Pay Fee Matrix in AR Volume II; Patient Services Reporting And Billing Procedures.)

There are no charges made to school age children served at a school based clinic if requested by the LHD and authorized by the DPH. See [902 KAR 8:170](#), Section 3 (4) (b) 2.

Inability To Pay Patient Fees

In accordance with [902 KAR 8:170](#), Section 3 (4) (b) 2 a, inability to pay the assessed patient fee shall not be a barrier to services. Local Health Departments should post signage stating an individual's inability to pay will not prevent the individual from being provided services. This signage should be posted in the lobby and at the registration desk(s).

* Poverty level as per DHHS Poverty Income Guidelines published annually in the February edition of the Federal Register.

STANDARD PROCEDURES FOR INTERPRETIVE SERVICES

This communication addresses the Standard procedures for interpreters either employed or contracted by local health departments. Review the Personnel Section of the Administrative Reference for additional information concerning Title VI (Civil Rights Act of 1964) and Limited English Proficiency compliance requirements. The Department for Public Health (DPH) and its contracted local health departments must make available to all eligible persons benefiting from programs provided through these Agencies and funded by Federal monies. Failure to provide quality interpretive services may prevent eligible persons from receiving benefits to which they are entitled. Quality interpretive services may be assured when standards for performance are established and those performing these services are held accountable to meet these standards.

There are standard procedures for interpretive services that DPH has adopted as best practices, some of which include:

1. Knowledge and understanding of the language needed interpreted.
2. Appreciation of cultural differences and assumptions
3. Knowledge and understanding of health care terminology and the ability to interpret and give detailed explanation.
4. The ability to translate brief written text such as application forms, signage or medication labels.
5. Knowledge of and adherence to a mainstream standards of interpretive practice
6. The ability to apply the LEP patient's primary language using knowledge of medical terminology and cultural understanding in a cross linguistic interview.

To ensure that services are delivered to patients identified as having limited English proficiency (LEP), DPH and agencies contracting with DPH shall be required to:

1. Post multi-lingual signs in all waiting and intake areas to explain to LEP patients that an interpreter will be provided for them at no cost to them.
2. Use "I speak" cards or the language identification service provided through Language Services Associates at the initial contact to invite people with LEP to identify their primary language.
3. Identify each LEP patient and record the primary language of such patient.
4. Use only interpreters who have been approved by DPH/AFM and ensure that interpreters are provided at no cost to the patients.
5. Ensure that no unreasonable delay in services occurs during the process.
6. Provide translated copies of essential program forms and documents to LEP patients as required by law.
7. Stipulate in service contracts that contractors are responsible for language services needed to service LEP patients.
8. Ensure that staff is trained on cultural competency, effective communication and the use of interpreters/translators.
9. Monitor compliance in each office to ensure that proper procedures are followed.
10. Monitor compliance of contractors to ensure that proper procedures are followed.

COMMUNICATING WITH THE PUBLIC

Keeping the public informed about services available through the local health department (LHD) is an important function. The Department for Public Health recommends that at least annually, information about available services be disseminated through the local news media, broadcast on TV, through websites and/or brochures. Included on the LHO webpage (<http://chfs.ky.gov/dph/info/lhd/lhob.htm>) is an article, "Working With The Media: A Basic Survival Guide" that provides tips for working with the media as written by Gwenda Bond of the Office of Communications, Cabinet for Health and Family Services.

In accordance with [KRS 424.220](#) the annual financial statement for the LHD is to be published in the local newspaper. Information regarding environmental health activities is to be disseminated to the public at least semi-annually. (See Environmental Health Services Guidelines in the AR Volume II, Environmental Section)

In case of a disaster, the public is to be informed by the LHD by providing the community with accurate and appropriate situations that include health related information, educational materials, media releases, and health alerts. (See "[Responsibilities of Local Health Departments in Preparing For and Responding to Bioterrorism and Other Public Health Emergencies](#)" in this section)

DAYS AND HOURS OF OPERATION

Notice of Hours of Operation to the Public:

Local Health Departments' regular working hours shall be Monday through Friday from 8:00 a.m. to 4:30 p.m., including providing services during the lunch hour. In accordance with [902 KAR 8:160](#), Section 11, the LHD shall post the hours of operation near the main entrance. The posting shall be plainly visible from the outside. Any exceptions to being open during the lunch hour must receive prior approval from the Department for Public Health, Administration and Financial Management Division. The exception must indicate how the working public will be accommodated during alternative service hours. Except for emergency situations, the LHD shall publicize, in advance, if the department is to be closed during regular working hours. The notice shall be prominently displayed at the main entrance; indicate where and how staff may be reached; and indicate when the office(s) are expected to re-open.

Local health departments are expected to be open on all days except those listed in [902 KAR 8:120](#), Section 18, Holidays. See AR Volume I, Section IV: Personnel. The actual day the holiday is observed is routinely established by the Kentucky Governor's office.

The following are exceptions to the hours of operation:

- Inclement weather that causes the local health department to close.
- Staff meeting(s) and/or training session(s) that require attendance of all employees.

All other closures for either a partial day or a longer period of time must have the approval of the Department for Public Health, Division of Administration and Financial Management. The request for exception must indicate provisions that have been made for services a patient may need during the time of the closure such as WIC, Home Health visits, etc.

Extended Hours

- In order to accommodate the working public, local health departments/boards of health shall assess the feasibility of offering extended hours. Early morning, late afternoon, evening and weekend hours shall be considered in addition to regular working hours. Extended hours shall be a decision of the governing board of health with input from local health department patients and a community assessment. The decision of the boards of health approving or disapproving extended hours shall be reflected in the board's minutes. If the local health reporting and billing system will be needed for the extended hours, prior arrangements must be made with the DPH Administration and Financial Management (AFM) Division. See ["Custom Data Processing \(CDP\) Extra Hours Procedures"](#) located in this section.

NOTE: Employee work schedules may be adjusted (in conjunction with management) to ensure adequate coverage during all times of service activities.

INFORMATION TECHNOLOGY

Public Health information technology uses high capacity personal computers linked through the Cabinet for Health and Family Services network (CHFS network). The Department for Public Health and every local health department must adhere to the following:

Policies And Procedures

The Cabinet for Health and Family Services (CHFS) will publish policy and procedural guidance related to information technology used in the CHFS network environment. Although recommended and encouraged, personal computers not connected to the CHFS network need not comply with state standards for hardware and software. For those PCs that do connect to the CHFS network, state standards and Cabinet policies and procedures must be followed. Health department compliance and assistance is critical to protect patient information and the integrity of the network.

Users connected to the CHFS network must comply with the Commonwealth Office of Technology (COT) Enterprise Policies located at <http://technology.ky.gov/business/Pages/policies.aspx>.

Computer Use/Access

Local Health Departments must have a computer use/access policy and procedure for authorizing access to computer equipment. Each user at a local health department must have an access and security password assigned in order to sign on and use local health department computer equipment. Consult the local personnel office to view a copy of the confidentiality agreement document pertaining to access as an employee. Users are responsible for proper use and access to the equipment, and for helping safeguard the integrity of the network. Security breaches or compromises are to be reported immediately to supervisors. Failure to do so risks inappropriate access to patient health information which is a violation of federal law (Health Insurance Portability and Accountability Act [HIPAA] of 1996). It also creates the risk of improper access or manipulation of accounting and personnel data in the system. Each local health department shall have an Information Technology (IT) Administrator who manages local access and coordinates support issues with the Cabinet for Health and Family Services.

Support and Maintenance

Personal computers are the property of the local health department unless otherwise provided by an external agency such as WIC. Routine support and maintenance of those personal computers, software and peripherals are the responsibility of each health department. A limited number of federally provided computers and/or printers have been made available for WIC and Environmental use, but with the understanding that care and maintenance will be provided by local health departments. They are also specifically tagged as state property.

1. Health departments have agreed to abide by state standards for PCs and should check with the Department for Public Health before purchasing new or replacement equipment if the PC will be used on the CHFS Network. Health departments are also responsible for

virus protection software to protect the CHFS Network from compromise. The state has provided initial software support to create the working environment.

2. Health departments are encouraged to develop in-house support capability or enter into support agreements for the care and maintenance of their equipment as a way of ensuring continuity and equipment availability. Larger health departments and district health departments may find that adding an information technology specialist to permanent staff might be more cost effective.
3. Health departments will maintain a master inventory of equipment and accessories on hand. It is important to keep track of each equipment item's capacity when purchased, and date of purchase to permit life cycle replacement planning. A life cycle replacement plan is encouraged as a way of maintaining the viability of the information technology capability of the health department. Average life cycle is four to five years. Age, use of equipment, loaded software, and changes in software technology are some but not all of the considerations to make in creating and maintaining the plan.
4. The current minimum and recommended standards for desktop computers, tablets and internet/bandwidth speed are as follows:

Tablet PC

	Minimum	Recommended
Processor	1.1 GHz Centrino	1.5 GHz Core Duo
Memory	512 MB	1 GB
Disk Storage	80 GB	120 GB
Operating System	Windows XP, Tablet Edition	Windows XP, Tablet Edition

Desktop

	Minimum	Recommended
Processor	2.0 GHz Pentium 4	2.8 GHz Pentium 4 Dual Core
Memory	512 MB	1 GB
Disk Storage	80 GB	120 GB
Operating System	Windows 2000 or XP	Windows XP or higher

Minimum Internet Speed/Bandwidth. For health departments to get the desired results from the new Web-based applications a site should have DSL or Point-to-Point T-1 access. The number of PCs connected will also affect the performance. The following is the recommended internet speed/bandwidth:

- 1 – 10 concurrent users at site — a minimum of 1.5M DSL;
- 11 – 25 concurrent users at site — a minimum of 3 - 6M DSL or 1.5M Point-to-Point T-1;
- 26 – 100 concurrent users at site — a minimum of 6 – 8M DSL or 1.5M Point-to-Point T-1.

5. An information technology training program is necessary as a means of staff empowerment and effectiveness.
6. The Department for Public Health has responsibility for maintaining operation of the health department network. Custom Data Processing, Inc. is the contracted vendor to provide systems, accounting and payroll data for most health departments. For direct questions on their use, CDP can be contacted or a DPH Service Request can be forwarded to the

DPH Help Desk. DPH will provide routine maintenance and support assistance where possible, but will have primary responsibility for maintaining viability of the network. DPH will be responsible to communicate with the Commonwealth's Office of Technology (COT) if a network issue related to areas under their control is detected or suspected.

Help Desk Support

(See Administrative Reference Volume II - Patient Services Reporting and Billing Procedures for the Core Bridge Software Security and Service Reporting Help Desk.)

1. Each health department must have an assigned IT administrator who will serve as the Department for Public Health point of contact. LHDs should use care in selecting the individual for the IT administrator to have the most IT knowledgeable person. This person will act as the point of contact with DPH and provide advice and support to local users. This avenue of support should be utilized before contacting DPH Help Desk.
2. DPH will have and maintain a permanent [IT Help Desk](#) capability. It will be manned from 7:30am (Eastern Time) until 5:00pm (Eastern Time) each work day. The purpose of the Help Desk is to:
 - a. Provide network support to health departments.
 - b. Serve as liaison with the Commonwealth's Office of Technology (COT) to work planning issues, network issues, and related technology issues.
 - c. Provide limited user support to health departments, within capability and scheduling.

Systems Planning

Local health departments have responsibility for local hardware and software. Each LHD is responsible for creating and maintaining a local systems replacement plan and accompanying fiscal plan for life cycle replacement of hardware and software used. Replacement items must meet state standards as provided by COT for all equipment and/or software. The Cabinet Help Desk is available to provide assistance with systems planning. Use of information technology to create business solutions is encouraged. The Cabinet IT function provides all reasonable assistance to help create local area networks and other applications that provide cost savings and efficiencies in accomplishing the mission of public health.

Web Development

Use of the Internet to communicate programs, information and ideas is encouraged. Health Departments should take full advantage of this media to communicate. Making sure to follow the Cabinet's Internet and Electronic Mail acceptable use policy found at the Commonwealth Office of Technology (COT) Enterprise Policies located at <http://technology.ky.gov/business/Pages/policies.aspx>.

Security

Health departments must create policies and procedures for access to personal computer equipment, rules for day to day use, and purging and protecting the network when users no longer are granted access. Policies will include guidance for disposition of PC hard drives when made

available for surplus, if the hard drive has ever contained protected health information (PHI). Policies will also include the disposition of CDs, printer ribbons, flash drives, etc which may contain confidential information.

1. Security policy includes a security and confidentiality statement related to proper use of the equipment, safeguarding of information, and monitoring of systems access.
2. The policy will outline uses of equipment, risk management to protect patient identifiable information, and how to participate in security management.
3. The Cabinet for Health and Family Services (CHFS) has provided a password security policy and procedure for access to and use of equipment that accesses the CHFS network. Users must be made aware of the contents of the procedure and the reasons for its existence. Staff must know how the procedure works to ensure appropriate and timely access to PCs for daily function. Training will be accomplished on system admission, at least annually. The following pages are the computer security and password policy.

Procedures for Requesting a KY Number (KY #) from the LHO Help Desk

1. The LHD Director or the authorized designee completes the Local Health Network Security Request form located on the LHO Branch Web page at <http://chfs.ky.gov/dph/info/lhd/lhob.htm>; or
2. Submits an email to the [LHO Help Desk](#) from the LHD Director's or authorized designee's computer by providing the following information in order to obtain the necessary security access and KY #:
 - a. Employee's full legal name;
 - b. Employee's Identification (ID); and
 - c. A complete list of what access is needed.
3. Once the requested information is received, the LHO Branch will issue a KY number (KY #) and email the LHD Director or designee back, who in turn will notify the employee.

NOTE: LHD Directors or the director's authorized designee should contact the LHO Help Desk for questions concerning KY #'s and other security access issues.

COMPUTER SECURITY USE OF PASSWORDS

Policy

The Department for Public Health (DPH) and all local health departments (LHDs) shall have a computer security program that includes the periodic changing of computer access passwords. The purpose is to minimize the risk of inappropriate access to or disclosure of health department information. Users who violate this policy will be held responsible for a breach of security, will be subject to disciplinary action, and will be accountable for any impact a violation may have on the integrity of data or performance of the network. For additional information on User ID and password policy, reference the Commonwealth Office of Technology (COT) Enterprise Policies located at <http://technology.ky.gov/business/Pages/policies.aspx>

Background

1. Password violations are the number one security problem on networks today. This policy is designed to ensure that all Public Health and individual data stored on the network are protected through reasonable and appropriate use of password security. This policy is part of compliance requirements of the Health Insurance Portability and Accountability Act (HIPAA), a federal statute intended to assure the privacy and confidentiality of patient identifiable information.
2. An initial password is chosen for the user at the time they receive their account; the network password is set as the individual's last name. For access, a user is expected to change the password during the first login. This action provides secure access to CHSDPHLHD Domain.
3. Examples of activities, which will jeopardize a user's privilege to access the computer resources, include:
 - Writing down their password and posting it in the work area.
 - Sharing their password (in person, by email or by phone) with other individuals whether known or unknown.
 - Keying in their password for others to use.
 - Sending their password over the Internet or through E-mail.
 - Including their password in a macro or function key to automate the log-in;
 - Store their password in any file, program, command list, procedure, macro, or script where it is susceptible to disclosure or use by anyone other than the owner;
 - Vendor default passwords (default passwords must be changed immediately upon use);
 - Hard code password into software developed (unless permission is obtained by the agency security office);
 - Store their password in dial up communications programs or internet browsers at any time;
 - Record their password in system logs unless the password is encrypted in the log.

Password Procedures

1. Required considerations when selecting a password - reference CIO 072 with the Commonwealth Office of Technology (COT) Enterprise Policies located at <http://technology.ky.gov/business/Pages/policies.aspx> :

Passwords must be:

- Kept confidential;
- Changed at least every 31 days unless otherwise approved (non-expiring passwords must be approved on an exception basis);
- Changed whenever there is a chance that the password or the system could be compromised;
- Encrypted when held in storage or when transmitted across the network when the path is connected to an external network.

Passwords must not be:

- Reused;
- Shared with other users;
- Kept on paper unless it is securely stored;
- Included in a macro or function key to automate the log-in;
- Stored in any file, program, command list, procedure, macro, or script where it is susceptible to disclosure or use by anyone other than the owner;
- Vendor default passwords (default passwords must be changed immediately upon use);
- Visible on a screen, hardcopy, or any other output device;
- Hard coded into software developed (unless permission is obtained by the agency security office);
- Stored in dial up communications programs or internet browsers at any time;
- Recorded in system logs unless the password is encrypted in the log.

Passwords must not contain:

- Repeated letters or numbers or sequences of letters or numbers;
- A word contained in any English or foreign language dictionaries;
- A common phrase;
- Names of persons, places, or things;
- The User ID;
- Repeating letters with numbers that are indicative of the month; i.e., vmPtm\$01 in January, vmPtm\$02 in February.

Passwords must:

- Be eight (8) or more characters;
- Contain uppercase letter(s);
- Contain lowercase letter(s);
- Contain a number;
- Contain a special character.

2. Below are recommendations to follow when selecting passwords.

- Non-obvious passwords are more assured if they:
 - Are 8 characters or more.
 - Consist of a mixture of upper-and lower-case letters.
 - Contain at least one digit (0-9) and one special character.
- Suggestions for selecting GOOD passwords:
 - Passwords should be easy to remember so they don't need to be written down.
 - The user should be able to type their password quickly, so no one looking over their shoulder can steal it.
- Put together an acronym.
 - Make a sentence: UrOK4me
 - Use a phrase or song acronym: 2B0ntbT!tQ (to be or not to be, that is the question)
- Examples of BAD Passwords:
 - Any proper name (like Smith or John).
 - A place or proper noun (like Duluth).
 - Any word in the English or Foreign dictionary.
 - A street name, telephone number, license number.
 - A birthday or anniversary date.
 - Passwords with the same letter (like aaaa).
 - Simple patterns of letters from the keyboard (like qwerty).
 - Any of the above spelled backward.
 - Any of the above followed by a single digit.
 - Easily associated with the user or their interests.
- Although discouraged, if the user writes down their password, follow these precautions:
 - Do not identify it as a password.
 - Do not attach it to ANY part of the computer or work area.
 - Make the written version different from the original.
 - Do not include the computer or account name.
 - Attempt to store in a secured location.

3. Instructions for changing the password.

a. Self-initiated change of password:

- Log onto the computer;
- Press Ctrl-Alt-Del
 - A dialog box labeled “Windows Security” will appear.
 - ◆ Click 'Change Password';
 - A dialog box labeled “Change Password” will appear.
- In the item labeled “Old Password”, type in your old password.
- Type a new, valid password for “New Password.”
- Retype the new password for “Confirm New Password” and click 'OK';
- A message will indicate successful completion.

- b. Automated prompt for change of password:
- The automated system will alert the user when it is time to change his/her password, 14 days prior to the expiration date. The notice will appear when the user first logs on to the computer system.
 - It will ask the user if they want to change their password.
 - If the user says no, the prompt will disappear and the logon will continue.
 - If the user says yes, they will be prompted to type in a new password and will then be asked to type it in a second time, and then click on OK. At that point, the new password is in place.
 - If the user says no, the same prompt will appear again each day when the user logs on until the user changes it or until expiration date.
4. The [Computer/Network Security Policy](#) outlines the consequences of making passwords available to other users. Should a password be compromised, the owner should change his/her password immediately to avoid future unauthorized access. Immediately after making such a change, the individual must contact the local IT Administrator to report the suspected compromise. Otherwise, passwords are required to be changed every 30 days as a routine practice. The computer system will alert you approximately 14 days before expiration.

**CUSTOM DATA PROCESSING (CDP)
EXTRA HOURS PROCEDURES
Rev.1.2
Revision Date: 7/01/2009**

- 1) The Local Health Department emails request to the Division of Administration and Financial Management (AFM) Anthony.Moore@ky.gov with the following information:
 - a) Dates
 - b) Time (include time zone)
 - c) Reason
- 2) The Division of AFM will contact Steve Marston, CDP Chicago, @ 708-579-6740 or 800-888-6035 to confirm if system can be up for specified time.
- 3) Once approved by the Division of AFM will:
 - a) Email a request to Steve Marston and cc; localhealth.helpdesk@ky.gov and requesting LHD
 - b) If the email system is unavailable, fax a request to Steve Marston @ 708-352-3177
- 4) The Division of AFM will contact Local Health Department Help Desk Staff at localhealth.helpdesk@ky.gov to post on 500 Screen notifying all LHDs of the availability of the system
- 5) Request verification via email from Local Health Help Desk that screen has been sent
- 6) Once verification received, contact the person making the original request to let them know that system will be up for requested time period
- 7) Once approved, the PSRS system is available statewide. The Division of AFM requests a two week notice in order to allow other LHDs to plan their clinics, etc., on the same weekend the system is up.

OPEN RECORDS (KRS 61.870 THROUGH KRS 61.884)

In accordance with [KRS 61.876](#) and [61.872](#) the local health department shall have written policies and procedures for complying with the [Open Records](#) statute. These policies and procedures shall be posted in a conspicuous location that is accessible to the public. According to KRS 61.870, public record means all books, papers, maps, photographs, cards, tapes, discs, diskettes, recordings, software or other documentation regardless of physical form or characteristics, which are prepared, owned, used, in the possession of or retained by a public agency.

The internal policies and procedures of the local health department must name an official record custodian to handle releases of information. Policy shall specify conditions under which information shall be released, for example:

- (1) Patient information shall be released under a patient/parent or guardian signed release;
- (2) Financial information of the agency is considered a public record;
- (3) Environmental inspections are public records;
- (4) What employee information is considered a public record; and
- (5) Method for accessing vital records.

The health department has up to three working days to respond to the open records request. Respond does not mean information requested must be released. The health department would not release information on **pending** actions, inspections, and investigations. The requestor may be asked to put the request in writing and be told a time to return. The DPH Local Health Personnel (LHP) Branch has provided the Local Health Department Open Records Request Form on the LHP Branch webpage located at <http://chfs.ky.gov/dph/info/lhd/Forms+for+LHD+HR+Staff.htm>. Any request for records concerning WIC vendors shall be referred to the State DPH Nutrition Services Branch.

The following procedures shall also be adhered to:

1. If the local health department to whom the application is directed does not have custody or control of the public record, the custodian shall notify the applicant and shall furnish the name and location of the custodian of the public record, if such facts are known;
2. If the public record is in active use, in storage or not otherwise available, the records custodian shall immediately notify the applicant and shall designate a place, time and date for inspection of the public records, not to exceed three working days from receipt of the application, unless a detailed explanation of the cause is given for further delay and the place, time and earliest date on which the public record will be available for inspection.
3. If the applicant places an unreasonable burden on the local health department or if the custodian has reason to believe that repeated requests are intended to disrupt other essential functions of the local health department, the official custodian may refuse to permit inspection of the public records or to mail copies of the records. However, in accordance with the [Open Records Law](#), refusal shall be sustained and documented by clear and convincing evidence.

ADMINISTRATIVE HEARINGS

All Kentucky Administrative Hearing procedures are governed by [KRS Chapter 13B](#).

The following are eligible for an administrative fair hearing:

- Persons denied services;
- Persons whose participation in a service was discontinued;
- Persons who were notified to repay the cash value of improperly received WIC benefits;
- Persons who have not had a grievance resolved to their satisfaction; and
- Public and certain classes of citizens who were adversely affected as a result of the interpretation/enforcement of an environmental law, regulation or ordinance.

The [KRS Chapter 13B](#) applies to all local health departments (LHDs) in Kentucky. The Cabinet for Health and Family Services adopted a general uniform hearing procedure as outlined in Kentucky Administrative Regulation [902 KAR 1:400](#). However, due to stringent federal time frames for fair hearings than required by KRS Chapter 13B, the WIC Program's fair hearing policies for applicants, participants and vendors are governed by Kentucky Administrative Regulation [902 KAR 4:040](#).

All requests for an administrative hearing shall be honored unless:

1. The request is withdrawn in writing by the requesting party or his/her representative;
2. The requesting party or his/her representative fails, without good cause, to appear at the originally scheduled hearing or any "make-up" hearing; or
3. The requesting party has already had a hearing on the issue in question and cannot provide evidence that circumstances have changed sufficiently to justify another hearing.

When an administrative hearing request is received, the local health department shall in all cases:

1. Establish and maintain an administrative hearing file documenting all correspondence and contacts with the party requesting a hearing; and
2. Notify the appropriate DPH division and branch of the administrative hearing request.

Persons aggrieved by an action of the LHD may request an opportunity to present his/her views before the Cabinet or its designated agent. The procedures will be in accordance with [902 KAR 1:400](#) which sets forth a uniform hearing procedure for the Cabinet for Health and Family Services and/or any other applicable laws and regulations. The following are general procedures and time frames:

1. The requesting party or his/her representative has a right to a conference hearing if requested within ten (10) days of the date of the notice of proposed adverse action.

2. Within five (5) days of the conclusion of the conference hearing, a report will be issued to the requesting party detailing the settlement and providing further right to appeal.
3. The requesting party may file a written request to appeal to the Commissioner of the Department for Public Health, Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40621 within ten (10) days of receipt of the conference hearing report.
4. The notice of appeal and the appeal procedures shall be in accordance with Kentucky Administrative Regulation [902 KAR 1:400](#) and [KRS Chapter 13B](#).

REPORTING AND REPORTING SYSTEMS

Local health departments shall report services/activities in accordance with the following guidelines:

Patient and Community Health Services Reporting and Billing System

- Services reported through the Patient and Community Health Services Reporting and Billing System are to be reported using standardized Current Procedural Terminology (CPT), Healthcare Common Procedure Coding Systems (HCPCS), and International Classification of Diseases, ICD-9 codes. The Patient Encounter Form (PEF) and Patient Services Supplemental Reporting Form are the data collection/billing forms used. The Contractor for the Patient and Community Health Services Reporting and Billing System is Custom Data Processing (CDP). See PSRS in AR Volume II for instructions on the Patient and Community Health Services Reporting and Billing System
- Community-based activities provided through the following Cost Centers are to be reported using the **Community Health Services Report**:

<p>DIVISION OF EPIDEMIOLOGY</p> <p>801 Immunizations 806 TB 807 STD 843 HIV</p>	<p>DIVISION OF WOMEN'S HEALTH</p> <p>813 Breast & Cervical Cancer – Community 818 CH11.1 Family Planning 818 CH11.2 Teen Pregnancy Prevention 818 CH26 Substance Abuse 830 Cancer Coalitions 837 Abstinence Education</p>
<p>DIVISION OF MATERNAL AND CHILD HEALTH</p> <p>804 WIC Outreach 805 Nutrition 818 CH4 Community School-based Services 818 CH5 LEAD 818 CH7 Injury & Violence Prevention</p> <p>818 CH9 Oral Health 818 CH12 Maternal, Infant & Child Health 818 Ch23 Mental Health 833 Breastfeeding</p>	<p>DIVISION OF PREVENTION & QUALITY IMPROVEMENT</p> <p>722 Asthma Education 735 COPD Education and Public Awareness 736 Health Communities 818 CH10 Access to Quality Health Services 818 CH17 Comprehensive Cancer 832 Cardiovascular Health 856 Arthritis 857 Physical Activity 857 Osteoporosis 890 Core Assessment & Policy Development</p>

Community Action on Tobacco Evaluation System (CATALYST)

CATALYST is a web-based reporting system used by organizations under contract with the Washington State Department of Health's Tobacco Prevention and Control Program. It is currently used by Kentucky and several other states. The Kentucky Department for Public Health is under contract with CATALYST technical developer (C-Quest) to provide technical support, maintenance and system adaptations/improvements. LHDs are required to enter a work plan into the system based on their proposed budget for use of program allocations and then use the system to report implementation of their approved work plan

throughout the fiscal year. CATALYST will also be used by the Tobacco Program, Diabetes Program and the Preparedness Program.

COMMUNITY COST CENTERS using CATALYST			
DIVISION OF PREVENTION & QUALITY IMPROVEMENT		DIVISION OF EPIDEMIOLOGY	
809	Diabetes	821	Preparedness Coordination
836	Tobacco	822	Epidemiology & Surveillance
841	Diabetes Today Coalition	823	Medical Reserve Corps
		825	Training Coordination
		875	Hospital Preparedness Program
		876	Cities Readiness Initiatives

Home Health Reporting

Home Health Services provided by local health departments with licensed home health agencies report services through the Custom Data Processing (CDP) Local Health Network Home Health Billing System in accordance with Kentucky Licensure and Regulations Guidelines. There are approximately fifteen (15) LHDs with home health agencies. Contact CDP for LHD home health reporting and billing issues or questions.

Environmental Reporting

Environmental Services, as of July 1, 2010, will be reporting services through CDP Information Management System (CDP-IMS) a new web-based system.

- CDP's Environmental Health Solution is a distributed, secure, web-based system that will provide access to all environmental data that are collected by your department. CDP's Environmental Health solution is a commercial, off-the-shelf, automated surveillance and environmental reporting system.
- The primary feature of CDP's Environmental Health Solution is its capability to provide access to a variety of widely dispersed environmental data. Various levels of access will be provided to users depending on their job duties and supervisory responsibilities. CDP's Solution will also provide a toolset for data analysis, reporting, and monitoring. It will provide important security and protection for sensitive or critical data and systems.
- Key benefits of CDP's Environmental Health Solution include the capability to:
 - 1) Provide timely information to all users;
 - 2) Allow broad analysis across geographic boundaries;
 - 3) promote interoperable systems via compliance with standards;
 - 4) Increase environmental public health capacity;
 - 5) Provide the means to enhance and improve data; and
 - 6) Provide extensive reporting through different means.

The CDP's Environmental Health Solution website is www.cdpehs.com

Public Health Laboratory Reporting

The Division of Laboratory Services launched a new electronic lab ordering and reporting system which went live in February 2010. The Newborn Screening aspect of the system is set to go live in the first quarter of 2010. This Web Outreach system is Internet-based and designed to be more accessible to the Commonwealth's health providers (local health departments, hospitals, and other providers). This Web-based system allows electronic placement of orders as the first step in the specimen submission process to the DPH Division of Laboratory Services. Additionally, reports can be viewed electronically and printed from the Web Outreach system.

Benefits to the end users are:

- Quicker turnaround time to receive results and reports
- Order entry and retrieval of results are available from any computer connected to the internet
- Outreach generated requisitions

HANDS Reporting

The HANDS evaluation data is reported through a separate system. See the HANDS web site at <https://hands.chfs.ky.gov>. A login and password are required to sign on. To establish a login and password, contact the HANDS Program at 502-564-3756. For billing purposes, HANDS services are reported through the PSRS Supplemental Reporting System. More information on Supplemental Reporting can be found in Administrative Reference II, PSRS Section.

Kentucky Early Intervention Program, First Steps (KEIS) Reporting

First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. First Steps is Kentucky's response to the federal Infant-Toddler Program. First Steps offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services. KEIS uses the Technology-Assisted Observation and Teaming Support System (TOTS) web-based program for reporting of services. For more information about KEIS and TOTS access the following Internet Link: <http://chfs.ky.gov/dph/firstSteps/default.htm>

Healthy Start in Childcare Reporting

Consultative health, safety and nutrition services provided by the LHD Healthy Start in Childcare Consultants for out-of-home childcare facilities shall be reported through the Local Health Network, Healthy Start in Childcare Data System. See the "Healthy Start User's Guide" in AR Volume II for instructions on using the Healthy Start in Childcare Data System.

Birth and Death (Vital Statistics) Reporting

In accordance with [KRS 213.036](#), each county constitutes a registration district for vital statistics. The CHFS Secretary shall, upon recommendation of the State Registrar,

designate a Local Registrar in each registration district to aid in the efficient administration of the system of Vital Statistics. Local health departments (LHDs), through the assignment of an employee as the county's Local Registrar shall facilitate the filing of a birth and death record. Local Registrars should appoint one (1) or more Deputy Registrars to serve during the Local Registrars absence and to assist with the registrar duties. LHDs should review the Registrar Guidelines in AR Volume II for responsibilities and procedures for Local Registrars and Deputy Registrars. A Vital Statistics Field Staff training module was developed by the Office of Vital Statistics and accessible via the [TRAIN website](http://chfs.ky.gov/dph/vital/) identified as course number 1010098. For additional resource information and assistance; access the Office of Vital Statistics webpage at <http://chfs.ky.gov/dph/vital/>

DiaWEB™ Reporting

DiaWEB™ is a comprehensive diabetes management software specifically developed for diabetes education programs. This web-based software is hosted on a server operated by Custom Data Processing, Inc. (CDP), which is responsible for assuring that the software is accessible to all Regional Disease Management sites, coordinating software upgrades from the software developer (Chiron Data Systems), conducting data backups and assuring data recovery.

DiaWEB™ is an intuitively designed system which provides extensive patient management and reporting capabilities; including human resource management, professional credential documentation, CEU documentation, staff productivity reporting and supporting CQI and CPI processes. The system is fully HIPAA compliant with security protections such as:

- User Authentication
- Password Encryption
- Account Lockout
- Date and Time Stamp for All Entries
- Record Change Log/Edit Trail

This software is used at the six (6) DPH Diabetes Centers of Excellence (DCOE) sites. The DCOE's provide care coordination and self-management education to patients with diabetes, with a particular focus on Medicaid recipients.

OTHER REPORTING SYSTEMS

Other DPH programs are researching and considering possible software systems for data collection and reporting. Information is not available at this time on those systems. However, listed below are two (2) types of collection and reporting systems used by the KY HIV/AIDS Program.

Kentucky AIDS Drug Assistance Program (KADAP) and Ryan White CARE Ware for the Kentucky HIV Care Coordinator Program (KHCCP)

The HIV/AIDS Program is working on finalizing two centralized data collection systems for the Ryan White Part B program. Both of these will be for sub-contractors (to include LHDs) to submit client level data and program applications

via electronic means. For additional information contact the Kentucky DPH HIV/AIDS Branch at (502) 564-6539 or by viewing the HIV/AIDS webpage at <http://chfs.ky.gov/dph/epi/hiv aids/>

HIV/AIDS Reporting System (eHARS) and Program Evaluation & Monitoring System (PEMS)

These systems are both CDC programs, used by the State, with the eHARS used to collect and submit reported HIV/AIDS cases to CDC surveillance and the PEMS is used to collect and submit HIV testing and other prevention data. For additional information contact the Kentucky DPH HIV/AIDS Branch at (502) 564-6539 or by viewing the HIV/AIDS webpage at <http://chfs.ky.gov/dph/epi/hiv aids/>

RESPONSIBILITIES OF LOCAL HEALTH DEPARTMENTS IN PREPARING FOR AND RESPONDING TO BIOTERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

One of the core public health activities is Emergency and Disaster Preparedness. The local health department director is responsible to assure, at minimum, the following actions are taken to prepare for a public health emergency:

- Collaborate with community emergency response partners to identify resources, capabilities and vulnerabilities in the response system to make sure that needed public health and health care services are coordinated and available when needed.
- Develop, exercise, evaluate and revise comprehensive public health preparedness and response plans that are consistent with the County Emergency Operations Plans in format and content.
 - **All Hazards Emergency Operations Plans (EOPs)**
Develop scalable plans in coordination with county emergency management that support local, regional, and statewide responses to incidents of bioterrorism; catastrophic infectious disease, such as pandemic influenza; other infectious disease outbreaks; and other public health threats and emergencies. Plans should include the development of crisis mental health services, emergency mutual aid agreements, and/or compacts, and the inclusion of hospitals and other medical entities in the jurisdiction's healthcare system. Plans must be NIMS compliant. Appropriate LHD (specifically those who have incident command responsibilities) staff must complete NIMS required trainings as per federal guidance to be eligible for federal grant funding.
 - **Strategic National Stockpile Planning**
SNS planning is a community-wide project and LHDs must become part of a local jurisdictional multi-disciplined planning group (Local Emergency Planning Committee [LEPC] or other such group) that can address all local SNS issues.
 - **Pandemic Influenza Operational Planning**
Pandemic influenza operational planning is integral to ensuring a successful response to influenza pandemics. LHDs must develop a Pandemic Influenza Operations Plan using the planning guidance disseminated in 2009.
 - **Continuity Of Operations Planning (COOP)**
Continuity of operations planning and continuity of government planning are integral parts of our statewide Pandemic Influenza planning process. COOP is a federal mandate by HHS and the Department of Homeland Security (DHS) for all states receiving public health emergency preparedness funding. Both state and local health departments must be able to carry on essential functions during an emergency situation such as pandemic influenza.
- Distribute and discuss the EOP with LHD staff and other emergency responders and community partners.

- Create and maintain an emergency alert response directory and call list, to provide for initial alert response and local agency interoperability in case of an event.
- Assure that all LHD staff is apprised of their emergency planning and response duties.
- Assure that all LHD staff acquire and maintain public health emergency preparedness competencies necessary to prepare for and respond to public health emergencies.
- Review, update and revise EOPs at least annually.
- Conduct an annual multi-agency mock exercise of the EOP.
- Declare public health emergency and activate Emergency Operations Plan.
- Mobilize local staff.
- Provide public health, environmental, medical and administrative support to disaster victims and other disaster responders.
- Prevent, monitor, and control the spread of communicable disease in the community.
- Monitor sanitation, solid waste, sewage disposal and vector control problems.
- Protect the food supply, monitor food preparation and distribution to ensure protection from food-borne disease.
- Inform the public by providing the community with accurate health related educational materials, media releases, and health alerts.
- Serve as a resource for immunization recommendations, maintaining existing services and adding additional on/off-site services based on community need.
- Forward to the Department for Public Health Department Operations Center (DOC) or the Commissioner's Office a request for assistance.
- Provide mutual aid and resources to assist other local health departments and communities.
- Create and maintain a disaster response equipment inventory and monitoring process, to ensure needed items are acquired, stored, safeguarded and replaced based on shelf life/life cycle.

The local health department should contact the Public Health Preparedness Branch for additional information or assistance regarding responsibilities and actions to take in preparing for and responding to bioterrorism and other public health emergencies. The contact telephone number for the Public Health Preparedness Branch is (502) 564-7243. The DPH Public Health Preparedness website link is <http://chfs.ky.gov/dph/epi/preparedness/default.htm>.