Sections:

- **Foreword** and **Charter**
- **Contact Information**
- **Preventive Services Covered Under the Affordable Care Act**
- **Abuse, Neglect and Violence**
- **Accreditation, Performance Management, Quality Improvement/Assurance**
- **Boards of Health – Agency Functions**
- **Breast and Cervical Cancer Screening Program – KWCSP**
- **Consent for Services**
- **Core Competencies Crosswalk**
  
  *Public Health Nursing Competencies (Narrative)*
  
  *KY DPH Core Competencies for Public Health Nurses*
- **Education and Workforce Development**
- **Environmental Health Services**
- **Financial Management**
- **Incident Reports**
- **DPH Guidelines for LHD Bloodborne Pathogens Exposure Control Plan for OSHA Compliance**
- **LHD Facilities and Equipment**
- Local Health Operations
- Local Health Personnel
- Medical Record Management
- Patient Services Reporting System – PSRS
- Responsibilities of LHDs in Preparing for and Responding to Bioterrorism and other Public Health Emergencies
- Public Health Foundational Package of Local Public Health Services (CORE FUNCTIONS) and Community Health Planning and Reporting
- Training Guidelines and Program Descriptions
- Vital Statistics – Registrar Guidelines
- AR Section References
FOREWORD

The Kentucky Department for Public Health (DPH) provides guidelines and instructional materials to assist local health departments (LHDs) in operating. This edition of the DPH Administrative Reference for LHDs (AR) is updated to include all additions and changes approved through **June 30, 2019**.

AUTHORITY FOR DPH ADMINISTRATIVE REFERENCE

The guidelines contained in this document are minimum requirements for operation of Kentucky’s LHDs, established under statutory authority of KRS 194A.050 and KRS 211.025 in accordance with KRS 211.090, KRS 211.170, KRS 211.190 and KRS 212.230. These guidelines also are related to KRS 212.020, KRS 212.210, KRS 212.245, KRS 212.640, KRS 212.855, KRS 212.860 and KRS 212.880. Regulations regarding board of health requirements are outlined in 902 KAR 8:150 and LHD operations requirements are in 902 KAR 8:160.

The guidelines and instructions established in this AR shall supersede all administrative policies and procedures previously contained in the Local Health policy, Financial Management protocols, Program Standards and Planning Manuals for LHDs and any interpretations thereof.

Except as otherwise provided by law or regulation, any member of the public, patient, or LHD that is aggrieved by any guidelines included within this reference may request a waiver of such policy by submitting a written request with appropriate documentation of undue hardship to the Director of the Administration and Financial Management Division. In the event the Director fails to issue a waiver, the affected party may appeal to the Commissioner of the Department for Public Health for final review and consideration.

The Louisville Metro Health Department, Lexington-Fayette County Health Department, and Northern Kentucky Independent District Health Departments are governed by separate enabling statutes located under KRS Chapter 212. These statutes are KRS 212.350 to KRS 212.639 and KRS 212.270 to KRS 212.794 and have their own agency-specific policies, particularly with regard to setting of patient fees, board of health governance, membership and appointments, and personnel policies. Except as otherwise provided by law or regulation, the remainder of the topics contained within this AR shall apply to these local health departments.
MAINTENANCE OF THE ADMINISTRATIVE REFERENCE FOR LOCAL HEALTH DEPARTMENTS

Keeping Reference Current

- The DPH Administrative Reference for LHDs (AR) can be found on the Department’s [LHD Forms, Documents and Administrative Reference webpage](http://lhdforms.dph.state.ny.us).
- The AR guidance document shall be accessible to all employees, along with local policies, procedures and other reference materials and resources.
- The AR shall be maintained to contain all current state administrative guidelines.
- DPH and LHD employees shall have the opportunity to review the AR and any new or revised guidelines shall be available to all appropriate staff.
- A Table of Contents for each AR Section will be available for any new or revised guidelines to LHDs.
- LHDs shall provide training at minimum annually to include any new or revised guidelines. Training should also be provided due to LHD internal control policy changes, QA/QI assessments, DPH compliance reviews, and DPH onsite visit reports.
- The AR will be reviewed annually by the AR Core Review Committee and coordinated by the Division of Administration and Financial Management (AFM).

Clarification of Guidelines
Questions or issues regarding guidelines contained in the AR for LHDs should be forwarded in writing to the AFM Division Director or Assistant Director(s).

Other Services
All LHDs must offer voter registration services and retain documentation of such in conformance with Public Law 103-31 ([National Voter Registration Act of 1993](https://www.gpo.gov/fdsys/content/getdoc?id=frv20180101.018.00168)).
# CHARTER

**DPH Administrative Reference for Local Health Departments**

<table>
<thead>
<tr>
<th>Sponsor: Kentucky Department for Public Health (DPH)</th>
<th>Contact: Director, Administration and Financial Management Division</th>
</tr>
</thead>
</table>

**Vision/Mission:**
To provide operational and financial management guidance and direction to Kentucky local health departments (LHDs). The Administrative Reference (AR) provides guidelines as directed by federal and state statutes, regulations and policies.

**Importance:**
The Department for Public Health (DPH) is responsible for the monitoring and oversight of local health department (LHD) operations. DPH is dedicated to maintaining a strong partnership with LHDs to assure a successful delivery of the “Ten Essential Public Health Core Services” to the residents of Kentucky.

**Focus:**
The Administrative Reference shall provide policies, procedures and guidelines to local health departments as established by the DPH Commissioner’s office and all DPH divisions.

**Deliverable:** Guidance document which:
- Contains complete, accurate and current program information
- Is readily accessible and easy to reference; and
- Is utilized by Local Health Departments for agency operations and program management

**Measures:**
- DPH programs provide guidance in accordance with current federal and KY statutes, regulations and policies
- LHD services are delivered per policies and procedures
- Quality improvement, medical coding/financial reviews that pass established standards indicate LHDs are in compliance
- LHD issues/concerns are monitored and technical assistance is provided
- User acceptance is evaluated

**Resources:**
1) No budget necessary
2) DPH Commissioner’s staff authorize and approve annual review with DPH program contacts and LHD representatives
3) Key stakeholders: LHD directors, DPH leadership and program staff, citizens of the Commonwealth
4) Between annual updates, the AR Interim Change process needs to be followed.
Contact Information

Table of Contents

(Ktrl+click on text to go directly to content)

Kentucky DPH Divisions

Kentucky DPH Organizational Chart

Kentucky DPH Divisions and Programs Phone Directory
The Kentucky Department for Public Health (DPH) consists of seven divisions:

- Administration and Financial Management (AFM)
- Epidemiology and Health Planning (EHP)
- Laboratory Services (LS)
- Maternal and Child Health (MCH)
- Prevention and Quality Improvement (PQI)
- Public Health Protection and Safety (PHPS)
- Women’s Health (WH)

A DPH organizational chart and a phone/contact listing of DPH programs and employees by divisions are on the DPH website.

NOTE: The website-content of the DPH organizational chart and program contact listing may change or need changed given the fluidity of department-wide staffing updates. Please contact the DPH Commissioner’s Office at (502) 564-3970 for assistance as needed. URL hyperlinks for each DPH Division’s webpage are provided below by clicking on the Division name.
### Department for Public Health (DPH) – Divisions & Programs Phone Directory

**Commissioner’s Office** ............................... (502) 564-3970  
Health Equity Branch ......................................... 564-3970, ext. 4074

**Division of Administration and Financial Management** ..... (502) 564-6663, Option 0

- **Budget Branch:**
  - Local Health Budget Section ..................................... 564-6663, Option 2
  - State Budget Section .................................................. 564-6663, Option 4
- **Contracts and Payments Branch** ................................. 564-6663, Option 3
- **Education and Workforce Development Branch** ............ 564-6663, Option 6
- **Local Health Operations Branch** .................................. 564-6663, Option 1
- **Local Health Personnel Branch** ..................................... 564-6663, Option 5

**Division of Epidemiology and Health Planning** .......... (502) 564-3418

- **HIV/AIDS Branch** .................................................... 564-6539
  - HIV/AIDS Services Section ........................................... 564-6539
  - HIV/AIDS Prevention Section ....................................... 564-6539
- **Infectious Disease Branch** .......................................... 564-3261
  - TB Prevention and Control Section ................................ 564-4276
  - Immunization Section .................................................. 564-4478
  - STD Prevention and Control Section ................................ 564-4804
  - Reportable Disease Section ........................................... 564-3261
- **Vital Statistics Branch** ............................................... 564-4212
  - Registration and Amendment Section ................................ 564-4212
  - Certification Section ................................................ 564-4212
  - Administrative and Quality Assurance Section .................. 564-4212

**Division of Laboratory Services** ............................... (502) 564-4446

- **Business Operations Branch** ................................ ........ 564-4446
  - Procurement Section .................................................... 564-4446
  - Customer Service Section ............................................. 564-4446
- **Global Preparedness and Environmental Branch** ............ 564-4446
  - Environmental Chemistry Section .................................... 564-4446
  - Preparedness Section .................................................. 564-4446
- **Microbiology Branch** .................................................. 564-4446
  - Virology Section .......................................................... 564-4446
  - Bacteriology Section .................................................... 564-4446
- **Molecular and Clinical Chemistry Branch** ...................... 564-4446
  - NBS and Metabolic Section ............................................. 564-4446
  - Molecular and Biomedical Engineering Section .................. 564-4446

**Division of Maternal and Child Health** ....................... (502) 564-4830

- **Child and Family Health Improvement Branch** ............... 564-3527
  - Pediatric Section ...................................................... 564-2154
  - Oral Health Section ................................................... 564-3246
- **Early Childhood Development Branch** ............................. 564-3756
Early Childhood Promotion Section.................................................. 564-3756
Early Intervention Section.......................................................... 564-3756
Newborn Screening Section.......................................................... 564-3756
Health Promotion Branch ............................................................ 564-9538
Nutrition Services Branch ............................................................ 564-3827
WIC Program Management Section ................................................ 564-3827
WIC Food Delivery/Data Section ..................................................... 564-3827
Clinical Nutrition Section .............................................................. 564-3827
WIC Vendor Management Section .................................................. 564-3827

Division of Prevention and Quality Improvement .......... (502) 564-7212
Chronic Disease Prevention Branch ............................................. 564-7996
Health Care Access Branch .......................................................... 564-8966

Division of Public Health Protection and Safety ........ (502) 564-7398
Environmental Management Branch ............................................. 564-4856
Facilities Environmental Section .................................................... 564-4856
Community Environmental Section .............................................. 564-4856
Food Safety Branch .................................................................. 564-7181
Retail Food Section .................................................................... 564-7181
Food Manufacturing Section ....................................................... 564-7181
Milk Safety Branch ................................................................... 564-3340
Milk Safety Technical Section ....................................................... 564-3340
Milk Safety Administrative Section ............................................... 564-3340
Public Health Preparedness Branch .............................................. 564-7243
Community Health Preparedness Section ................................. 564-7243
Healthcare System Preparedness Section ................................. 564-7243
Public Safety Branch ................................................................. 564-4537
Radiation Health Branch ............................................................. 564-3700
Radiation Producing Machines Section ................................. 564-3700
Radioactive Material Section ....................................................... 564-3700
Radiation/Environmental Monitoring Section .......................... 564-4446

Division of Women’s Health .............................................. (502) 564-3236
Adolescent Health Initiatives Program .......................................... 564-3236
Breast and Cervical Cancer Screening Program .................... 564-3236
Breast Cancer Research and Education Trust Fund ............... 564-3236
Family Planning Program ............................................................ 564-3236
Ovarian Cancer Awareness ......................................................... 564-3236
Preconception Health Program .................................................... 564-3236
Preventive Services Covered Under the Affordable Care Act

Source: HHS.gov/HealthCare

Cost sharing (including copayments, co-insurance, and deductibles) reduces the likelihood that preventive services will be used especially among women. Studies show that even moderate copays for preventive services such as mammograms or pap smears result in fewer women obtaining this care.

The Affordable Care Act (ACA) requires most health plans to cover recommended preventive services without cost sharing for those patients with Medicaid, Medicare or private insurance. Preventive services provided at the LHD are covered without cost-sharing requirements include:

- **Covered Preventive Services for Adults**
  - Alcohol Misuse screening and counseling
  - Blood Pressure screening for all adults
  - Cholesterol screening for adults of certain ages or at higher risk
  - Colorectal Cancer screening for adults over 50
  - Depression screening for adults
  - Type 2 Diabetes screening for adults with high blood pressure
  - Diet counseling for adults at higher risk for chronic disease
  - Hepatitis B screening for adults at high risk
  - Hepatitis C screening for adults at high risk or one-screening for adults born between 1945 and 1965
  - HIV screening for all adults ages 15 to 65 years; older and younger if at higher risk
  - Immunization Vaccines: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza, MMR, Meningococcal, Pneumococcal, Tdap, Varicella
  - Lung cancer screening for adults ages 55-80
  - Obesity screening and counseling for all adults
  - Sexually Transmitted Infection (STI) prevention counseling and screening for adults at higher risk
  - Tobacco Use screening for all adults and cessation interventions for tobacco users

- **Covered Preventive Services for Women, Including Pregnant Women**
  - Anemia screening on a routine basis for pregnant women
  - Bacteriuria urinary tract or other infection screening for pregnant women
  - BRCA counseling about genetic testing for women at higher risk for breast cancer
  - Breast Cancer Mammography screenings every 1 to 2 years for women over 40
  - Breast Cancer Chemoprevention counseling for women at higher risk
  - Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
- **Cervical Cancer** screening for sexually active women
- **Contraception** and contraceptive counseling; FDA-approved contraceptive methods, and sterilization procedures (does not include abortifacient drugs)
- **Domestic and Interpersonal Violence** screening and counseling for all women
- **Folic Acid** supplements for women who may become pregnant
- **Gestational Diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **HIV** screening and counseling for sexually active women
- **HPV DNA testing** every three years for women with normal cytology results who are 30 or older
- **Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk
- **STI** counseling and screening for sexually active women
- **Tobacco Use** screening for all women, and expanded counseling for pregnant tobacco users
- **Well-woman Visits** to obtain recommended preventive services

### Covered Preventive Services for Children
- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
- **Blood Pressure** screening for children
- **Cervical Dysplasia** screening for sexually active females
- **Depression** screening for adolescents
- **Developmental** screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia** screening for children at higher risk of lipid disorders
- **Fluoride Chemoprevention** supplements for children without fluoride in their water source
- **Height, Weight and Body Mass Index** measurements for children
- **Hematocrit or Hemoglobin** screening for children
- **Hepatitis B** screening for non-pregnant adolescents at high risk
- **HIV** screening for adolescents starting at age 15 or younger if at higher risk
- **Immunization**: Tdap, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza, MMR, Meningococcal, Pneumococcal, Rotavirus, Varicella
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
- **Sexually Transmitted Infection** prevention counseling and screening for adolescents
- **Tobacco Use** screening for children and adolescents and cessation interventions for tobacco users
- **Tuberculin** testing for children at higher risk of tuberculosis
- **Vision** screening for all children

*For more information on these preventive services, please click the links below:*


[U.S. Preventive Services – TASK FORCE: A and B Recommendations](#)
Abuse, Neglect, and Violence

Table of Contents

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

Signs of Possible Abuse, Neglect, or Exploitation ........................................ 1
Screening and Identification of Possible Victims ............................................. 2
Sexual Violence .................................................................................................. 4
Child Abuse: Indicators ...................................................................................... 6
Child Abuse: Response ....................................................................................... 8
Child Abuse: Referral and Resources ................................................................. 9
Domestic Violence: Indicators ............................................................................ 10
Domestic Violence: Safety Planning ................................................................. 11
Domestic Violence: Referrals and Resources ................................................... 13
Vulnerable Adult Abuse: Indicators ................................................................. 14
Vulnerable Adult Maltreatment: Safety Planning ............................................... 15
Human Trafficking: Indicators .......................................................................... 18
Human Trafficking: Referrals and Resources ................................................... 19
Reporting Requirements .................................................................................... 21
Community Resources ....................................................................................... 22
Spouse Abuse Centers ...................................................................................... 24
Rape Crisis Centers ............................................................................................ 24
KY Area Agencies on Aging and Independent Living (AAAIL) ..................... 25
KY Community Mental Health Centers (CMHC) ............................................. 25
KY Psychiatric Hospitals/Facilities ..................................................................... 25
24-Hour Crisis Hotline ...................................................................................... 25
Kentucky State Police Posts .............................................................................. 25
Other Hot Line/Crisis Telephone Numbers by Agency .................................... 25
Reporting Laws ................................................................................................. 26
### SIGNS OF POSSIBLE ABUSE, NEGLIGENCE, OR EXPLOITATION

**Note:** No list of indicators can be all-inclusive, nor does the presence of one of the indicators necessarily mean a person is being abused or neglected. The indicators are clues that can help you tune into the needs of the patient and her/his family. Additionally, although the following are categorized, many of the signs may indicate any of the types of abuse or multiple abuses.

<table>
<thead>
<tr>
<th>Sexual Assault</th>
<th>Child Abuse/Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Distress at questions re: sexual history</td>
<td>- Bruises on posterior side, clustered or in unusual patterns, in various stages of healing, or on an infant</td>
</tr>
<tr>
<td>- Reluctance to undress / undergo pelvic exam</td>
<td>- Burns – immersion, cigarette, rope, dry (caused by iron or other appliance)</td>
</tr>
<tr>
<td>- Sudden onset of sleep disorder</td>
<td>- Lacerations / Abrasions on lips, eye, any portion of an infant’s face, on gum tissues (forced feeding), on external genitalia</td>
</tr>
<tr>
<td>- Anxiety or depression</td>
<td>- Missing or loosened teeth</td>
</tr>
<tr>
<td>- Request for emergency contraception, pregnancy testing, or STI/HIV testing</td>
<td>- Skeletal or head injuries (including missing hair)</td>
</tr>
<tr>
<td>- Injuries to sexual parts of body</td>
<td>- Internal injuries (duodenal hematoma, jejuna hematoma, rupture of inferior vena cava, peritonitis (from hitting/kicking)</td>
</tr>
<tr>
<td>- Difficulty walking or sitting</td>
<td>- Pattern injuries (cord, paddle, etc.)</td>
</tr>
<tr>
<td>- Swollen or red cervix, vulva, or perineum</td>
<td></td>
</tr>
<tr>
<td>- Torn, stained, or bloody underclothes</td>
<td></td>
</tr>
<tr>
<td>- Pain or itching in genital area</td>
<td></td>
</tr>
<tr>
<td>- Stress related complaints (headache, back pain, gastrointestinal issues)</td>
<td></td>
</tr>
<tr>
<td>- Bruising from being restrained (wrists, throat, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Violence</th>
<th>Vulnerable Adult Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Injuries in various stages of healing</td>
<td>- Injury not been properly cared for or is inconsistent with explanation.</td>
</tr>
<tr>
<td>- Bilateral, multiple, or patterned injuries</td>
<td>- Pain from touching</td>
</tr>
<tr>
<td>- Physical findings inconsistent with history or statement of cause</td>
<td>- Cuts, puncture wounds, burns, bruises, welts</td>
</tr>
<tr>
<td>- Repeated visits for treatment of vague symptoms</td>
<td>- Dehydration or malnutrition without illness related cause</td>
</tr>
<tr>
<td>- Delay between injury and presentation</td>
<td>- Poor coloration, sunken eyes or cheeks</td>
</tr>
<tr>
<td>- Chronic pain or depression</td>
<td>- Inappropriate administration of meds</td>
</tr>
<tr>
<td>- Partner reluctant to leave, uses demeaning language, or seems controlling, etc.</td>
<td>- Soiled clothing or bed</td>
</tr>
<tr>
<td>- Pregnancy may trigger abuse to begin or worsen</td>
<td>- Frequent use of hospital or healthcare/doctor shopping</td>
</tr>
<tr>
<td></td>
<td>- Lack of necessities (food, utilities)</td>
</tr>
<tr>
<td></td>
<td>- Forced isolation</td>
</tr>
<tr>
<td></td>
<td>- Confused, disoriented</td>
</tr>
</tbody>
</table>
SCREENING AND IDENTIFICATION OF POSSIBLE VICTIMS

Universal Screening

Physicians should routinely screen patients for abuse, neglect, and exploitation. This should be a non-threatening screening that asks patients about:

<table>
<thead>
<tr>
<th>FAMILY/MEDICAL HISTORY</th>
<th>SOCIAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• History of Illness</td>
<td>• Family/relationship abuse</td>
</tr>
<tr>
<td>• STIs</td>
<td>• Fear of harm</td>
</tr>
<tr>
<td>• HIV/AIDS</td>
<td>• Self or caregiver neglect</td>
</tr>
<tr>
<td>• Hx of broken bones or other injury</td>
<td>• Tobacco/alcohol use/abuse</td>
</tr>
<tr>
<td>• Recent serious illnesses</td>
<td>• Illicit drug use</td>
</tr>
<tr>
<td>• Other relevant conditions</td>
<td>• Make-up of family unit</td>
</tr>
<tr>
<td></td>
<td>• Job conditions</td>
</tr>
</tbody>
</table>

Physicians should be prepared to provide and/or inform patients regarding the following services/requirements:

- Emotional support & reassurance
- Referrals to support services/specialty care
- Privacy and safety
- Mandatory reporting of CPS and APS Allegations
- Comprehensive medical assessment
- Access to medical records & treatment
- Expert medical testimony
- Collection and preservation of evidence
- Documentation of maltreatment

If risks are indicated or suspected, further evaluation should be conducted and findings documented.
**S-A-V-E MODEL** *
SCREEN all patients for interpersonal violence
ASK direct questions in a non-judgmental way
VALIDATE patient’s response
EVALUATE, EDUCATE, and make referrals

**DOCUMENTATION**
Appropriate documentation of subjective and objective findings; history and physical assessment; patient education and all mandatory reporting referrals shall be documented completely (paper or electronically depending on the local health department clinical documentation system) and filed in the patient’s medical record per record retention policies.

Screening for issues of abuse, neglect or exploitation:

- Should be a routine part of face to face visits with patients including annual/wellness exams, STI tests and treatment, injury visits, pregnancy test visits, etc;
- Must take place in a private setting away from family or friends and must be confidential;
- Must be conducted in the patient’s primary language. Use a professional interpreter; **not** family members or friends;
- Must be direct and non-judgmental;
- Should be conducted by staff with some knowledge of the dynamics of interpersonal violence, safety issues, cultural competency, and safety planning; and
- Must include support and affirmation for the patient that discloses.

Physicians need to remember that often the abuser is someone deeply cared about by the patient/victim and should avoid all negative responses in front of the patient.

**HIGH RISK INDICATORS:**

- Threats (explicit or implied)
- Fantasies, talk of, or attempts at homicide or suicide
- Apparent sense of ownership and possessiveness of patient
- Escalation of threats or violence
- History of violence
- Recent leaving of abuser (separation violence)
- Serious injury or multiple injuries in various stages of healing
- Head trauma (esp. in small children)
- Any act of strangulation
- Use or threat of weapons
Increased substance use/abuse  
Untreated mental health problems  
Stalking  
Killing or harming of family pets

Precautions may involve more than required reporting to the Department for Community Based Services. Make certain that patient and other vulnerable family members (mother, child, etc.) are given appropriate safety planning assistance and referrals for emergency help. Law enforcement or security may need to be called for immediate protection in emergent situations.

SEXUAL VIOLENCE

Anytime a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity, sexual violence has been committed.

Consent is the critical issue. Consent has two parts: (1) an actual expression of agreement (2) by someone legally competent to give consent (i.e., not under age 16, intoxicated, or otherwise legally deemed incapable of consent). If the perpetrator is in a position of authority (ex. Clergy, teacher, coach, etc.) then the age of consent is 18. **Silence is not consent.** Sometimes victims are too scared, disoriented, or shocked to fight back or say no.

Sexual violence is perpetrated in many forms including:

- Non-physical aggression (stalking, verbal coercion, or harassment)
- Intimate contact without consent (such as child molestation, sex with an intoxicated person or groping)
- Assault/attacks such as forcible rape

Indicators:

Physical evidence of sexual violence may often be absent or minimal. Therefore, healthcare providers must be aware of cognitive and emotional indicators to trigger appropriate follow up. Since there is no “typical” response to sexual violence, nor is there a prescribed time period for healing, indicators of sexual violence are varied and many. Examples that may present immediately following abuse and over the long term include:

- Possible injury, bruising, or chaffing.
- Physical discomfort or soreness
- Nausea
- Loss of memory (due to shock or known/unknown substance use)
- Patient may seek care only for treatment of sexually transmitted infection or potential pregnancy
- Shock, anger, fear, confusion, etc.
- Distorted or confused thinking
- Self-medication (drug or alcohol use/abuse)
- Disordered eating
- Self-harming behavior
- Change in personal habits, personality, clothing choice, etc.
- Depression or depressive symptoms
- Significant decrease or increase in sexual behavior
- Somatic complaints: sleep disturbance, headache, nausea, etc.
- Relationship difficulties
- Overprotection of self or others, Hypervigilance
- Hyper startle response, nervousness, anxiety
- Appearance or return of symptoms during pregnancy
- Appearance or return of symptoms as patient’s children reach age of patient’s abuse/assault

Indicators may be immediate, ongoing, or sporadic. Life events, anniversary dates, anything, or nothing may trigger symptoms in particular.

**Referral and Resources:**

Sexual Assault Medical-Forensic Exams (SAFE Exams) are provided for victims seeking treatment after sexual assault or abuse. These exams are generally provided by hospitals or specialized sexual assault examination facilities. The Kentucky Sexual Assault Medical Protocol regarding procedures to be followed by medical staff before, during, and after examination of a victim of sexual assault is defined in 502 KAR 12:010. These exams may be performed by a doctor or a Sexual Assault Nurse Examiner (SANE). While health department are not required to provide SAFE examinations, it may be helpful for public health professionals to understand the basics of SAFE exams for referral and information purposes for patient education. Patients should be informed that the SAFE Exam includes both medical care and collection of forensic samples. Whenever possible, referral to a SANE nurse or physician.

**Release of Information:**

The law requires an examination facility to contact the Rape Crisis Center. However, the victim should have the choice of whether to report to law enforcement, except in cases of child abuse. Many hospitals have not incorporated updated policies so victims should be informed by the LHD when possible.

**Payment:**

Basic SAFE Exam procedures are paid for by the state, but the patient may be billed for services that are not included in all exams, such as x-rays, surgery, and/or ambulance transportation.

**Follow-up Care at Health Departments:**

Public Health personnel should also be aware that individuals are commonly referred to the Health Department for follow-up care, especially as related to testing for HIV and other sexually transmitted infections.
**Additional Resources for Child Victims:**

Children’s Advocacy Centers have been developed throughout the Commonwealth to provide child-friendly setting for responding to sexual abuse of children. Referral to a Children’s Advocacy Center is typically made by DCBS or law enforcement personnel. Public Health professionals should be familiar with relevant local protocol related to referral.

**Rape Crisis Centers:** Provide multiple support services for victims including advocacy and counseling. To locate your regional center, click on the link provided or call the national 24 hour hotline which will direct all calls to the caller’s nearest center: 800-656-HOPE.

**Kentucky Association of Sexual Assault Programs (KASAP):** Statewide coalition of the rape crisis centers provides training (including SANE certification training) and technical assistance. Call 502-226-2704.

**Office of Victims’ Advocacy:** Division of the Office of the Attorney General provides training, victim referrals, advocacy, and technical assistance regarding prosecution and the criminal justice system. Call 502-696-5312 or 800-372-2551.

**Crime Victims Compensation Board:** Administers the Sexual Assault Exam Program and Crime Victims Compensation Fund. Call 502-573-2290, 800-469-2120.

**UK Center for Research on Violence Against Women:** Advances scientific inquiry into the legal and clinical complexities presented by crimes against women. Call 859-257-2737.

**Victim Identification and Notification Everyday (VINE):** Automatically calls registered numbers about release or escape of particular offender(s) and services of Emergency Protective Orders in some jurisdictions. Call 800-511-1670.

**Statewide Abuse Reporting Hotline:** Accepts reports regarding child and adult abuse 24 hours a day: Call 877-597-2331.

**CHILD ABUSE: INDICATORS**

**Sexual Abuse:** Victims may demonstrate an array of the following behavioral and physical indicators. Please note that not all children will demonstrate observable changes in their behaviors and actions. Although some changes are negative, other changes in children may be viewed as positive. For example, some children may become more compliant. In utilizing the indicators below, please be mindful of sudden or drastic behavioral changes.

**Behavioral**
- Regression of behavior
- Poor peer relationships
- Tells stories of sexual nature, reports sexual activity, acts out sexual behavior with dolls, toys or others
- Sudden behavior changes
- Fear of persons/places
- Sleeping and eating issues
- Prostitution
- Run-away attempts
- Drug use
- Reluctance to participate in recreational activity
- Young children’s preoccupation with sex organs of self, parents or other children
- Withdrawn behavior
- Aggressiveness

Physical

- Difficulty walking and sitting
- Torn clothing
- Stained or bloody underwear
- Pain or itching in the genital area
- Sexually transmitted diseases
- Early pregnancy
- Urinary tract infections
- Bleeding, cracks or tears around orifices
- Psychosomatic complaints (stomach aches, headaches, etc.)
- Gagging, vomiting
- Bed wetting or soiling once toilet training is completed

Physical Abuse:

Physical

- Evidence of repeated injuries
- Wounds in various stages of healing
- Fractures, joint injuries
- Unusual unexplained head injuries (including missing hair)
- Unusual burns (immersion, cigarette, rope, dry burns caused by irons or other appliances)
- Pattern injuries (cord, paddle, etc.)
- Internal injuries – jejuna hematoma, rupture of inferior vena cava, peritonitis (from hitting/kicking)
- Bites or bruises
- Bruises on posterior side, clustered or in unusual patterns
- Lacerations/abrasions on the lips, eye, any portion of infant’s face, on gum tissues (forced feeding), on external genitalia
- Missing or loose teeth

Behavioral

- Afraid of physical contact or overly anxious to please adults
- Overly aggressive or destructive
- Unusually timid or fearful
• Physical/language development problems

**Emotional Abuse:** rarely manifested in physical signs and is most often observed through behavioral indicators such as:

• Low self-esteem/self-worth
• Lack of belief in thoughts and behaviors
• Belittling oneself and verbal comments in general about oneself

**Neglect:**

• Abandonment
• Lack of supervision
• Lack of medical/dental care
• Lack of adequate nutrition
• Lack of adequate clothing and hygiene
• Consistently hungry and dirty
• Constant fatigue
• Assumes adult responsibilities
• Severe developmental lags
• Suffers persistent illnesses
• Begs and steals food

**CHILD ABUSE: RESPONSE**

Every county in the Commonwealth of Kentucky has access to evaluation and care from a Child Advocacy Center that specializes in the evaluation and care of children who may be victims of child sexual abuse. Additionally, each Kentucky county has a local Department for Community Based Services (DCBS), Protection and Permanency office that is statutorily responsible for responding to allegations of child abuse/neglect.

**Child Advocacy Centers:**
Children’s Advocacy Centers (CACs) exist in each of the fifteen development districts and provide a multidisciplinary team approach to the response, investigation, treatment, and prosecution of the crime of child sexual abuse. CACs are defined in [KRS 620.020(4)](https://statutes.ky.gov/Statutes/2011-2015StateSession/12011Session/) and are private, non-profit agencies governed by local boards of directors.

Based on the national best practices standards and accreditation of the National Children’s Alliance, CACs in Kentucky were designed specifically to provide both critical services and a foundation for the important work of multidisciplinary teams in the Commonwealth. The [Kentucky Association of CACs](https://www.kacac.org/) (KACAC), a chapter member of the National Children’s Alliance, provides support and direction for the ongoing development of CACs to help ensure all are providing nationally recognized “best practices” services to the extent their local community resources will allow.
Medical examinations conducted at CACs are thoroughly documented in medical records that are maintained by the CAC and provided to MDT investigators and/or prosecutor in a timely manner.

CACs are identified as specialized children’s services clinics within the Commonwealth and are the primary agency responsible for providing comprehensive child sexual abuse medical examinations to children when there are allegations and/or concerns of sexual abuse or molestation. Comprehensive child sexual abuse medical examinations provided at a CAC include at minimum:

- A medical history taken from the child and a non-implicated parent, guardian or primary caretaker;
- A physical examination with detailed attention to the anogenital area;
- If clinically indicated, a colposcopic examination; and
- A mental health screening, provided on the same day and at the same location as the physical examination, to determine the impact of the alleged abuse on the mental health status of the child and the need for mental health services.

All comprehensive child sexual abuse medical examinations provided at CACs are provided by licensed physicians that have received specialized training in the medical examination of sexually abused children and have access to and have been trained on the use of a colposcope. CAC physicians must also participate in peer review and complete continuing education and training on the medical diagnosis and treatment of sexually abused children.

**CHILD ABUSE: REFERRAL AND RESOURCES**

**Child Advocacy Centers** provide multiple services including specialized child sexual abuse medical examinations, forensic interviews, advocacy, and mental health services for victims of child abuse.

**Kentucky Association of Children’s Advocacy Centers:** Association of CACs provides technical assistance and training. Call 859-699-1191.

**Judi’s Place for Kids** Call 859-225-8879

**Prevent Child Abuse Kentucky (PCAKy)** Call 800-CHILDREN

**Salt River Trail Hotline:** Accepts reports regarding child and adult abuse 24 hours a day: 877-597-2331.

**The Rape, Abuse and Incest National Network (RAINN)** Operates National 800-656-HOPE hotline, national statistics, resources, and links

**Office of Victims’ Advocacy:** Division of the Office of the Attorney General provides training, victim referrals, advocacy, and technical assistance regarding prosecution and the criminal justice system. 502-696-5312 or 800-372-2551.
Domestic Violence is a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. Someone who is or was involved in any intimate relationship with the victim, including dating, perpetrates these behaviors.

DOMESTIC VIOLENCE: INDICATORS

- Visible physical injuries: bruises, lacerations, burns, human bite marks, and fractures (especially of the eyes, nose, teeth, and jaw); injuries during pregnancy, miscarriage, or premature births; injuries that are inconsistent with explanation; multiple injuries in different stages of healing; unexplained delay in seeking medical treatment for injuries.
- Stress-related illnesses: headaches, backaches, chronic pain, gastrointestinal disorders, sleep disorders, eating disorders, fatigue, anxiety-related conditions (such as heart palpitations, hyperventilation, and panic attacks).
- Partner is unwilling to leave woman alone during the examination
- Partner completes the history forms or answers questions addressed to the patient
- Marital and/or family problems
- Depression
- Alcohol or other drug addictions
- Absenteeism: lateness, leaving early.
- Changes in job performance: difficulty concentrating, repeating errors, slower work pace
- Unusual or excessive number of phone calls from family members with strong reactions to these calls.
- Disruptive personal visits to the workplace from employee's present or former partner or spouse.
- Overly dressed: turtlenecks, long sleeves in the summertime.
- Jumpy, irritable
- Withdrawn
- Statements: "My husband won't let me...", "He got so mad that he put his fist right up to my nose...", etc.
- Lack of personal grooming. A total change from past habits.
- Shows low self-esteem
- Health issues or hospitalization during pregnancy including pre-term birth
DOMESTIC VIOLENCE: Safety Planning

An immediate response to domestic violence should include safety planning with a patient.

When personal safety planning is viable, it must be undertaken with caution and an understanding by the client that leaving an abuser is the most dangerous time. Below are suggestions for what to share with a patient.

**Personal safety plan**

**WHAT DOES THE PATIENT NEED TO TAKE WHEN LEAVING?**

<table>
<thead>
<tr>
<th>Identification</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License</td>
<td>Medical records for you and your children</td>
</tr>
<tr>
<td>Children's Birth Certificates</td>
<td>School records</td>
</tr>
<tr>
<td>Birth Certificate</td>
<td>Work permits/Green card/VISA</td>
</tr>
<tr>
<td>Social Security Cards</td>
<td>Passport</td>
</tr>
<tr>
<td>Welfare Identification</td>
<td>Divorce &amp; custody papers/marriage license</td>
</tr>
<tr>
<td>Money and/or credit cards</td>
<td></td>
</tr>
<tr>
<td>Bank books</td>
<td></td>
</tr>
<tr>
<td>Checkbooks</td>
<td></td>
</tr>
<tr>
<td><strong>Legal papers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PROTECTIVE ORDER</strong></td>
<td></td>
</tr>
<tr>
<td>(Patients should keep these at all</td>
<td></td>
</tr>
<tr>
<td>times)</td>
<td></td>
</tr>
<tr>
<td>Lease, rental agreement, house deed</td>
<td></td>
</tr>
<tr>
<td>Car registration and insurance</td>
<td></td>
</tr>
<tr>
<td>papers</td>
<td></td>
</tr>
<tr>
<td>Health and life insurance papers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>House and car keys</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Jewelry</td>
<td></td>
</tr>
<tr>
<td>Address Book</td>
<td></td>
</tr>
<tr>
<td>Pictures of you, your children, and</td>
<td></td>
</tr>
<tr>
<td>your abuser</td>
<td></td>
</tr>
<tr>
<td>Children's toys, toiletries, and</td>
<td></td>
</tr>
<tr>
<td>diapers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Why is a Safety Plan Necessary?</strong></td>
<td></td>
</tr>
</tbody>
</table>

Once a violent act occurs in a relationship, the violence usually reoccurs. In fact, the violence tends to occur more frequently and will most likely increase in severity. This happens even though the abuser is likely to apologize and will promise to change. Therefore, it is extremely important that patients have a plan and think ahead about what should be done in case of an attack, or repeated attacks from the abuser upon his or herself and any children in the household.

Although some abusers do not give any indications or signals prior to an abusive incident, patients may be able to predict an attack by the abuser's behavior. For example, a certain look, a certain phrase that is said, certain times of the month or year, or when discussing various subjects that could provoke anger, are some things
to look for. In many cases, victims of domestic violence contemplate leaving their abusers several times before finally taking action. There are some practical steps that can be used to help keep the patient and children safe.

**Safety With a Protective Order**

When a patient or the patient’s children have been threatened or assaulted the patient can request a protective order from the county District Court Clerk. This may be done 24 hours a day, 7 days a week. In most jurisdictions, after business hours, the patient will need to contact the Police Department to file a request. Among, other things, the patient may request temporary custody, an order for no contact, and/or an order for the batterer to vacate the home. The patient should keep the protective order in hand at all times. The patient should give a copy of the order to the child's school and should call the police if the partner breaks the order. The patient should notify neighbors and co-workers to notify police if the offender is at a protection location, even if the victim is not. Protective orders list locations that offenders must stay away from regardless of the victim’s presence. KRS 209A requires a brochure regarding how to obtain a protective order be provided to any client experiencing domestic or dating violence.

**Safety During an Explosive Incident**

If an argument seems unavoidable, the patient should try to have it in a room or area where there is access to an exit. The patient should stay away from the bathroom, kitchen, bedroom, or anywhere else where weapons might be available. Patients should practice how to get out of the home safely: identifying which doors, windows, elevator, or stairwell would be best. These safety measures should be practiced with children also. Patients should identify one or more neighbors to tell about the violence and ask that they call the police if they hear a disturbance coming from the home. Patients can devise a code word to use with children, family, friends, and neighbors when police are needed. Patients can decide and plan for where to go if there is a need to leave the home (even if the patient believes this will not occur). Patients will need to use internal judgment and might decide to give in to an abuser in a given moment to survive.

**Safety In Patient’s Own Home**

Patients should consider changing the locks as soon as possible. Additional locks and safety devices can secure windows. Patients should discuss a safety plan with any children in the home. Patients need to inform the children's school, daycare, etc. about who has permission to pick up the children. Patients can inform neighbors and landlord that the abusive partner no longer lives in the home and that they should call the police if they see him/her near the home. Patients may designate a "safe meeting place" with the children.
Safety when Preparing to Leave

Patients should open a savings account and/or credit card in his or her own name to start to establish or increase independence. Getting a post office box or having an alternate safe address for mail to allow private receipt of checks and correspondence further builds independence. In 2013, the Kentucky Address Confidentiality Program was created. This program, administered by the Office of the Secretary of State, allows victims to register an address with that office and keep their address from being listed on any public records. Mail can be sent through the program and the victim’s address cannot be released without a court order.

For more information or to see if a patient qualifies, visit the Secretary of State website. Patients can leave money, an extra set of keys, copies of important documents, extra medicines, and clothes with a trusted someone or in a safe place in case there is a need to leave quickly. Safety plans should be reviewed often.

Remember: Leaving an abuser is the most dangerous time for the victim!

Safety On the Job and In Public

The patient should decide whether to inform anyone in the workplace. Informing office or building security and providing a photo of the abuser can increase safety. Patients may also arrange to have a coworker or voicemail screen calls. A safety plan should include the workplace and leaving the workplace.

DOMESTIC VIOLENCE: REFERRALS/RESOURCES:

KRS Chapter 209

Kentucky Domestic Violence Association (KDVA): This statewide coalition of domestic violence programs provides information, training, and technical assistance. Call 502-209-KDVA (5382).

Domestic Violence Shelters: In addition to providing a safe, secure environment for victims/survivors and their children, programs now also offer a variety of support services to residents and non-residents including: Legal/Court advocacy, Case management, Safety planning, Support groups, Individual counseling, Housing assistance, Job search and Children's groups. To locate your regional center, click on the KDVA link or call 800-799-SAFE (7233) to be connected to the nearest shelter.

Statewide Abuse Reporting Hotline: To report spouse abuse, as well as child abuse and vulnerable adult abuse, 24 hours a day: 1-877-597-2331.
UK Center for Research on Violence Against Women: Advances scientific inquiry into the legal and clinical complexities presented by crimes against women. Call 859-257-2737.

Office of Victims Advocacy: This division of the Office of the Attorney General provides training, victim referrals, advocacy, and technical assistance regarding prosecution and the criminal justice systems. 502-696-5312 or 800-372-2551.

VULNERABLE ADULT ABUSE: INDICATORS

In addition to the possible indicators listed below, a patient’s report that someone is mistreating them should be included. Just like we should listen to children when they report they are being harmed, a vulnerable adult’s report of mistreatment should not be dismissed on the basis of dementia or some other cognitive impairment.

Indicators of Neglect:

- Soiled clothing
- Soiled bedding
- Poor hygiene
- Urine odors
- Dry skin
- Weight loss
- Inappropriate food
- Sunken area under the eyes and around the cheek bones
- Left alone or locked up for extended periods of time
- Lack of necessary aids (cane, walker, glasses, dentures)
- Lack of food or water

Indicators of Exploitation:

- Unusual activity in the bank account
- Level of care inconsistent with resources
- Missing property
- Sudden affection or attention to the elder
- Attempts to isolate from support system
- Negative reaction to personal touch

Indicators of Physical Abuse:

- Scrapes
- Bruises
- Cigarette burns
- Strangulation marks
- Skin tears
• Pain upon touching
• Scalp injuries
• Hematomas
• Detached retina
• Fractures
• Dislocations
• Untreated wounds
• Poisoning

Safety Planning for Vulnerable Adult Maltreatment

The information in the following Safety Plan is, in most part, based on the work of Anne Ganley and Susan Schechter, “Domestic Violence: A National Curriculum for Child Protective Service.” Family Violence Prevention Fund, 1996. Competent adults, unlike children, have the right to refuse to participate in this or any aspect of social services.

Guidelines for Safety Planning

1. Safety Planning is two-fold:
   a. Strategy for getting a patient physically away from the maltreatment; and/or,
   b. Planning for a patient to remain safely in the situation.
2. Safety Planning is based on principles of empowerment to assist in the development and implementation of the safety plan(s).
3. The Safety Plan:
   a. Increases the patient’s ability to protect self, particularly when a crisis exists and the potential for harm is high;
   b. Helps to continually assess the degree of danger;
   c. Confronts minimization and denial of the presence and extent of maltreatment;
   d. Enhances safety by maximizing support system and resources; and,
   e. Specifies a plan of action.
4. Safety planning is essential during any contact with a patient, whether it is by telephone or face-to-face. A safety plan is for the patient, to be carried out by the patient, and developed by the patient for self and others.
5. A safety plan can be brief or comprehensive.
6. It is essential that the safety plan be person-centered, specific, practical, detailed, and developed and implemented by the elder with appropriate supports.
7. The safety plan is, in part, based on participation of community partners, significant family members, and friends. The process may be difficult.
8. It is recommended that the patient and significant others practice the safety plan so that each develops automatic responses if a crisis occurs.
Elements of Safety Planning:

1. Listen to the patient recount the events of maltreatment. Acknowledge and reinforce the patient’s attempts to protect self and others.
2. Help the patient identify behaviors exhibited by the offender that may place the patient at risk of harm. When are you the most vulnerable, such as time of day, week, or month?
3. Educate the patient on the different types of maltreatment. Help identify the types of maltreatment the patient is experiencing or has experienced. Explain that it may be necessary for the patient to seek help to get out of the situation.
4. Explain to the patient that anticipated high-risk times can be reduced by having family members, friends, and other support system members visit during those times or periods of time, or by participating in community activities and agency programs, such as senior center, adult day, church, and so forth.
5. Identify areas of the house where maltreatment occurs most often, and develop strategies for avoiding these areas.
6. Consider a variety of options that may provide safety. For example, have friend or family member present in the home when an “outside” presence is there to prevent maltreatment; use of safe houses.
7. Educate the patient to recognize and use community resources such as emergency shelter, elder shelter, transportation, police intervention, and legal action.
8. Check for practicality, for example, the neighbor’s home should not be considered a “safe home” if the neighbor is gone most of the time.

Safety Planning with Maltreated Vulnerable Adults

Sample questions for discussing safety:

1. What do you think you need to be safe?
2. What particular concerns do you have about your or other household members’ safety?
3. How have you protected yourself in the past?
4. Do you have a support system?
5. Who in your support system will help you with what you want to do?
6. Are you willing to accept assistance from “outside” your current support system, i.e. community agencies?

If the patient is not currently living in the situation that resulted in maltreatment, evaluate the following options:

1. Change the locks on the doors and windows.
2. Install a better security system, i.e. window bars, locks, better lighting, and smoke detectors.
3. Find a lawyer, including Legal Aid Services, knowledgeable about vulnerable adult maltreatment and related issues, and ask about other options for protection.
4. In rural areas, the patient may want to cover the mailbox with bright colored paper so the Police and/or emergency medical service may more easily locate the home. A beacon light may also be considered.
5. Educate the patient about getting an order of protection, and help the patient get one, if desired.
6. Tell a trusted neighbor that the offender no longer resides in the home and ask the neighbor to inform the patient when or if the offender returns to the area.

**If the patient is leaving the situation, review the following:**

1. How and when is it most safe to leave? Is there transportation? Money? A place to go? Special arrangements needed?
2. Is the new place where the patient will be staying safe?
3. What community, medical, legal, faith-based resources, and services are needed for the patient to feel safe? Provide information. Assist with telephone calls, if appropriate. Encourage the use of community resources.
4. Is the patient comfortable calling the police if needed?
5. Who will be told about the patient leaving?
6. Who needs to be contacted about the patient leaving?
7. Who is the patient’s support network? Does the patient trust them for protection or assistance needed?
8. What options may be used so the offender does not locate or have access to the patient?
9. Is traveling safe?
10. Is a protective order a viable option?
11. Is the patient able to live alone and meet own needs? If not, what services are needed? Will the patient be able to live alone with supportive services?
12. Tell the patient that if the decision is to leave the situation, the patient should have the following available:

- Health insurance cards, i.e. Medicare;
- Social Security card;
- Bank account number(s), credit, savings, passbook(s), keys to safe deposit box;
- Mortgage papers, lease rental agreements, house deed;
- Medication(s) and prescriptions;
- Legal documents, such as Power of Attorney (POA), Durable Power of Attorney (DPOA), curatorship, conservatorship, and so forth;
- Assistive devices;
- Marriage license, driver’s license, car title;
- Clothing and comfort items;
- Phone numbers and addresses for family, friends, and community agencies (i.e. faith community, medical professionals); and
• Arrangements for animal care.

If the patient is remaining with the offender, review the following:

1. What works best to keep the patient safe in an emergency?
2. Who is available to call during a crisis?
3. Will the patient call the police or other protective services if maltreatment occurs again? Is there a telephone in the house? Is there a telephone accessible?
4. If the patient wants to leave temporarily, what is available? Help the patient think through the options. Provide information.
5. Is a protective order a viable option?
6. Is there a way out of the house?
7. Identify danger areas and/or items in the house.
8. Are resources available in the community to serve the maltreated vulnerable adult? Are the resources accessible?
9. Does the patient have accessible emergency funds?
10. What is the patient’s physical, mental, cognitive, and emotional status?

For a Safety Planning Resource List, review the AR documents on the LHD Forms webpage.

HUMAN TRAFFICKING: INDICATORS

Physical Health

• Untreated STDs, HIV/AIDS, pelvic pain, rectal/urinary trauma
• Pregnancy; unwanted, little/no prenatal care, related complications from lack of care in delivery or termination of pregnancy, infertility
• Malnutrition; dehydration, poor personal hygiene, dental problems
• Bruises, scars, broken bones, other signs of physical abuse (esp. hidden areas)
• Infections caused by unsanitary medical “treatment” poorly administered
• Chronic back, hearing, vision, or respiratory problems
• Undetected critical/life-threatening diseases (cancer, diabetes mellitus, heart disease, infectious diseases)
• Drug/alcohol abuse, eating disorders, etc.

Mental Health

• Anxiety
• Depression
• Disorientation
• Trauma, PTSD
• Flat affect
• Phobias
• Panic attacks
• Suicidal ideation/tendencies
If you suspect your patient is a victim of human trafficking:

- **Attend to acute medical needs FIRST.**
- Determine if interpretive services are necessary.
- Do NOT use the patient’s friend/relative/etc. for translation.
- It is best to use a hospital translator because live translators are able to document the discussion in the patient’s chart.
- Based on what you already know about your patient, review and utilize the Human Trafficking Screening Tool. It may only be necessary to ask a few questions from the screening tool to determine if your patient is a victim of human trafficking.
- If you are unsure of your next best action, call the National Human Trafficking Hotline at (888) 373-7888. The call center will listen to your scenario and can provide guidance as to your next best action. They will also ask if you would like to ‘report’ this case of human trafficking and you can provide as much information as your patient will allow, so that they may continue the ‘reporting’ process and document the case. **Remember: An adult patient (18 or older) has the right to decline assistance.**
- If the patient is a minor, it is MANDATORY to report the case to Child/Adult Protective Services, call: (800) 752-6200.
- If the patient is a foreign national, you may also wish to contact an immigration attorney:
  - Legal Aid of the Bluegrass Covington Office 859-431-8200
  - Legal Aid of the Bluegrass Morehead Office 606-784-8921
  - Maxwell Street Legal Clinic 859-233-3840
  - Catholic Charities of Louisville 502-636-9263

**Screen for other immediate needs:**

- Medical, Mental Health, Food, Clothing, Shelter

*Please read this page carefully before screening anyone for human trafficking.*

In the link provided are screening questions social service organizations can ask in order to determine if an individual is potentially a victim of human trafficking. As with domestic violence/sexual assault victims, if you think a person is a victim of trafficking, it is best to NOT begin by asking directly if the person has been beaten or held against his/her will. Instead, you should start at the edges of his/her experience. If possible, please enlist the help of a staff member who speaks the person’s language and understands the person’s culture, keeping in mind that any questioning should be done privately and confidentially. You should screen interpreters to ensure they do not know the victim or the traffickers and do not otherwise have a conflict of interest.
Before you ask the person any sensitive questions, it is important to get the person alone if they came to you accompanied by someone who could be a trafficker posing as a spouse, other family member or employer. However, when requesting time alone, you should do so in a manner that does not raise suspicions.

- If you think you have come in contact with a victim of human trafficking, you may call the National Human Trafficking Hotline at 1.888.373.7888. This hotline will help you determine if you have encountered victims of human trafficking, will identify local resources available in your community to help victims, and will help you coordinate with local social service organizations to help protect and serve victims so they can begin the process of restoring their lives.

For more information on human trafficking visit [www.acf.hhs.gov/trafficking](http://www.acf.hhs.gov/trafficking).

In the Kentucky area, the following agencies are working directly with Kentucky Rescue and Restore Victims of Human Trafficking. These individuals/agencies may be contacted directly with any questions or concerns regarding human trafficking or to report any cases of trafficking you have knowledge of personally:

- [Kentucky Rescue and Restore Victims of Human Trafficking, Catholic Charities](http://www.acf.hhs.gov/trafficking) of Louisville, Louisville, KY 40208: (502) 636-9263
- [Women’s Crisis Center](http://www.acf.hhs.gov/trafficking), Covington, KY 41011: (800) 928-3335 or (859) 491-3335
- [Ampersand, Sexual Violence Resource Center of the Bluegrass](http://www.acf.hhs.gov/trafficking) (formerly, Bluegrass Rape Crisis Center), Lexington, KY 40588 (859) 253-2511
- [Kentucky Association of Sexual Assault Programs](http://www.acf.hhs.gov/trafficking) (KASAP), Frankfort, KY (800) 656-4673
- Nationally: [The National Human Trafficking Hotline](http://www.acf.hhs.gov/trafficking) (1-888-373-7888) is an anonymous reporting tool that operates 24 hours a day, 7 days a week.
REPORTING REQUIREMENTS

Consistent with state law, you must report known or suspected abuse, neglect, and/or exploitation of children and certain adults, as described below. Persons reporting in good faith are immune from criminal and civil liability. Failure to comply with reporting laws could result in criminal penalties and/or possible civil liability.

**NOTE:** HIPAA allows medical providers to make reports of child and adult abuse when required by state law. HIPAA also requires that the health care provider notify the victim that a report has been made. Patient authorization for the report is not required.

Kentucky’s mandatory abuse reporting laws require that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, or an otherwise “vulnerable” adult. For additional information, review [KRS 600.020](https://www.lrc.ky.gov/krs/60000.htm#600020), [KRS 620.030](https://www.lrc.ky.gov/krs/62000.htm#620030), [KRS 209](https://www.lrc.ky.gov/krs/20900.htm).

The purpose for reporting known or suspected adult or child abuse, neglect, and exploitation is as follows:

- Identify victims;
- Provide services aimed at preventing & remedying maltreatment (if indicated); and
- Document incidents of maltreatment

**WHO IS MANDATED TO REPORT?** In Kentucky, all people, including a physician or nurse.

**WHAT MUST BE REPORTED?**

- Any abuse or neglect of a **child** (person under the age of 18)
- Any abuse or neglect of a **vulnerable adult** (age 18 and older), who because of mental or physical dysfunction, is unable to manage her/his own resources or carry out the activity of daily living or protect self from neglect or hazards without assistance from others. *This includes abuse of elders and adults with disability who may be dependent upon others for daily care in one or more areas (i.e. financial management, necessities, etc.)*
- Any abuse or neglect (regardless of age of victim) inflicted by a spouse or other intimate partner, including dating violence, **when the victim requests it to be reported**. Domestic/intimate partner violence should not be reported if the patient does not request it (review [KRS 209A](https://www.lrc.ky.gov/krs/20900A.htm)).

**TO WHAT AGENCY IS THE REPORT MADE?** Reports should be made to the local county Department for Community Based Services (DCBS), Protection and Permanency Office, or the statewide hotline at 877-597-2331. Reports can also be made to local or state law enforcement.
Fear of Criminal Prosecution or Deportation:

Many victims are afraid to report that they have been abused, assaulted, or trafficked because they are undocumented and afraid of deportation or because in the case of sex trafficked victims, they fear arrest for prostitution. There are options to help victims report without the fear of deportation or prosecution. Although no one but a prosecutor can promise these protections, they should be explained to the patient as a way to encourage reporting and thus ensure their safety. The following are some of the options available:

- **U-Visas:** Federal Visas that allow undocumented victims of domestic violence, sexual assault and other specific crimes obtain legal status to remain in the country if they cooperate with the prosecution of the offender. The prosecutor or law enforcement can work with the reporting victim to apply for and receive a U-Visa.

- **T-Visas:** Federal Visas that allow undocumented victims of human trafficking to obtain legal status to remain in the country if they cooperate with the prosecution of the offender. The prosecutor or law enforcement can work with the reporting victim to apply for and receive a T-Visa.

- **Safe Harbor:** Human Trafficking Victims’ Rights Act provides safe harbor for victims of domestic and foreign human trafficking so that they cannot be prosecuted for crimes committed at the insistence of the trafficker. The most common charges faced would be prostitution or status offenses. This legislation encourages victims to protect themselves and report without fear of incarceration. Review the Human Trafficking Victims’ Rights Act (2013); KRS Chapter 529, 529.160; KRS 630.125.

COMMUNITY RESOURCES

The roles of agencies involved in vulnerable adult maltreatment are described in the following section.

Department for Community Based Services (DCBS): provides an array of services from financial assistance to protection. DCBS is mandated by statute to investigate reports of suspected adult/spouse abuse, neglect, and exploitation in the community and in long-term care facilities. DCBS staff provides adult protective services and supportive services to help vulnerable adults remain safe in their homes or alternate care facilities. Adult Protective Services are voluntary unless court ordered. Examples of services that may be accessed through adult protection are social work counseling and coordination of services.

In addition to Adult Protective Services, General Adult Services are provided to adults and elders. This includes elders who are 65 years and older (but who are not mentally or physically dysfunctional) who are being abused, neglected, or exploited by a caretaker, family member, or household member. General Adult Services include
referrals to community partners to help the adult remain at home and meet their own needs. All General Adult Services are voluntary services.

Adult protective services are voluntary. This means the adult may accept or refuse services offered by DCBS, except in life-threatening situations where the adult lacks the capacity to consent and refuses to consent to services, in a state of abuse or neglect, and when an emergency exists. In these cases, a DCBS representative may petition the court for an order for involuntary adult emergency protective services.

**Department for Aging and Independent Living (DAIL):** The Kentucky Department for Aging and Independent Living (DAIL) oversees the administration of statewide programs and services on behalf of Kentucky's elders and individuals with disabilities. Its mission is to preserve individual dignity, self-respect and independence of Kentucky's elders and individuals with disabilities through leadership, education, and delivery of programs and services.

In partnership with Kentucky's 15 Area Agencies on Aging and Independent Living, Community Mental Health Centers, Center for Independent Living and other community partners, DAIL provides leadership and addresses issues and circumstances that stand in the way of elders and individuals with disabilities achieving the best possible quality of life. Programs administered by DAIL include, guardianship, homemaker services, meals on wheels and court-ordered services. Homemaker services may help the elder adult remain in his or her home longer by helping with budgeting, activities of daily living, applications for other agency services and follow-up appointments with those agencies, and information and referral services.

**Area Agency on Aging and Independent Living (AAAAIL):** is designated as the lead for aging issues, concerns, services, and programs within the Area Development District. The AAAAIL administers programs that are authorized by the Older Americans Act and Kentucky Area Development Districts, Area Agencies on Aging and Independent Living. Priority for programs is given to persons 60 and over, but persons in other age groups may be served as well.

Funds for programs for seniors are provided by the U. S. Department for Health and Human Services, U.S. Department of Labor, and Kentucky General Fund monies. Programs and services provided through contracts with the AAAIILs include:

- **Title III** – Supportive services, nutrition in congregate settings or home delivered meals, senior centers, in-home services;
- **Title V** – Senior Community Service Employment Programs;
- **Title VII** – Vulnerable Elder Rights Protection and the Long Term Care Ombudsman Program;
- **General Fund** – Home Care, Adult Day Care Program, and Personal Care Attendant Program.
AAAIs work with community agencies when appropriate to address the needs of the elderly. AAAIs, working together with community partners, may help the patient obtain services such as medical assistance, food stamps, housing, legal assistance, and Medicaid.

In vulnerable adult abuse issues, AAAIs contact the Kentucky Cabinet for Health and Family Services’ Department for Community Based Services to report suspected elder abuse situations. While there are many cases of abuse perpetrated against the elderly, statistics indicate that a significant number of cases are self-neglect. This type of case may require interventions such as making the home safer (cleanup, barrier removal, home maintenance or repair), providing basic human necessities (personal care, assistive devices, nutrition), addressing medical needs, or removing the elder from the abusive setting in an emergency. When an elder can remain at home through use of community-based resources, the AAAIs may work with community partners to coordinate service delivery.

AAAIs conduct follow-up reports, when appropriate to identify potential service needs and develop a plan of service for addressing those needs. The AAAI will work with other community-based agencies or organizations to achieve this goal.

Community Mental Health Centers

Community Mental Health Centers are the regional planning bodies for mental health and mental retardation services within the 14 regions throughout the state. The Community Mental Health Center Board and programs are established in accordance with KRS 210.370 – KRS 210.460. Of the many duties of the Community Mental Health and Mental Retardation Board, two of them are to 1) “act as administrative authority of community mental health and mental retardation programs” and 2) provide “oversight and be responsible for the management of the community mental health and mental retardation programs.” By law, Community Mental Health and Mental Retardation programs can provide inpatient services, outpatient services, partial hospitalization or psychosocial rehabilitation services, emergency services, consultation and education services, and mental retardation services. Services can be provided to all age groups.

Spouse Abuse Centers

Kentucky has private and state-funded spouse abuse centers. A state-funded spouse abuse center is in each of the 15 Area Development Districts. A center provides services to victims, adult and child, of domestic violence. Among the services provided are shelter, counseling, advocacy, and support groups, and children programs.

Rape Crisis Centers

There are 13 rape crisis centers providing services to all Kentuckians. Local rape crisis centers may offer any of the following services and can also provide referrals to other resources.
1. Victim assistance, such as a 24-hour rape crisis line, counseling for survivors, support to help family and friends of the rape victim, support groups for survivors;
2. Public awareness, such as rape awareness and risk reduction, sexual harassment in the workplace, legal and medical aspects of sexual victimization;
3. Consultation, such as consultation for area professionals working with survivors of rape and sexual abuse, and in-service training.

In addition to the above-described agencies, communities have many resources available to them, such as law enforcement, the faith community, and medical and health care resources.

**Emergency, temporary shelter for elder abuse victims of maltreatment:**

**Name and contact information for AAAILs:**
[Kentucky Area Agencies on Aging and Independent Living](#) (AAAIL)

**Name and contact information for CMHCs and Psychiatric Hospitals/Facilities:**
[Community Mental Health Centers](#) (CMHCs); and
[Adult State-Operated or State-Contracted Psychiatric Hospitals](#)

**CMHC and Psychiatric Hospital Listing by County and 24-Hour Crisis Hotline**
[Kentucky State Police Posts](#) (locations and phone numbers)

**Other Hot Line/Crisis Telephone Numbers by Agency:**
- Alzheimer’s Association 800-272-3900
- Child and Adult Abuse 800-752-6200
- Department for Public Health 502-564-2154
- Consumer Protection 800-727-4272
- Attorney General 800-372-2960
- Pathways Mental Health 800-562-8909
- DUI Information (Pathways) 800-718-0377
- DCS, Inc. (SSA Appeals) 800-601-1874
- FIVCO Long Term Care Ombudsman 877-295-4137
General Telephone Company 800-483-6697
Guardianship 800-372-2973
KY Relay Voice Service 800-648-6057 or 800-325-0778
KY Relay TDD Service 800-648-6056
KY State Police Emergency 800-222-5555
Legal Aid 800-274-5863 or 800-245-4137
KMA Fraud 800-627-4720
Durable Medical Equipment 800-895-6465
Migrant Family Helpline 800-234-8848
State Ombudsman 800-372-2973
Poison Control 800-772-5725
Safe Return Registration 800-572-8566
Social Security Administration 800-772-1213
Samaritan Hospital Intake 800-776-2673
Veteran’s Administration 800-292-4562
Victim Information Notification Everyday (VINE) 800-816-0491
Long Term Care Ombudsman 800-372-2991
Legal Helpline for Older Kentuckians 800-200-3633
Elder Care Locator 800-677-1116

Reporting Laws

CHILD ABUSE/NEGLECT

KRS 600.020: Definitions for KRS Chapters 600 to 645 (excerpts only)
KRS 620.030: Duty to report dependency, neglect, or abuse (child abuse)

VULNERABLE ADULT ABUSE

KRS 209.020: Definitions for chapter (excerpts only)

KRS 209.030: Administrative regulations -- Reports of adult abuse, neglect, or exploitation -- Cabinet actions -- Status and disposition reports.
SPOUSE ABUSE

KRS 209A.020: Definitions for chapter (excerpts only)

KRS 209A.030 Administrative regulations -- Reports of abuse or neglect -- Cabinet actions -- Penalty for failure to report abuse or neglect. (DOMESTIC VIOLENCE)

209A.130 Educational materials to be provided suspected victim of domestic violence and abuse or dating violence and abuse -- Availability of online materials.

See References page for this AR Section
Accreditation, Performance Management, Quality Improvement and Quality Assurance

Table of Contents

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

Accreditation ........................................................................................................................................... 1
Quality Improvement ................................................................................................................................. 2
Quality Assurance ....................................................................................................................................... 3
Performance Management ....................................................................................................................... 10
Customer Satisfaction ............................................................................................................................... 11
ACCREDITATION, PERFORMANCE MANAGEMENT, 
AND QUALITY IMPROVEMENT

The national interest in accreditation and performance management of health departments is grounded in the desire to improve the performance of public health agencies and ultimately to improve health status. Accreditation and performance management emphasize quality improvement. The Kentucky Department for Public Health (DPH) encourages all Kentucky Local Health Departments (LHDs) to pursue national accreditation through the Public Health Accreditation Board (PHAB). Those LHDs not pursuing accreditation are encouraged to adopt the PHAB standards and measures as public health best practices.

ACCREDITATION

The Public Health Accreditation Board (PHAB) is the nationally recognized organization that accredits state, local and tribal health departments. Three Kentucky LHDs were among the first eleven ever accredited and many more have since applied or are in the process of applying to PHAB. PHAB defines accreditation as “the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.” Being accredited means that the health department has met national standards for capacity and performance. Accreditation is voluntary, and any LHD seeking to become accredited must make this decision in consultation with their board of health, carefully weighing the requirement for staff time, application fees, and other resources.

Effective July 1, 2014, PHAB Standards and Measures Version 1.5, are based on the Ten Essential Public Health Services (Domains 1 – 10) and additional standards for administration and governance (Domains 11 – 12). Even if a LHD determines it will not seek accreditation at this time, it can use the Standards and Measures for a self-assessment and to guide improvements in the provision of public health services.

All LHDs are eligible to apply for accreditation; however, prior to application, they must have completed three prerequisites: Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and an agency Strategic Plan. The local health departments should assess the needs of their communities approximately every 3-5 years with annual data updates. There are a variety of assessment and planning models that a community could utilize, such as Mobilizing for Action through Planning and Partnerships (MAPP). Each LHD should pick the model that works best for their unique population. The National Association of County and City Health Officials (NACCHO) has a toolkit on community assessments and health improvement planning. Additionally, the accreditation standards and measures cite other planning documents including an All Hazards Emergency Operations Plan, a Quality Improvement Plan, a Workforce Development Plan and a Communications Plan.
QUALITY IMPROVEMENT

As defined by NACCHO, Quality Improvement (QI) in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.

DPH and PHAB have both adopted PDSA as the preferred method for quality improvement; however, both organizations encourage the use of other methods when appropriate for the specific improvement project.

Plan: The purpose of this phase is to investigate the current situation, fully understand the nature of any problem to be solved, and to develop potential solutions to the problem that will be tested.

1. Identify and prioritize quality improvement opportunities.
2. Develop an AIM Statement.
3. Describe the current process.
4. Collect data on the current process.
5. Identify all possible causes.
6. Identify potential improvements.
7. Develop an improvement theory.
8. Develop an action plan.

Do: The purpose of this phase is to implement the action plan.

1. Implement the improvement.
2. Collect and document the data.
3. Document problems, unexpected observations, lessons learned and knowledge gained.

Check/Study:

1. Reflect on the analysis.
2. Document problems, observations, and lessons learned.

Act: This phase marks the culmination of the planning, testing, and analysis regarding whether the desired improvement was achieved as articulated in the aim statement, and the purpose is to act upon what has been learned. Options include: Adopt, Adapt, or Abandon.
QUALITY ASSURANCE

LHD INTERNAL QUALITY ASSURANCE REQUIREMENTS

LHDs shall maintain an ongoing quality assurance program for public health services designed to objectively and systematically monitor and evaluate the quality of public health services and resolve identified problems in accordance with 902 KAR 8:160. The quality assurance process shall include:

- An assessment of public health services provided by the agency;
- A chart review of medical records;
- Community satisfaction surveys which address the community, patient and provider perspectives;
- A review of administrative data and outcomes based on the agency’s community plan; and
- A review of financial compliance.

The staff performing Quality Assurance (QA) may include and not be limited to: management, administrative, clerical, nursing, community, clinic staff, and environmental.

The findings, interventions implemented, and recommendations to assure continued improvement shall be provided to the Board and Cabinet as directed by 902 KAR 8:160.

Documentation should be made regarding the findings and corrective measures identified. Outcome measures/Indicators, findings and trends should be identified. This information should be shared with the agency staff in a method determined by the agency.

A QA folder/notebook should be maintained and should contain the above information, including sample forms used for chart and community review, the agency’s QA/QI policy, and intra-agency communications regarding the review findings.

The following are some examples of guidance for QA activities; this is not an all-inclusive list but a sampling for policy planning purposes:

The chart review portion of quality assurance, on 10 medical records from each major program, should be completed by the LHD quarterly (every 3 months). This translates to approximately 70 medical records per quarter, < 24 medical records per month, or 6 medical records per week.

Staff performing chart review should include management, nursing, clerical and/or support. It is advisable for staff to rotate program reviews and chart reviews so each
staff member may become more acquainted with LHD internal controls policies; and
Department for Public Health (DPH) Administrative Reference (AR) and Core Clinical
Service Guide (CCSG) program requirements and documentation needs.

Medical records will include, but not be limited to, a sampling of all major programs:

- Family Planning and Pregnancy Tests
- Cancer Screening – Paps and mammograms
- Well-child/EPSDT
- Lead
- Maternity
- Immunizations
- WIC
- TB

**DPH QUALITY ASSURANCE REVIEW REQUIREMENTS**

The *Environmental Health Services Program* attempts to complete on-site quality assurance reviews of all LHD Environmental Health programs once every five (5) years as time and resources allow. Priority is given to local health departments requesting on-site reviews or where changes in the program director or lead environmentalist have occurred or where there has been major turnover in environmentalist staffing, all of which could potentially affect program performance. Accreditation by the Public Health Accreditation Board (PHAB) also influences the prioritization and frequency of LHD quality assurance reviews. Environmental staff conducts a thorough review of all LHD Environmental Health programs by analyzing and reviewing various statistical and financial reports, environmentalist coding practices and trends, establishment files and inspection histories and internal control procedures for Environmental Health fees. This is done to identify possible areas for improvement and to assure all programs are administered in accordance with the Administrative Reference, PHPS Program Standards and applicable statutes and regulations.

*Health Access Nurturing Development Services (HANDS) Technical Assistance (TA) staff* conducts a minimum of one-quality assurance site visit per fiscal year to each of the local site within their TA region. Reviews are completed on one to two (1-2) active and closed files for each family support worker (FSW) and parent visitor (PV).

The TA staff will review documentation/minutes of community collaboration participation to ensure that regular partnering efforts support referrals and committees. The TA staff may observe a FSW home visit, a FSW supervisory session, a PV home visit, a PV supervisory session and/or a Registered Nurse/Social Worker visit.

Caseload projections are reviewed and discussed, staffing ratios and credentials are reviewed, and annual parent satisfaction surveys are reviewed.
Immunizations - Kentucky Vaccine Program staff complete on-site reviews at each LHD annually. These visits are preformed to assist in identifying possible areas for improvement and to assure immunizations are administered in accordance with the guidance from the Center for Disease Control and Prevention (CDC), KY Department for Public Health Immunization Program Standards and applicable statutes and regulations.

During the visit, immunization records of children 24-35 months of age are assessed for appropriate vaccination coverage. The site visitor/field staff collects data regarding immunizations administered to determine the immunization coverage rate for the LHD. This review also provides information regarding the standard immunization practice of the LHD (i.e. patients are scheduled for an immunization visit only, immunizations are provided with other scheduled services, follow up is performed for missed immunization appointments, etc.).

Site visitors will assess refrigerators and freezers to assure proper procedures are being followed for storing vaccines. When issues are discovered, education and advice will be provided to assist the agency in becoming compliant with the Immunization Program’s vaccine storage and handling guidelines. Immunization educational material, updates, and resources from CDC and other reputable sites will be provided at each visit.

The Kentucky Women’s Cancer Screening Program (KWCSP) and the Family Planning (FP) Program within the Division of Women’s Health (DWH) monitor through three components: internal audits, desk audits, and site reviews. DWH staff provides ongoing training and technical assistance to all clinic sites providing KWCSP and FP program services.

Internal Audits – Performed by LHD Staff: LHDs shall review KWCSP Minimum Data Element (MDE) reports and MDE Audit Reports monthly (1706, 1707, 1709);
- LHDs shall perform internal quality assurance audits of the KWCSP and FP program services provided by the agency at all clinic and subcontracted clinic sites every six months.
- LHDs that are providing KWCSP and/or FP program services indirectly at a subcontracted site are responsible for auditing those service sites every six months or as directed by the DWH and must include language regarding this requirement in the contracts with those providers.
- The QA process shall include an assessment of the KWCSP and FP program services provided by the agency including a chart review of medical records.
- The staff performing QA may include: management, administrative, nursing, and clinic staff.
- The chart review should be completed at a minimum of every six months on 10 medical records from the KWCSP and 10 medical records from the FP program. The DWH has provided a QA tool to be used for the semi-annual audits.
- The QI method of “Plan-Do-Study-Act” or a similar QI method must be implemented for any “Corrective Action Plan (CAP)”. The findings, interventions implemented, and progress toward goal(s) shall be documented on an annual
reporting tool provided by DWH. This completed tool shall be sent annually electronically to the DWH, before December 31. DWH staff may request copies of the chart audits at any time.

- It is advisable for nursing staff to rotate program reviews and chart reviews so each staff member may become more acquainted with LHD Internal Control Policies, AR, and CCSG program requirements and documentation needs.
- LHDs with staffing issues should consider partnering with another LHD to assist in the internal auditing process.

Medical records reviewed shall include but not be limited to Cancer Screening – Pap tests and CBE/mammograms including diagnostics and treatment referrals for abnormal follow up; and Family Planning – Initial, annual, emergency contraception, pregnancy tests, various contraceptive methods, resupply visits, female and male patients.

QA ensures patient care has been delivered according to the protocols, guidelines and policies set forth in the Kentucky Department for Public Health Core Clinical Service Guide (CCSG) and the Kentucky Department for Public Health Administrative Reference (AR).

QA for clinical practice should include assessing the following information at each six month review unless otherwise indicated:

- Protocols and Guidelines are met according to the CCSG;
- Nursing practice is consistent with the Kentucky Board of Nursing’s Scope of Practice and Kentucky’s Practice Laws;
- Follow-up of abnormal results and treatment referrals are provided per CCSG and specific program guidelines;
- Continuity of care, for the benefit of the patient and per program requirements, is met;
- Appropriate integration of health department services, for the patient and their families, is met;
- Informed consent is documented as appropriate and includes the patient or legal guardian signature and date;
- All laboratory reports are reviewed, initialed and dated by a nurse in an appropriate time period;
- Nursing documentation meets Evaluation and Management guidelines;
- All nursing documentation is legible and meets guidelines of the CCSG and the AR.

Desk Quality Assurance Audits: In order for DWH staff to complete annual desk audits of each LHD (individual county or district) and subcontracted clinic sites (that have been done by the LHD), each LHD must submit, annually, to the Division of Women’s Health:

- Internal Audit Review: LHD clinics and subcontracted sites shall submit one of their semi-annual Internal Audit Reviews to their assigned QA Nurse Consultant by December 31st of each year. The assigned QA Nurse Consultant or another WH staff shall complete a review of each submission and provide any needed feedback and/or corrective action plan.
• FP Program Sterilization Reports: A Sterilization Report shall be submitted to the FP Program Director in June of each year, no later than June 30th. The report shall reflect the number of sterilizations provided with Title X funds through the fiscal year.

• FP Information and Education (I&E) Committee Meeting and Community Participation Committee Minutes: Minutes for these committee meetings shall be submitted to the FP Nurse Consultant in a timely manner, but no later than June 30th of each year.

**QA/QI Site Reviews (Performed by DWH Staff):** DWH staff shall complete targeted QA/QI site reviews of the LHDs (individual county or district) and subcontracted clinic sites as a result of the findings of the internal audits and desk audits as well as by request at least once every 2 years. The site review targets program requirements and may include an administrative review facility tour and a medical record review. The site review provides an opportunity for a question and answer session for both the clinic site and the reviewer. The data collected during the site review assists program staff in refining guidance, protocols, budgets, and trainings. The site visit will be followed by a site visit summary report with any guidance and compliance action plans (CAP). A CAP may be sent to LHDs for response regarding corrective actions, implementation dates and persons responsible. This site visit summary report will be sent to LHDs within 30 days of the site visit. When a CAP is received back from the LHD (within 30 calendar days of receipt) it will be reviewed by DPH-DWH staff for approval.

Quality Improvement Training and Technical Assistance: DWH staff may provide training and technical assistance to LHD staff regarding KWCSP case management and DWH program issues through webinars and other communication mediums such as e-mail, video trainings on TRAIN Kentucky, conference calls, etc.

The **Preparedness Branch** does not complete site assessments of LHDs and regional healthcare coalitions (HCC) at this time. However, the Preparedness Branch’s Program Evaluation Team ensures LHDs and HCCs are meeting federal and state requirements through evaluation and reporting of deliverable requirements. Quality assurance for each deliverable is systematically monitored using Catalyst.

The **State Public Health Laboratory** will complete a site visit on a request by the LHD. Otherwise, a review is done at the state lab that includes preparing any procedures, evaluating new meter/instruments, etc. Lab staff provides help to LHDs with QC/QA and proficiency testing. A monthly records check is done on tests to check for lot numbers, expiration dates, and expected results by all sites that perform lab testing. Sites include district health departments, independent health departments, and school sites (any site that would have LHD personnel performing testing). There are approximately 499 total sites.

**Women, Infant and Children (WIC) Program** has a federal requirement that each local agency providing Women, Infant, & Children (WIC) program services are monitored at least once every two years. Such reviews shall include on-site reviews of a minimum of 20 percent of the clinics in each local agency or one clinic, whichever
is greater. All aspects of the WIC Program and the Farmers Market Nutrition Program are reviewed.

Management Evaluations (ME) are performed on a state fiscal year (July 1 - June 30). MEs are performed in two (2) parts: an Administrative ME (Part I), a Clinic Operations ME (Part II) and a Nutrition Services ME (Part III).

An Administrative ME is conducted for an agency. An agency is the administrative unit, whether a single county agency (with one site or multiple sites) or a multiple county agency (district). A Clinic Operations ME is conducted for a clinic site. MEs shall be performed for agencies and clinics as follows:

An Administrative ME is performed for all agencies every two (2) years. A Clinic Operations ME shall be performed for (1) A single site agency shall have a Clinic Operations ME every two (2) years in conjunction with the Administrative ME. (2) A multiple site agency shall have a Clinic Operations ME in one (1) site, or depending on the number of sites in the agency, the number of sites necessary to ensure that all sites receive a ME in three years.

The Nutrition Services ME reviews all aspects of nutrition services and counseling including nutrition education, breastfeeding, breastfeeding promotion, community nutrition and medical nutrition therapy. This review also encompasses the Farmers Market Program. The review is performed on the same schedule as the Administrative ME.

In addition to the federal requirement, the Kentucky State WIC Program also performs additional monitoring reviews that include one (1) clinic site review and one (1) certification and chart review each state fiscal year.

**Administration and Financial Management (AFM) Division:** The Local Health Operations (LHO) Branch and the Budget Branch/Local Health Budget (LHB) Section complete compliance reviews once for every two (2) year cycle at each of the LHDs. The LHD clinic medical coding compliance reviews consist of reviewing patient records to assure the documentation entered by the LHD supports the correct medical coding (e.g., CPT codes) and billing. An LHB Section desk review consists of cash reconciliation, correct timesheet coding, travel vouchers for one month, and samples from current fiscal year account payables for indirect and direct expenses. Additional information concerning Compliance Reviews is found in the Administrative Reference, Financial Management section.

Quality Assurance will ensure patient care has been delivered according to the protocols, guidelines and policies set forth in the CCSG and the AR. Quality assurance for nursing practice should include assessing the following information at each quarterly review unless advised otherwise:

- Assure Protocols and Guidelines are met according to the CCSG;
- Assure guidelines outlined in the Administrative Reference, including the Financial Management Section, are met;
- Nursing practice consistent with the Kentucky Board of Nursing’s Scope of Practice and Kentucky’s Practice Laws;
- Nursing Licenses and Liability insurance current yearly;
- Appropriate delegation of duties: support staff directly involved with patient services, such as community health workers, support services associates, clinical assistants, outreach workers and resource persons shall carry out those activities and services for which they have received formal or on-the-job training consistent with their job description. Documentation of appropriate training and assessment of competency shall be maintained in the employee’s personnel file.
- Treatment and Follow-up of Abnormal Results per specific program guidelines: cancer program.
- Assure continuity of care for the benefit of the patient and to meet program requirements. This will include following other provider’s previous documentation as appropriate for patient care.
- Assure appropriate integration of health department services for the patient and their families.
- Assure informed consent is documented as appropriate and include the patient or legal guardian signature and date.
- Ensure all laboratory reports are reviewed, initialed and dated by a nurse in an appropriate time period
- Nursing documentation will meet Evaluation and Management medical coding guidelines.
- All nursing documentation will be legible and meet guidelines of the DPH Administrative Reference and the Core Clinical Service Guide.

QUALITY ASSURANCE VERSUS QUALITY IMPROVEMENT

Quality Assurance is a systematic process of checking the delivery of a service to ensure established standards are met and comply with public health practice and applicable state and federal regulatory requirements. The quality assurance process may consist of the review of computer-generated data and documented patient or client files.

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
<tr>
<td>Works on problems after they occur</td>
<td>Works on processes</td>
</tr>
<tr>
<td>Regulatory usually by State or Federal law</td>
<td>Seeks to improve (culture shift)</td>
</tr>
<tr>
<td>Led by management</td>
<td>Led by staff</td>
</tr>
<tr>
<td>Periodic look-back</td>
<td>Continuous</td>
</tr>
<tr>
<td>Responds to a mandate or crisis or fixed schedule</td>
<td>Proactively selects a process to improve</td>
</tr>
<tr>
<td>Meets a standard (Pass/Fail)</td>
<td>To exceed expectations</td>
</tr>
</tbody>
</table>
PERFORMANCE MANAGEMENT

Performance management is the practice of using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy or program directions to meet goals, to frame reports on the success in meeting performance goals, and to improve the quality of public health practice.

Performance Management describes using performance information to help make better decisions, while the Performance Management System uses performance information on a regular basis as part of a repeated cycle of performance monitoring, analysis, and improvement, in which measured results are fed back into decision making to improve future performance. When a desired result is not achieved, quality improvement initiatives are reviewed and implemented.

Public health departments provide a wide array of services and programs. Many of those programs have annual goals developed during the budgeting process. To illustrate a simple performance management system, consider this example using our diabetes program. During the budget process, a LHD might establish a goal of providing a diabetes self-management program to 300 individuals during the year.
As the classes are provided during the year, the LHD collects data on the actual number of attendees and maintains reports/analysis of that data. Periodically data is presented to staff. Again for illustration, if the data showed at mid-year that only 100 individuals had attended the classes, the LHD might start a QI process to see how the LHD might increase attendance.

**CUSTOMER SATISFACTION**

Customer satisfaction is an important aspect when creating a culture of quality for your agency and can help to identify possible quality improvement initiatives.

The **Department for Public Health recommends that customer/patient satisfaction surveys be completed annually** and LHD Internal Control Policies should be in place to specify the procedures for these surveys. Most of our federally funded programs also require annual completion of patient satisfaction.

Questions in the survey should focus on three areas about your agency:

- Quality of service being delivered
- Accessibility of service being delivered
- Treatment of patients (i.e. were they treated with courtesy and respect, will they refer others, will they return)

**Samples of Patient Satisfaction Surveys**, in English and Spanish that may be helpful in evaluating service provisions for the personal health services aspect of the health department can be found on the [DPH Local Health Department (LHD) Information webpage](#). A sample of the [Community Health Survey](#) is also found on the LHD webpage.

Customer Satisfaction as referenced in [902 KAR 8:160](#) provides local health department operations requirements.

Not only are LHDs encouraged to administer customer/patient satisfaction surveys, but also efforts to improve satisfaction within their agency and with other stakeholders. Employee and stakeholder satisfaction surveys can be a great way to identify opportunities for improvement.
Boards of Health/Agency Functions

Table of Contents

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

Boards of Health/Agency Functions .............................................................................. 1
  Local Board of Health Requirements ........................................................................ 1
  Establishing Internal Policies and Procedures ......................................................... 1
  Employment of Counsel ......................................................................................... 2
  LHD Director’s Responsibility to Board ................................................................. 2
  Governing Board Functions ................................................................................... 2
  Non-Governing Board Functions ............................................................................ 3
  Taxing District ........................................................................................................ 3

Conflicts of Interest ...................................................................................................... 4

Local Boards of Health Appointments/Membership .................................................. 4
  Nominations .......................................................................................................... 4
  Appointments/Membership ...................................................................................... 4
  Professional Members ............................................................................................ 5
  Board Chairperson ................................................................................................. 5
  Secretary of Board ................................................................................................. 5
  Persons Not Eligible for Membership ...................................................................... 6

Meetings of Boards of Health ...................................................................................... 6
Minutes of Board Meetings .......................................................................................... 8
Training for Board Members ..................................................................................... 9
Local Board of Health Requirements
The Administrative Regulation 902 KAR 8:150 provides requirements for the local health department board of health including guidance for the following:

1. Establishing local boards of health (governing boards), policies and procedures;
2. Functions of the boards;
3. Composition of the board;
4. Meetings of the board;
5. Minutes of board meetings;
6. Conflicts of interests for members of the Board;
7. Training requirements for board members;
8. Establishment of board regulations; and

Establishing Internal Policies and Procedures
Governing boards of health’s primary function is to establish policies that govern the operations of the local health departments and to act as the appointing authority in the hiring of the agency’s director. The functions performed in the hiring of the public health director would be to advertise, interview and appoint a director in accordance with 902 KAR 8:040 through 902 KAR 8:140. Recognizing that it is not the responsibility or the expectation of board members to manage the daily operations of the organization, this understanding of roles and responsibilities allows for a successful structure. Their policies and procedures must be in compliance with KRS 212.230.

Internal board regulations and ordinances must be indexed and placed in an agency’s local board of health policy manual. New policies shall be placed in the manual no later than thirty (30) days after approval by the board and the cabinet, if applicable. Internal board regulations and ordinances KRS 67.076 and KRS 67.077, Ordinance Procedures; suggested process:

1. Motion, second, and majority vote to adopt
2. First Reading
3. Vote on first reading.
4. Public hearing (special public meeting within 60 days)
5. Second Reading (next meeting) and discussion of all issues presented at public hearing
6. Vote on second reading.
7. Consultation with Board of Health Counsel is advised.
Employment of Counsel

County, city-county and district boards formed by KRS 212.020, KRS 212.270, KRS 212.640, and KRS 212.855 may employ counsel as needed to act as legal advisor for the board.

LHD Director’s Responsibility to Board

The agency director is responsible for presenting the policies, regulations and standards/guidelines of the Department for Public Health to the board for their information and action and to keep the board informed and aware of the activities of the health department.

The agency director also has the responsibility for executing the policies and plans adopted by the board and for reporting regularly on their progress. Regular reports should include at least quarterly:

- Program/Service Report
- Financial Summary
- Personnel Action Summary

In the absence of a local health officer, the Secretary of the Cabinet for Health and Family Services or his duly appointed representative shall serve as health officer for the county concerned. KRS 212.170, KRS 212.240

Governing Board Functions (902 KAR 8:150)

A governing board must:

- Assure that the services provided meet the needs of the local citizenry, to protect and promote public health.
- Establish priorities and objectives based on a community assessment and resources of the agency for:
  - Service delivery, considering federal and state disease prevention and health promotion objectives; and
  - Specific health and safety needs of the community.
- Assure that financial controls and program evaluation measures are ongoing to facilitate effective and efficient agency services and operations.
- Interview and hire an agency director in accordance with Kentucky Administrative Regulations (KAR), Title 902, specifically 902 KAR 8:040 through 902 KAR 8:140.
- Communicate board policies and priorities to the agency director:
  - Evaluate the performance of the agency director, at least annually. The director/administrator must have clear direction from the board and is accountable for execution of board policies;
  - Review information and data provided by the agency director to assess the effectiveness and efficiency of the agency in complying with federal and state public health laws, regulations, and board policies; and
• Promote professionalism in health department operations in fulfilling its public health mission.

**Non-Governing Board Functions (902 KAR 8:150)**

A non-governing board must:

- Maintain a membership on the county public health taxing district board. Prepare the annual public health tax resolution.
- Maintain trusteeship of the county public health tax.
- Provide for maintenance and upkeep of the agency building.
- Determine the appropriate use of the facility by community groups and other agencies.
- Provide the district board with information regarding specific public health needs and concerns of the city-county or county board.

**Taxing District**

Where applicable, a taxing district function is created in accordance with KRS 212.720 and KRS 212.750 for all county boards of health (independent county-governing boards) and counties within districts (non-governing boards).

If a county has a public health tax, the tax resolution form CH-61 or CH-62 is used by the local board of health in establishing their public health tax rate. Form CH-61 is completed by Fiscal Court Taxing Counties and Form CH-62 is completed by Ballot Taxing Counties.

If a county does not have a public health tax, the fiscal court makes an appropriation to the health department using Form CH-31. This function is not applicable to district boards of health.

These forms may be also be accessed on the LHD Information webpage. For additional questions or assistance, please contact the AFM Budget Branch, Local Health Budget Section at (502) 564-6663, Option 2.

The minimum acceptable level of local support shall be determined annually by the Commissioner of the Department for Public Health per 902 KAR 8:170 Section 3 (2).

The taxing district funds are to be used for the maintenance and operations of local health department. Operations include initiatives designed to improve the public health status of their citizens. Additionally the funds are for local health department capital improvements for the purchase or construction of new or additional facilities.
CONFLICTS OF INTEREST

Board Members and Conflicts Of Interest

Board of health members must comply with 902 KAR 8:150 and KRS 45A.340, Conflicts of interest of public officers and employees.

LOCAL BOARDS OF HEALTH APPOINTMENTS/MEMBERSHIP

Nominations

Nominations for board of health members KRS 212.020 “submitted to the secretary shall be accepted from any source and shall be solicited and obtained from the county judge/executive, fiscal court, and county health department staff; and nominations of physicians, dentists, nurses, engineers, optometrists, veterinarians, and pharmacists shall be solicited and obtained from the county's medical society, dental society, nursing association, engineering association, optometric association, veterinarian association, and pharmacists' association, respectively.”

Nomination forms should be forwarded to the Administration and Financial Management Division by no later than November 1. Nominations for vacancies should be submitted as necessary.

Appointments/Membership

The Secretary of the Cabinet for Health and Family Services appoints members to 118 of the 120 county or city-county boards of health based on KRS 212.020 and KRS 212.640. Fayette and Jefferson County board members are appointed by the mayor and fiscal court respectively.

- Membership is for 2 years and there is no restriction on the number of terms a member may serve, and includes the county judge executive or designee, the mayor, city manager or designee of the city-county containing a city of the second class and a fiscal court appointee.
- Physicians, dentists, pharmacists and fiscal court appointees are appointed in even-numbered years; nurses, engineers, optometrists, veterinarians and laypersons are appointed in odd-numbered years.
- If one or more of the professionals do not reside in the county or are unwilling to serve, the Secretary may appoint a resident layperson in lieu of the vacancy.
- Members of boards of health receive no compensation for their services.
- Board of health members must reside in the county in which they serve, KRS 212.855.
- The Secretary of the Cabinet for Health and Family Services shall remove any member, other than the county judge/executive or fiscal court appointee, who fails to attend three (3) consecutive scheduled meetings and may remove
board members according to KRS 65.007. The fiscal court may remove its appointee in like fashion.

- A member of a county or city/county board within that particular district must fill membership on the district board of health. KRS 212.855
  - If the term of a county board of health member expires or the member cannot complete his/her term, the seat on the district board of health is declared vacant and the county or city-county board of health appoints another of its members to fill any un-expired portion of the term on the district board.
  - Appointed members of district boards may not begin to serve on the district board until the Secretary has certified their eligibility to serve on the district board.
  - District board members hold office for a term of two (2) years or until the successors are appointed.
- In accordance with KRS 212.020 and KRS 212.640 each county and city/county board of health must contain twelve (12) members.
- In accordance with KRS 212.855 each district board (except the Northern Kentucky District) must include the county judge/executive or his designee from each county in the district as an ex officio voting member, and one (1) additional resident per county per (15,000) population or fraction thereof, which must include the mayor, city manager, or designee of the city manager of each second class city as an ex officio voting member, except that the total number of members from any county cannot exceed seven (7) members.
- The composition of the boards must be in accordance with KRS 212.020, KRS 212.640 and KRS 212.855.

**Professional Members**

A person eligible for membership as a professional member shall be qualified and maintain a current license in Kentucky in their respective profession. KRS 212.020, KRS 212.640 and KRS 212.855.

**Board Chairperson**

The board shall elect a chairman from its membership on an annual basis and that chairman may serve more than (1) consecutive term.

**Secretary of Board**

Officers shall be elected or appointed members of the board except that the agency director may serve as secretary to the board. An agency director of a district agency may serve as secretary to the district board and as secretary to the non-governing board within the district; or the agency director may designate an employee to serve as secretary of a city-county or county board. When agency staff is serving as secretary, the secretary has no voting powers.
Persons Not Eligible for Membership

- An employee of an agency shall **not** serve as a member of the board.
- A person shall **not** serve on a board and receive in excess of $2,000 per year in contract payments, unless approved in writing by the Cabinet.
- State officials, members of the General Assembly, superintendents of school districts, and members of local boards of education are **not** eligible for appointment to local boards of health. Such positions are considered incompatible under KRS 61.080.

MEETINGS OF BOARDS OF HEALTH

Quorum

- A quorum must be present in order to conduct business. “Quorum” means a simple majority of the members of the board, with any vacant position counted when determining the number to be present for a quorum to exist.
- A majority of the quorum is required to approve actions of the board.
- A telephone poll vote is **not** permitted on any issue considered by the board.
- In order to attain a quorum, a public agency may conduct any meeting, other than a closed session, through video teleconference (meeting shall comply with the requirements of KRS 61.820 or 61.823 as appropriate).

61.805 Definitions for KRS 61.805 to 61.850

As used in KRS 61.805 to 61.850, unless the context otherwise requires:

Proxy

A member of a board must **not** be represented by a proxy at a board meeting, except for the designated officials of a county; or city of the second class.

Meeting Schedule

Meetings of a board and its committees must comply with the Kentucky Open Meetings Law, [KRS Chapter 61](https://lgp.ky.gov/law/), specifically 61.805 through KRS 61.850.

- Meetings of a board must be held at specific times and places convenient to the public.
- The board must provide a schedule of regular meetings, which must be made available to the public and published in a local newspaper of general circulation.
- Board meetings must be held in locations accessible to individuals with disabilities.
- A qualified interpreter for the deaf and hard of hearing must be made available upon request to the board chairman or agency director at least ninety-six (96) hours prior to the scheduled meeting.

**Executive Committee**

A board may establish an executive committee for the execution of specific tasks.
- The executive committee is subordinate to the board
- Matters delegated to the executive committee must be specified in the minutes
- Executive committee must report its actions at the next regular board meeting
- An action of an executive committee must be confirmed by the board and reflected in the board minutes.

**Frequency of Meetings**

- Governing county boards and district boards of health shall hold a regular meeting at least once every three months and such other special or regular meetings as necessary.
- Non-governing county or city-county boards (those within a district) shall hold a regular meeting at least once every twelve months.

**Special Called Meetings**

The following procedures shall apply when a board of health wishes to conduct a special called meeting:
- Only the chairperson or a majority of the board members may call a special meeting;
- The board of health shall provide written notice of the special meeting that shall state the date, time and location of the meeting.
- Discussion shall be limited to only those items on the agenda.
- Written notice shall be delivered by fax, mail, or in person to every board member, as well as to any media organization that has filed a written request to receive notice of special meetings. The notice shall be delivered at least 24 hours prior to the meeting, or if not possible because of an emergency, the board shall make a reasonable effort to notify board members and the media. Notice of the special called meeting shall also be posted in the lobby or reception area of the local health department.
- At the beginning of the special called meeting, the chairperson shall briefly describe the emergency circumstances precluding 24-hour, (when applicable), notice and these comments shall be reflected in the minutes.

**Executive/Closed Session Meetings**

Boards of health may conduct closed meetings for any of the following reasons:
• To deliberate on the future acquisition or sale of real property, but only when publicity would be likely to affect the value of a specific piece of property to be acquired for public use or sold by a public agency;
• To discuss proposed or pending litigation against or on behalf of the local health department or board;
• To discuss issues or concerns which might lead to the appointment, discipline, or dismissal of an individual employee or board member without restricting that individual’s right to a public hearing if requested; and
• To discuss a specific proposal with a representative(s) of a business entity if open discussions would potentially put the interests of the business at risk.

The following procedures shall apply when a board of health conducts an executive or closed session meeting:

• Notice of the executive or closed session shall be given in the regular open meeting; the general nature of the business to be discussed and the reason(s) for the closed session shall be indicated.
• A closed session shall be held only after a motion is made and carried by a majority vote in open session.
• No final action shall be taken during a closed session.
• No matter shall be discussed in closed session other than those publicly announced prior to convening the closed session.

Minutes of a closed meeting are not required to summarize or record the discussion or any statements made by a board member(s). A closed session may be held only after a motion is made and carried in open session, and no final action may be taken in closed session.

Review the Opinion of the Office of the Kentucky Attorney General, entitled: Protecting Your Right to Know: The Kentucky Open Records and Open Meetings Act – Published August 2016.

MINUTES OF BOARD MEETINGS

Minutes of Board Meetings must comply with the following: 902 KAR 8:150 (Section 6):
• Actions of the board must be made a part of the minutes.
• The secretary and chairman of the board must sign minutes.
• Minutes must include the following information:
  ▪ Name of the board;
  ▪ Date, time, and location of the board meeting;
  ▪ Listing of board members present and absent;
  ▪ Acknowledgment of a quorum;
  ▪ Review and approval or correction of the minutes of the last meeting;
  ▪ Presentation of old business;
  ▪ Presentation of new business;
  ▪ Statement of each motion made, identification of member moving and seconding motion, with tabulation of the vote by the members voting either for, or against;
  ▪ Scheduled date of next meeting; and
Motion to adjourn.

- Board minutes must be available in an alternative format within a reasonable period of time when requested by a member of the public demonstrating the need.
- A permanent copy of official minutes must be maintained and kept on file by the agency.
- A draft electronic signed copy of the minutes of the board meeting must be submitted to the Cabinet within two weeks after the date of the meeting.

TRAINING FOR BOARD MEMBERS

A new member appointed to the board must receive training from the agency director or other appropriate agency representative. Ideally the training should occur prior to the new member’s first board meeting.

The training must include discussion or written materials on the following topics:

- Statutory responsibilities and functions of the cabinet, agency, and the board;
- Board laws, regulations, and local ordinances; and
- Board members’ responsibilities and functions.
- Agency service sites and the services provided at these sites:
  - Agency staff by discipline or profession;
  - Review of agency medical and environmental services, budget and annual report;
- Board minutes for the last calendar year; and
- Tour of the agency’s main facility, or if feasible, a tour of satellite or remote site.

DPH developed a WEBCAST-Local Health Department Board Orientation that new board members should review. This may be accessed through TRAIN Kentucky – Course Number 1016388.
# Kentucky Women’s Cancer Screening Program (KW CСП)
## Breast and Cervical Cancer Screening

## Table of Contents

*ctrl+click on text to go directly to section*

Kentucky Women’s Cancer Screening Program (KW CСП) Overview ............... 1

Focus and Strategies ......................................................................................... 1

Screening, Diagnostics and Case Management Services .............................. 2

Data Collection Overview - Minimum Data Elements Descriptions (MDEs) ........ 3

Data Collection Process – ACH-58 / ACH-16 ................................................. 4

Data Collection Audit Reports ......................................................................... 7

Radiology Provider Requirements ................................................................. 8

Mammography Provider Requirements ......................................................... 9

Cytology/Pathology Provider Requirements ................................................ 11

Follow-up Referral Requirements ................................................................. 13
KENTUCKY WOMEN’S CANCER SCREENING PROGRAM (KWCSP) OVERVIEW

The KWCSP provides free or low cost breast and cervical cancer screenings, diagnostic follow-up services and case management utilizing federal grant monies from the Center for Disease Control’s (CDC’s) National Breast and Cervical Early Detection Program (NBCCEDP). The KWCSP is in the Division of Women’s Health in the Department for Public Health and provides statewide oversight of services rendered through Kentucky’s 120 local health departments (LHDs), either directly or indirectly (LHD/provider contracts) and reimburses for services according to CDC approved CPT codes. Review the KWCSP Approved CPT Codes and Reimbursement Rates.

A woman may be eligible for a free or low cost breast and cervical cancer screening through the KWCSP if she meets the following requirements:

- 21 to 64 years of age
- Household income at or below 250% of the current federal poverty guideline
- Uninsured and has no third party payer source (no Medicare, no Medicaid and no private health insurance)

Women who receive cancer screening services should be counseled on the importance of rescreening at recommended intervals. Services provided through the KWCSP include female adult preventive visits, cancer screening, diagnostic evaluation, patient education, and case management. All providers including contracted providers who receive federal funds from this program are expected and held accountable to abide by the written protocols. Protocols are based on the federal grant requirements and recommendations from the Medical Advisory Committees for Breast and Cervical Cancer.

FOCUS AND STRATEGIES

The focus of the KWCSP is based upon the NBCCEDP’ direction to expand activities to increase cancer screening and diagnostic services through population-based approaches in order to reduce disparities among vulnerable populations and missed screening opportunities for women who have health encounters. The utilization of three primary program strategies are stated and defined as follows:

1. **Health System Changes and Provider Focused Activities:** Provide direct clinical services and patient navigation support to eligible women; and work with clinics within healthcare systems to enhance clinical service delivery among appropriate patient population through implementation of evidence-based interventions.

2. **Community-Clinical Linkages and Aid to Patient Support:** Coordination of services among health systems, communities, and public health using community-based and/or clinic-based health workers to increase access to clinical care and promote health behaviors.

3. **Environmental Approaches for Sustainable Cancer Control:** Promote health and support healthy behaviors in states, communities, and smaller
settings such as work sites and businesses. Environmental approaches can involve one group or a group of organizations making changes in policies and physical surroundings that makes healthy choices easy, convenient, and affordable for all.

Additionally, four cross-cutting strategies will be utilized; program collaboration, external partnerships, cancer data and surveillance, and program monitoring/evaluation.

The program provides quality assurance through LHD site visits with chart reviews; and trainings for LHD Registered Nurses on cancer screening visits and women’s health updates.

**SCREENING, DIAGNOSTIC AND CASE MANAGEMENT SERVICES**

Licensed physicians, nurse practitioners or physician assistants are the preferred providers of cancer-screening services. However, if a preferred provider is unavailable, an R.N., who has completed and received certification from the DPH approved Breast and Cervical Cancer course, known as Comprehensive Reproductive Exam Training (CRET), may provide cancer-screening services to meet the minimal requirements of the program. The DPH Nursing Office contracts with the Madison County Regional Training Academy to provide the CRET training.

Breast and cervical cancer services may be provided as part of the complete adolescent or adult preventive visit or as an evaluation and management (E/M) office visit if the services provided satisfy the minimal requirements of the program.

A patient shall be counseled and encouraged to receive complete breast and cervical screenings when applicable. However, the patient has the right to refuse any part of her screening. Refusal of either breast or cervical services will not make her ineligible for the KWCSP or Breast and Cervical Cancer Treatment Program (BCCTP).

**Clinical case management/follow-up is provided for patients with abnormal test results.** If a woman is diagnosed with breast or cervical cancer (or pre-cancer of the breast or cervix) she may be eligible for treatment through the Breast and Cervical Cancer Treatment Program (BCCTP). It is important to note that the woman must have been screened or diagnosed through the KWCSP in order to be eligible for this program. The BCCTP is administered through the Kentucky Department for Medicaid Services. The KWCSP:

- Does not cover treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer, therefore refer patients to the BCCTP.
- Does not pay for any kind of treatment services, including cervical intraepithelial neoplasia, for cervical cancer. The LHDs must enroll patients in need of treatment services to the BCCTP.
- Does not reimburse for Loop Electrode Excision Procedure (LEEP) or conization when used as a treatment procedure.
The KWCSP will reimburse these diagnostic excisional procedures only when used to arrive at a definitive final cervical diagnosis. The LHDs must refer patients in need of treatment services to the BCCTP.

A reference guide containing more information on the KWCSP and the BCCTP is available online under the publication tab entitled: "Quick Reference Guide for Health Care Providers."

DATA COLLECTION OVERVIEW - Minimum Data Elements (MDEs)

To meet the NBCCEDP grant requirements and assure LHDs are reimbursed for screenings and diagnostics, specific data tracking information (MDEs) must be obtained throughout the patient’s cancer screening cycle. The patient’s cancer screening cycle begins on the day of the initial or annual screening and ends when the patient is determined to either be free of cancer or if cancer is diagnosed when staging is determined and treatment is started.

Minimum Data Elements (MDEs) are a set of standardized data variables developed to ensure that consistent and complete information on screening location, patient demographic characteristics, screening results, diagnostic procedures, final diagnosis, and treatment information is collected on women screened or diagnosed with NBCCEDP grant funds.

The purpose of collecting MDE data is to:
1. Assure high quality services for women screened by the KWCSP
2. Evaluate and manage the KWCSP efficiently and effectively
3. Prepare reports for stakeholders
4. Secure necessary funding from NBCCEDP grant for implementing the KWCSP

The program staff in local health departments (LHD) are responsible for the collection and aggregation of MDEs. The KWCSP collects MDE data from all 120 LHDs in Kentucky. This data is transmitted through the Cancer Screen to the Kentucky Department for Public Health data management vendor, Custom Data Processing Inc. (CDP) and on to the KWCSP every month.

Based on this data, the KWCSP develops key reports to share with stakeholders. LHDs are contacted for any outstanding and pending records or to address any inconsistencies in the MDE data. This information is provided to assist the LHD nurses and support staff responsible for completing and entering the Patient Encounter Form (PEF), and the KWCSP Data Collection form (ACH-58). The CDC required data (MDEs) is submitted to the KWCSP Data Manager who compiles a data report and sends to CDC for determination of federal funding awards as well as program quality assurance.
DATA COLLECTION PROCESS – ACH-58

The Kentucky Women’s Cancer Screening Program Data Collection Form (ACH-58) is divided into three sections: “All Patients” section, “Abnormal Pap Test” section, and the “Abnormal Mammogram/Clinical Breast Exam (CBE)” section. The “All Patients” section is completed for each screening test performed for women with program funds. It includes the screening location, patient demographic information, and screening results for Pap tests, mammograms, and clinical breast exams. The Abnormal Pap Test section and the Abnormal Mammogram/CBE section are completed only for abnormal Pap test results and abnormal mammogram/CBE screening results. These sections provide data on diagnostic procedures, final diagnoses, and treatment for breast and cervical cancer.

Data collection and management assures quality screening and appropriateness of services and monitors state-wide screening rates, and population health. It is also informs and evaluates program goals, strategies and efficiencies. The MDE Collection Manual may be accessed online.

The following data collection process must be completed (per the MDE Manual) on all women who receive a CBE, mammogram, Pap test or any diagnostic test. Data must be collected and entered on three screens:

1. Patient Registration Screen(s)
2. Results Pending Screen (PERS)
3. KWCS Data Collection Screen

A hard copy of the ACH-58 form, located on the LHD Forms webpage, should be completed for all KWCS eligible women. After patient arrives, the support staff will collect and enter patient demographic information in the patient registration screen(s). KWCS eligibility is calculated automatically by the system, not by staff. The Patient Services Reporting System (PSRS) will determine the KWCS eligibility requirements for women during the registration process.

If the patient is deemed eligible, the system generates a label (C) to be placed on the ACH-58 and sends a status line message to place ACH-58 form in the chart. Support staff adds the label to the ACH-58, places the ACH-58 in the patient chart, and sends with the patient when the patient sees the provider (Nurse, APRN or Physician). The nurse will then complete the data on the Screening Sections of the ACH-58. After the nurse completes the Screening Sections of the ACH-58, the form will be sent with the patient’s PEF to support staff. The support staff will enter the ACH-58 data into the KWCS Data Collection Screen.

For KWCS eligible women receiving cancer visit services, one or more of the following secondary ICD codes must be coded on the patient encounter form (PEF) in order for the Patient Services Reporting System (PSRS) to create the KWCS Data Collection Screen:
ICD-10 Code - Screening Mammogram: **Z12.31**

ICD-10 Code(s) - Abnormal CBE:

<table>
<thead>
<tr>
<th>Code 1</th>
<th>Code 2</th>
<th>Code 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>N60.09</td>
<td>N62</td>
<td>N64.52</td>
</tr>
<tr>
<td>N60.19</td>
<td>N63</td>
<td>N64.53</td>
</tr>
<tr>
<td>N60.29</td>
<td>N63.</td>
<td>N64.59</td>
</tr>
<tr>
<td>N60.39</td>
<td>N64.1</td>
<td>N64.82</td>
</tr>
<tr>
<td>N60.49</td>
<td>N64.2</td>
<td>N64.89</td>
</tr>
<tr>
<td>N60.89</td>
<td>N64.3</td>
<td>N64.9</td>
</tr>
<tr>
<td>N60.99</td>
<td>N64.4</td>
<td>N64.52</td>
</tr>
<tr>
<td>N61</td>
<td>N64.51</td>
<td></td>
</tr>
</tbody>
</table>

If the patient’s ‘Reason for Visit’ cost center code is 813 or 802 (Pap and HPV testing only) the KWCSP Data Collection Screen will be created.

Whenever a procedure or visit for one cancer screening cycle is entered in the PEF, the KWCSP Data Collection Screen will open.

The back side of the ACH-58 is entitled *Kentucky Women’s Cancer Screening Case Management Form*. It was designed to assist the nurse case manager in tracking follow-up care on all women with an abnormal CBE, mammogram, or Pap result.

Completion of the back side of the ACH-58 is recommended but not required on all women regardless of age that have had an abnormal CBE, Pap, or Mam results. The nurse case manager is responsible for completing the information on the form including the status of workup and final diagnosis at the appropriate time. Support staff does not electronically enter data on the back-side of the ACH-58 form.

**DATA COLLECTION PROCESS – ACH-16**

The **ACH-16** is used to request and document results of mammograms from the radiology provider. The ACH-16 should be filled out on all women being referred for a mammogram regardless of income, age, or payer status. Results of screening mammograms can be entered on the KWCSP Data Collection Screen upon receipt of the ACH-16 and after the nurse assures the information on the ACH-16 agrees with the mammography report. It is no longer necessary to wait until receipt of a bill before entering the screening mammography results, since the results can be entered directly into the KWCSP Data Collection Screen. However, when the bill for the mammogram is received, the billing encounter information must still be entered into PSRS and also continue to enter results of diagnostic mammography tests in the PSRS.
Results of Pap tests and the date of the procedures will continue to be entered in the Results Pending Screen. The results of Pap procedures and the dates of the procedures will be extracted from the PEF to the KWCSP Data Collection Screen; therefore, support staff will not need to enter Pap test results and procedure dates for Pap tests on the KWCSP Data Collection Screen. In addition, all Follow-up visits and procedures that are entered on the PEF will be extracted to the KWCSP Data Collection Screen in the Breast and Cervical Diagnostic Procedures fields and will not need to be entered on the KWCSP Data Collection Screen by the support staff.

The “Breast Diagnostics/Follow-up” and the “Cervical Diagnostic/Follow-up” information in the “Abnormal Follow-up” section of the KWCSP Data Collection Form will be completed by the Nurse Case Manager. Support staff will electronically enter the information in the “Abnormal Follow-up” section of the KWCSP Data Collection Screen. It will be necessary for Nurse Case Managers and support staff to use audit reports to identify patient records with incomplete data on the KWCSP Data Collection Screen. (See the following section on Audit Reports).

Whenever the computer displays a data collection screen always “transmit” in order to save the information before clearing the screen. To do this:

- Position the cursor in the box located in the bottom-right corner of the screen and click “transmit”. If all data has been properly entered, the screen will erase the data automatically and the words “screen processed” will appear in the bottom-left corner of the screen. If the screen does not erase automatically, then consult the “error-message” in the bottom-left corner of the screen and correct the identified errors.
- Errors will be identified one at a time from the beginning of the record (similar to the WIC data-entry program). Once the data collection screen is successfully transmitted, the information is saved in PSRS and the system automatically creates a menu of records for that patient.

The KWCSP Data Collection Screen contains two main edits:

1. One edit requires completion of all data items in the “Screening” section
2. Second edit requires completion of all data items in the “Abnormal Follow-up” section.

The “Breast Cancer Abnormal Follow-up” section and “Cervical Cancer Abnormal Follow-up” section will only be completed when the appropriate abnormal results codes have been entered in the KWCSP Data Collection Screen.

**Menu of a patient’s records**

Once the data is saved in PSRS the system automatically creates a menu of records for that patient. Use the following steps to view the client record menu:

- PERL<space>30<space><Hid/Loc/S><space><Patient ID or SSN><XMIT>
- Select the record to be viewed by placing an “X” in the box to the left of the entry then “transmit”. (The screen will be retrieved with the fields filled-in.)
Typically, diagnostic follow-up data will be entered into the KWCSP Data Collection Screen by:

- Entering a PEF with the CPT code for the diagnostic service.
- Recalling the previously created KWCSP Data Collection Screen using the PERL command & entering the information manually.

However, if a KWCSP Data Collection Screen cannot be created using one of these methods described above, then the following "special command" may be used to create one if a visit screen already exists for the patient. This command can also be used for updating and editing the data:

```
PERK <space> 30 <space> <Hid/Loc/S> <space> <Patient ID or SSN> <space> <date> <XMIT>
```

Enter the date in the format MMDDYYYY.

When retrieving a record, the action field ("Act") automatically fills with "C" to indicate that the system is ready to receive changes in the existing record. This "C" should remain in the field unless a record must be deleted. Enter "D" in the action field and "transmit" to delete a record. When you just need to make a change or correction in an existing record, access the screens using the PERL command.

**DATA COLLECTION AUDIT REPORTS**

Audit reports are used to apply a proactive quality assurance process at the local health department level to identify records with incomplete screens and to supply the missing data. The Nurse Case Manager will use the audit reports as an additional tool to assure the local health department’s follow-up on patients who have abnormal breast and cervical cancer screening results. The following audit reports must be run and reviewed every month:

**323 (Cervical Screening Report):** Lists the Pap and HPV tests performed through your department and reported through the Patient Encounter Reporting System (PERS) or Supplemental Reporting System.

**676 (Breast Screening and Diagnostic Report):** Lists the screening and/or diagnostic mammograms and ultrasounds referred through your department and reported through the PERS or Supplemental Reporting System.

**1709 (BC Screen Missing Data Report):** Lists all breast and cervical cancer records that have incomplete data and records that need to have BC data collection screens.

**1706 (Breast Final Diagnostic Pending Report):** Lists all diagnostic pending records for breast cancer. To complete these records, data from the ACH-58 form must be entered on the KWCSP Data Collection Screen. The records from this report will be removed only after the required data is entered on the BC screen.
**1707 (Cervical Final Diagnostic Pending Report):** Lists all diagnostic pending records for cervical cancer. To complete these records, data from the ACH-58 form must be entered on the KWCSP Data Collection Screen. The records from this report will be removed only after the required data is entered on the KWCSP Data Collection Screen.

**2646 (Cervical Lost to Follow-up or Refused):** Lists all the cervical cancer records that have been reported via the KWCSP Data Collection Screen either as Lost to Follow-up or Work-up Refused. This report will help you track women who had an abnormal Pap test but did not receive the required follow-up.

**2647 (Breast Lost to Follow-up or Refused):** Lists all the breast cancer records that have been reported to the KWCSP either as Lost to Follow-up or Work-up Refused. This report will help you track women who had an abnormal clinical breast exam or mammogram, but did not receive the required follow-up.

**2649 (Duplicate MDE Records Report):** Lists all MDE duplicate records that need to be corrected. Identify and complete the accurate record and then delete the duplicate record.

**2653 (Cancer Reimbursement Report):** Lists clinical services performed by your health department that may be paid for by the KWCSP. The amounts on the reports are potential reimbursement amounts. The actual amount will be determined after they are compared to your department’s fiscal year allocations.

**2654 (Duplicate Cancer CPT Codes):** Lists all the KWCSP approved CPT codes that have been entered twice in the system. Payments to LHDs will not be made for these services until they are all corrected in the system.

**RADIOLOGY PROVIDER REQUIREMENTS**

Radiologic services must be purchased/generated in accordance with the following requirements:

**Mammography X-Rays**

1. Mammography X-rays shall be performed by skilled radiologic technologists who are certified by the American Registry of Radiologic Technologists and are Kentucky State Certified General Certificate Radiographers. The films shall be interpreted by a qualified radiologist who is certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
2. Two views of each breast shall be taken with an average radiation exposure at the current recommended level as set forth in the guidelines of the American College of Radiology.
3. Facilities performing mammograms shall be accredited by the American College of Radiology Oncology Accreditation Program and certified by the federal Food and Drug Administration (FDA).
4. The report of the mammogram reading must indicate the name and address of the facility where the X-rays are stored so that the woman and the local health department know where the mammogram films are located should they be needed at another location for consultation/referral studies.

5. All contracts for mammography services must:
   - Meet the above requirements; and
   - Include “Mammography Provider Requirements” (see next section).

**Chest X-Rays**

For chest X-rays, technicians shall be certified by the American Board of Radiology, the American Osteopathic Board of Radiology, or shall have a limited state certificate issued by the Kentucky Board of Medical Imaging and Radiology.

**Other Imaging Services**

Other imaging services (e.g. ultrasounds, etc.) shall be purchased only from licensed facilities/providers.

**MAMMOGRAPHY PROVIDER REQUIREMENTS**

Mammography services must be rendered in accordance with the following requirements:

1. The health department or screening sub-contractor* will screen patients for eligibility, including income criteria. The health department or screening sub-contractor will authorize which patients are to receive screening mammograms under this program.

2. Facilities performing mammograms shall be accredited by the American College of Radiology Accreditation Program and certified by the federal Food and Drug Administration (FDA).

3. A list of radiologists providing interpretation will be provided to the health department or screening sub-contractor and attached to the contract. Updating this list (additions or deletions) will be the responsibility of the Contractor.

4. Each radiologist responsible for interpretation of results will have current continuing education in the field of mammography.

5. Interpretation of mammogram and ultrasound results will be recorded on the ACH-16 form, which must be completed, signed and submitted to the Program by the health department or screening sub-contractor.

6. Results must be recorded as a single category on the ACH-16 form based on the following categories. (Results of subsequent tests, e.g. additional views,
ultrasound, etc. shall be reported to the Program separately from the mammogram results.)

0 Assessment Incomplete - need additional imaging
1 Negative
2 Benign Finding
3 Probably Benign - short interval follow-up indicated
4 Suspicious Abnormality - biopsy should be considered
5 Highly Suggestive of Malignancy - appropriate action should be taken
6 Known Biopsy - Proven Malignancy - Appropriate Action Should Be Taken

7. Payment for a screening or a diagnostic mammogram will be made only if specifically ordered by the health department or screening sub-contractor on the completed and signed ACH-16 form. The Bi-Rads on the ACH-16 form must match the narrative report before payment will be issued.

8. There will be no billing of the patient by any member of the Contractor. For these purposes, Contractor includes cooperating hospital, radiologist, or technician.

9. The Contractor agrees to provide information required for the LHD or screening sub-contractor to meet state and federal service reporting requirements in order to ensure quality and timely patient care and secure funds to pay for services.

10. The Contractor must return all written results no more than 21 days after receipt of Pap test specimens or the patient’s mammogram/ultrasound screening. Any biopsy results (if applicable in contract) should be returned to the health department or screening sub-contractor within two (2) weeks (14 working days) of receipt of specimen.

11. The Contractor must contact an RN, APRN, or PA at the LHD or screening sub-contractor by telephone within 24 working hours when a mammogram result is a Bi-Rads 4 or 5 according to the reporting categories listed in the Mammography Requirements which is based on the American College of Radiology reporting system. This notification shall also include a three-day turnaround for mailing these results.

12. The Contractor must provide timely telephone consultation by a pathologist (cytology/pathology services) or radiologist (radiology services) when the health department/screening sub-contractor needs more information about results.

There are some Local Health Departments that contract with local providers for some of their KWCSP screening services (Pap tests, Clinical Breast Examination, bimanual pelvic exams). The term ‘screening sub-contractor’ will be used to denote these
specific providers in the Mammography Provider Requirements and Cytology/Pathology Provider Requirements sections.

CYTOLOGY/PATHOLOGY PROVIDER REQUIREMENTS

Facilities performing cytology/histology services shall be certified for Medicaid/Medicare, thus meeting Clinical Laboratories Improvement Act (CLIA) regulations. A copy of Contractor's CLIA-88 Certificate must be included with the signed contract. Hospital laboratories shall be accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

1. **Identification of type of test** (conventional or liquid based and noted if the specimen was examined by an automated device)

2. **Adequacy of the Specimen**
   a. Satisfactory for interpretation
   b. Unsatisfactory (specify reason)

3. **General Categorization (optional)**
   a. Negative for Intraepithelial Lesion or Malignancy (NIL)
   b. Epithelial Cell Abnormality (specify squamous or glandular)

4. **Interpretation/Result**
   A. Negative for Intraepithelial Lesion or Malignancy (NIL)
   B. Negative for Intraepithelial Lesion with the Presence of:
      a. Organisms (identify)
      b. Reactive Cellular Changes
      c. Atrophy
      d. Glandular cells status post hysterectomy
      e. Endometrial cells in a woman greater than 40 years of age
   C. Atypical Squamous Cells
      a. ASCUS (Undetermined Significance)
      b. ASC-H (Cannot Rule out High Grade)
   D. Low Grade Squamous Intraepithelial Lesion
      a. LGSIL
      b. Mild Dysplasia
      c. HPV
      d. CIN I
   5. **High Grade Squamous Intraepithelial Lesion**
      a. HGSIL
      b. Moderate Dysplasia
      c. Severe Dysplasia
      d. CIN II
      e. CIN III
      f. Carcinoma-in-Situ (CIS)
   6. **Squamous Cell Carcinoma**
   7. **Adeno-Carcinoma/Adeno-Carcinoma-in-Situ**
   8. **Unsatisfactory**
9. **Atypical Glandular Cells of Undetermined Significance (AGUS)**
   a. Atypical endocervical cells
   b. Atypical endometrial cells
   c. Atypical Glandular of Undetermined Origin

Contractor shall provide collection supplies for either conventional or liquid-based Pap tests. At ongoing, monthly intervals, the Contractor shall provide the health department or screening sub-contractor with a list of health department/screening sub-contractor clients whose Pap tests were read and the results of the interpretations, in a format agreed upon by the health department/screening sub-contractor. All abnormal results shall be clearly indicated by the Contractor to the screening agency.

Contractor will provide the health department/screening sub-contractor with a six month and twelve-month comprehensive profile of findings of Pap test results of screening agency clients, in a format agreed upon by the screening agency. This profile shall include a breakdown of BETHESDA results in the distinct reporting categories.

Contractor agrees to provide information required for the health department or screening sub-contractor to meet state and federal service reporting requirements in order to ensure quality and timely patient care and secure funds to pay for covered services.

Contractor must return all written results no more than 21 days after receipt of Pap test specimens or the patient’s mammogram/ultrasound screening. Any biopsy results (if applicable in contract) should be returned to the screening agency within two (2) weeks (14 working days) of receipt of specimen.

Contractor must contact an RN, APRN, or PA at the local health department or screening sub-contractor by telephone within twenty-four working hours when any Pap specimen is determined to be ASC-US cannot rule out High Grade, HGSIL, Squamous Cell Carcinoma, Adeno-Carcinoma/Adeno-Carcinoma In-situ, AGUS according to the reporting categories listed in the Pap/Pathology Requirements which is based on the Bethesda system. This notification shall also include a three-day turnaround for mailing these results.

Contractor must provide timely telephone consultation by a pathologist (Pap/Pathology services) or radiologist (radiology services) when the health department/screening sub-contractor needs more information about results.

There are some Local Health Departments that contract with local providers for some of their KWCSP screening services (Pap tests, Clinical Breast Examination, bimanual pelvic exams). The term ‘screening sub-contractor’ will be used to denote these specific providers in the Mammography Provider Requirements and Cytology/Pathology Provider Requirements sections.
Your contracts with local providers must include the worksheet entitled **KWCS\ Approved CPT Codes and Reimbursement Rates** that includes ONLY the services (KWCS\ covered services) that will be reimbursed to that specific provider by your LHD and show the negotiated rate. Any reimbursement rate amount greater than the approved KWCS\ rate will be the responsibility of the LHD.

**FOLLOW-UP REFERRAL REQUIREMENTS**

Healthcare providers should be encouraged to refer uninsured women to the local health department as soon as possible to determine eligibility for the Kentucky Women’s Cancer Screening Program (KWCS\). Review the **ACCEPTING REFERRALS/FOLLOW-UP REFERRAL REQUIREMENTS** in the **Cancer Screening/Follow-Up section of the CCSG**.

**FOLLOW-UP REFERRALS - MOBILE MAMMOGRAPHY UNITS:**

KWCS\ eligible woman may receive their screening mammogram within a mobile mammography unit. If a LHD chooses to host a mobile mammography event in their community, it is a recommendation for LHDs and LHD nurse case managers to create partnerships with mobile mammography vendors in order to coordinate completion of the **ACH-58 form** and provide follow-up/case management for clients in the event of an abnormal screening result.
Consent for Services

Table of Contents

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

General Consent Overview ........................................................................................................ 1
Guidelines for Consent............................................................................................................... 2
Patient is a Minor and Victim of Sexual Offense .................................................................. 3
Minor (Child) Entering Foster Care System ......................................................................... 3
Minor (Child) Placed with CHFS ......................................................................................... 3
Minor (Child) Placed with Relative Caregiver/Other Adult (Not CHFS) ......................... 4
KRS 405.024 – Using Affidavit to Establish Authority for Health Care Treatment .... 5
Child Custody Issue Between Parents ................................................................................. 5
Minors Probated or Committed to KY Dept. of Juvenile Justice .................................... 6
Legal Guardianship.................................................................................................................. 6
Use of “Power of Attorney” .................................................................................................... 7
CHFS Handbook for Kentucky Grandparents and Other Relative Caregivers .......... 7
General Consent When Parent/Legal Representative Not Present ................................. 7
Informed Consent for Immunizations When Parent/Legal Representative Not Present .................................................. 9
CONSENT FOR SERVICES

A **general consent** is required for each person prior to clinical/personal health service provision. The general consent is obtained as part of the registration process. The signed consent is valid for one year from date signed. (Review AR, **PSRS Section** for Consent Forms (**CH-5 or CH-5B – REGISTRATION, INCOME DETERMINATION, AUTHORIZATIONS, CERTIFICATIONS and CONSENTS**). A general consent statement will be reviewed and signed by the patient, parent or legal representative (**legal guardian, legal custodian, an adult with Power of Attorney rights, or another adult with legal authority according to applicable laws**). Assuring an appropriate person signs the consent is very important. This section is not all-inclusive to every situation the local health department may encounter.

The consent contained on the **CH-5 or CH-5B** covers all general medical services. Services that require more in-depth explanation (**informed consent**) will require an additional signature after the patient, parent or legal representative has been given adequate information to make an informed decision about the service or treatment to be rendered. Guidelines for who may give consent are contained on the following pages.

When providing health services, it is essential that the health professional ensure to the extent possible that the patient, parent or legal representative fully understands the treatment being provided.

With any procedure or treatment of a patient, there are certain risks that are present. It is the duty of the medical professionals to be aware of the risks and inform the patient of the procedure to be performed, acceptable alternative procedures or treatments and substantial risks and hazards inherent in the proposed treatments or procedures, which are recognized among other health care providers who perform similar treatments or procedures. (**KRS 304.40-320**).

Informed Consent **MUST** be completed and signature obtained by the medical staff person providing the service. This consent must be signed and dated by the patient, parent or legal representative.

“**Informed consent**” comprises seven (7) basic elements. To help remember these elements, think of the word “**BRAIDED**”:

- **Benefits** of the drug, procedure, service.
- **Risks** of the drug, procedure, service.
- **Alternatives** to the drug, procedure, service.
- **Inquiries** about the drugs, procedures, services are the patient’s, parent or legal representative’s right and responsibility.
- **Decision to refuse** the drug, procedure, and service without penalty is the patient’s, parent or legal representative’s right.*
- **Explanation** of the drug, procedure, service is owed the patient, parent or legal representative.
• Documentation that the health professional has covered each of the previous six points, usually by use of a consent form or statement.

Certain procedures or services require specific consent forms. Forms are located on the LHD Forms webpage:

- Federally required Consent for Sterilization (OMB 0937-0166)
- Consent for Norplant Removal (ACH-266)
- Consent for Insertion/Removal Intrauterine Device (IUD) (ACH-280)
- Consent for deferring a physical examination for three (3) months for Oral Contraceptives and Depo Provera (ACH-264B)
- Informed Consent for Vaccines (IMM-1)
- Informed Consent for Family Planning Method (FP-1)
- Informed Consent and Waiver of Liability for Administration of Depo Provera Contraceptive (FP-2)

A patient’s decision to refuse a procedure (such as hemoglobin or hematocrit) may cause the person to be ineligible for a service that requires the procedure to determine eligibility (see specific service guidelines). Review the Core Clinical Service Guide for additional information.

The CH-5WIC may be used in certain applicable situations. Please refer to the WIC and Nutrition Manual, Certification and Management, Forms and Supporting Information.

GUIDELINES FOR CONSENT ARE AS FOLLOWS:

A. The patient is a minor (under 18 years of age - according to KRS 2.015) and is living with her/his parent(s), legal guardian, or under the custody or control of the Cabinet for Health and Family Services. In these cases, either the parent, legal representative, or a Cabinet for Health and Family Services social worker may legally give consent, as applicable.

I. Exceptions to parental or legal representative consent for minors (patients under 18 years of age) to receive services are:

- Patient is under 18 years of age and has contracted a lawful marriage (and therefore emancipated) and may give consent for services, provided associated risks are fully comprehensible to him/her (KRS 214.185).

- Patient is under 18 years of age, unmarried and has borne or fathered a child. The patient may give consent for services for her/his child and herself/himself without the consent of the patient’s parent or legal representative (KRS 214.185).

- Patient is under 18 years of age and seeks diagnosis and/or treatment for sexually transmitted disease, pregnancy, alcohol and/or drug abuse or addiction. The local health department may treat the minor for sexually transmitted disease, contraception, pregnancy or childbirth upon consent.
of the minor and without the consent or notification of the patient’s parent or legal representative. Treatment shall not include inducing of an abortion or the performance of a sterilization operation (KRS 214.185).

- **Patient is a minor and victim of a sexual offense.** He/she, even though a minor, may consent to examination by a physician and such consent is not subject to disaffirmance because of minority. Consent of the patient's parent or legal representative is not required for such an examination (KRS 216B.400).

II. The patient is 18 years of age or older who is mentally disabled. If a patient has been adjudged by a court to be mentally disabled, then the court appointed guardian has legal authority to give consent. (KRS 387.660)

III. A **child may enter the foster care system** by either:

- being removed from the home and placed in the “care and custody” of CHFS, or
- being placed in the “care and custody” of a relative/other adult or agency

“Care and Custody” would be defined as any necessary medical, education or other prevailing needs will be the responsibility of the person(s) or agency granted custody by the court.

A child’s removal from the home would be determined through Kentucky District or Family Court. If legal custody is temporarily assigned to one other than the parent, then all release of record decisions and treatment decisions are made by the entity or person with legal custody.

**Placed with CHFS**

For a child removed from the home and placed in the care and custody of CHFS, LHDs should contact the local Department for Community Based Services (DCBS) Social Services Worker (SSW) or supervisor if a child needs medical services. The SSW or supervisor will determine the type of custody designation the child has been assigned. **The LHD may ask for a copy of the DPP-106A (CHFS Authorization for Health Care) to validate the type of custody designation the child has been assigned.**

If the child has entered care but has not been committed (i.e., “temporary or emergency” custody order) the SSW or their supervisor should assure CHFS has been authorized, by the judge or birth parent, to consent to any needed medical/treatment services for the child. The SSW will need to communicate with the judge or parent to assure proper consent has been attained, if applicable.
Once the child is **committed** to CHFS, the SSW may authorize or sign the consent for medical services treatment. LHDs may allow a SSW or supervisor to sign consent for medical/treatment services prior to services being rendered, but no more than thirty (30) days prior to the service.

Effective October 15, 2012, KY DCBS revised their policy allowing for CHFS foster parents to sign consent for the foster child to receive services with the exception of an “invasive procedure” needed. CHFS foster parents **shall only** be able to sign the “General Consent for Health Services by Foster Parents of Minors in Custody of CHFS” which only consents to non-invasive procedures. “A DCBS staff person is required to sign a consent form for all invasive procedures, defined as “entry into body tissues, cavities or organs” (201 KAR 20:235).” The revised KY DCBS policy **DOES NOT** apply to those CHFS foster children in **Emergency** or **Temporary** custody. A listing of most “invasive procedures” provided by LHDs can be found on the [DPH Nursing webpage](http://example.com/dphpnursing).

**Placed with Relative/Other Adult or Other Agency (not CHFS)**

A child may be removed from the home and placed by the Court in the care and custody of a relative/other adult or agency (agency other than CHFS). The custody order would need to be reviewed to determine the type of order and time frames for which the order is effective. The person/agency listed on the Court Order should be allowed to sign for needed health services during the time period they are designated custody by the court.

Children removed from the home for dependency, negligence or abuse, are processed through District or Family Courts. The proceedings are documented on appropriate KY Administrative Office of the Courts numbered forms (**AOC-DNA-#**). [KY Family Court Rules of Procedure and Practice (FCRPP)](http://example.com/kycourtrules) are found online.
IV. **KRS 405.024** includes *(but is not limited to)* the following:

- A “caregiver” means an adult person with whom a minor resides, including a grandparent, step-grandparent, stepparent, aunt, uncle, or any other **adult relative** of the minor;

- “Health care treatment”:

  **Means** any necessary medical and dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, developmental screening, mental health screening and treatment, preventive care, immunizations recommended by the federal Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices, well-child care, blood testing, and occupational, physical, and speech therapies; and

  **Does not mean** any procedure to terminate a pregnancy, pregnancy determination testing, HIV or AIDS testing, controlled substance testing, or any other testing for which a separate court order or informed consent is required under other applicable law.

- The caregiver shall create an affidavit establishing the caregiver’s ability to authorize health care treatment for a minor. The duly executed affidavit shall include **all information** listed in **KRS 405.024**;

- The affidavit shall be valid for one (1) year and may be renewed annually thereafter unless it is revoked;

- The decision of a caregiver to authorize or refuse health care treatment for a minor shall be superseded by a decision of a parent, de facto custodian, guardian, or legal custodian of the minor.

V. **Minors are sometimes involved in a child custody issue between parents.** In the cases of shared custody through divorce decree and the parents cannot agree on consent for services, the LHD should try to attain information from the divorce decree stipulating which parent has responsibility for obtaining routine medical care for the minor child. In situations where there is no “child custody order” in place at the time and parents cannot agree on consent for service, authorization only needs to be executed by one (1) parent. However, be aware of your agency decision and your agency should not become involved in a domestic dispute and do not violate HIPAA laws. If in doubt, the LHD should contact their local legal counsel for advice and guidance.
VI. **Minors who are probated or committed to Kentucky Department of Juvenile Justice (DJJ)** are assigned and supervised by a Juvenile Service Worker (JSW). While in committed care of DJJ, the assigned JSW or supervisor may sign consent for needed medical/treatment services. For probated youths, the parents shall sign for all medical services.

When intensive treatment is necessary, youth may be committed to the DJJ. Committed youth are not always removed from the home. Per state law, commitment will generally end at the age of eighteen (18) but can continue until the age of twenty-one (21) in certain circumstances.

The Kentucky Department of Juvenile Justice contracts with several agencies throughout the state for out-of-home placement services. When a youth is determined to need an out-of-home placement, other than a DJJ facility, consideration is given to place the youth in the nearest alternative program that best meets the youth’s needs. This helps the youth stay connected to his or her family with visits and counseling, as well as transition/aftercare services back to the youth’s home, school, and community.

The **Kentucky Department of Juvenile Justice** (DJJ) operates or contracts with various Day Treatment Centers, Group Homes, Residential programs, Independent Living programs, foster homes (both traditional and therapeutic), psychiatric treatment centers, and community agencies to provide a continuum of services for youth committed or probated to the Department.

**LEGAL GUARDIANSHIP**

- A legal guardian is a person appointed by District Court to manage the affairs of a minor (a person under eighteen years old) or an incompetent adult, or anyone else who does not have the ability (“legal capacity”) to manage their own affairs.

- A Conservator, appointed in the same way, is someone who manages only the financial affairs of such a person who is called the “Ward”.

- **KRS Chapter 387** contains laws covering guardianship and conservatorship. **KRS 387.065** covers powers, duties, and responsibilities of guardians; such as: “(3)(b) Consent to medical or other professional care, treatment or advice for the ward,...”.

- Guardians should present the appropriate court documents indicating their appointment of guardianship prior to services rendered.

- Information about a public guardianship program can be found on the [CHFS Division of Guardianship](#) webpage.
USE OF “POWER OF ATTORNEY”

- Parents/legal guardians may voluntarily complete a “Standard Power of Attorney for Medical/School-Making Decisions (AOC-796)” on a minor child. This completed and notarized Power of Attorney allows the designated person to consent for most medical services for the minor child, with the exceptions of HIV/AIDS testing, controlled substance testing, or any other testing for which a separate court order or informed consent is required or applicable under law. Consent for immunizations is allowed under this type Power of Attorney.

- Other “Medical Power of Attorney” for healthcare should contain specific instructions and designate a healthcare proxy to make healthcare decisions when the principal party is unable to make them himself/herself. These documents are required to be notarized. It is recommended that specific information be included that describes each type of medical service the parent or legal guardian allows the designated proxy to provide consent for the minor on their behalf.

- “Power of Attorney” to be revoked, rescinded, or terminated should be in writing and include the name of the Grantor, Attorney-in-Fact, and the date. These documents should be duly notarized.

- Historically, Kentucky has a large number of children who are being reared by relatives who do not have legal guardianship, but are the primary caregivers of the child. These relatives should, if possible, obtain a notarized legal statement (preferably an AOC-796 Power of Attorney) from the patient’s parent or legal guardian allowing them the ability to consent to medical care for these children. Refer to “Use of Power of Attorney” above for information required as part of a statement and any exceptions. Efforts should be made to assist these families and children seeking service.

- A helpful resource is a handbook for grandparents and other caregivers provided by the Kentucky Cabinet for Health and Family Services entitled “HELP – A Handbook for Kentucky Grandparents and Other Relative Caregivers” is available online.

- Kentucky Revised Statutes relating to Power of Attorney are KRS 27A.095, and KRS 386.093.

“GENERAL CONSENT” WHEN PARENT/Legal REPRESENTATIVE CANNOT BE PRESENT AT VISIT

When an appointment is made for a child and the parent or legal representative is unable to accompany the child, the following should be followed:
A. The LHD should mail to the parent or legal representative prior to the appointment, but no more than 30 days prior to the appointment:
   • Appropriate document (CH-5B), with instructions for completion and return
   • LHD HIPAA Notice of Privacy Practices and the Receipt for the Notice of Privacy Practices, if this is patient’s first medical service provided by LHD

B. At the scheduled appointment or prior (but no more than 30 days) the following documents should be returned to the LHD:
   • The CH-5B, completed and signed by the parent or legal representative prior to the appointment, should accompany the child at the visit or should be returned to the LHD prior to the scheduled appointment
   • A daytime phone number where the parent or legal representative can be reached
   • If applicable, the Receipt of the Notice of Privacy Practices

C. If someone with legal authority does not present at the visit with the child, general consent may be obtained by telephone:
   • The LHD provider should place a telephone call to the parent or legal representative and explain thoroughly the instructions for collecting the demographics, income, and any other pertinent information required for general consent for service.
   • Information collected may either be documented on a CH-5B or input into the system to generate registration labels placed on CH-5.
   • Identify the reason for visit.
   • The parent or legal representative should state understanding and give verbal consent.
   • Another LHD employee should listen to the phone conversation to confirm the parent or legal representative’s verbal consent. The person presenting with the child should also witness the conversation.
   • All information should be documented in the medical record.
   • Document on the medical record (CH-5 or CH5B) that verbal consent obtained, the name of the parent or legal representative who provided the general consent, who witnessed the verbal consent and sign and date. If a second LHD employee, if available witnessed, they will need to sign and date the entry to confirm the verbal consent.
   • The LHD should follow up to arrange for a convenient time for the parent or legal representative to sign the CH-5 or CH5B. Or the LHD may mail, fax or email the CH-5 or CH-5B to the parent or legal representative for signature. If the CH-5 or CH-5B is mailed then a copy of the document shall be kept until the signed copy is returned.

D. Persons or agencies having legal custody, legal guardianship, or power of attorney may provide consent. REMINDER: Foster parents, resource parents or pre-adoptive parents cannot sign for routine medical services for children in their care.
“INFORMED CONSENTS” FOR IMMUNIZATIONS WHEN PARENT/LEGAL REPRESENTATIVE CANNOT BE PRESENT AT VISIT (a General Consent should also be completed if applicable)

The Kentucky Immunization Program recommends the following when an appointment is made for a child and the parent or legal representative is unable to accompany the child, the directions below should be followed:

- If written consent is received by mail, the LHD should mail to the parent or legal representative prior to, but no more than 30 days:
  - Appropriate vaccine information materials (VIS forms)
  - The LHD vaccine consent form
  - A statement which includes the LHD telephone number and information on how calls are taken

- The parent should be encouraged to call for further information/questions. The LHD should encourage the parent or legal representative to provide a phone number where they may be reached on the day the immunizations are to be given in case questions or concerns arise.

- The signed consent form with the parent’s emergency phone number must be returned to the LHD.

- The parent or legal representative should keep the vaccine information materials for future reference.

- If verbal consent is received by telephone:
  - The LHD provider should place a telephone call to the parent, explain the proposed procedure thoroughly and provide informed consent.
  - The LHD provider should explain the service to be performed, the risks, side effects, benefits, alternatives and comfort measures for the procedure.
  - The parent or legal representative should state understanding and give verbal consent.
  - Another LHD employee should listen to the phone conversation to confirm the parent or legal representative’s oral consent. This information should all be documented in the medical record.
  - The second LHD employee should document in the medical record to confirm the oral consent.
  - The LHD should follow up with asking the parent or legal representative to sign the consent form.
Persons or agencies having legal custody, legal guardianship or power of attorney may provide consent for immunizations. **CHFS/foster parents, resource parents or pre-adoptive parents are not permitted to sign** for immunizations for children in their care.
Core Competencies Crosswalk

Table of Contents

(Ctrl+click on text to go directly to section or internet content)

Crosswalk of the Core Competencies for Public Health Professionals

Kentucky DPH Core Competencies for Public Health Nurses - Tier 1
Kentucky DPH Core Competencies for Public Health Nurses - Tier 2
Kentucky DPH Core Competencies for Public Health Nurses - Tier 3
PUBLIC HEALTH NURSING COMPETENCIES

The Quad Council of Public Health Nursing Organizations is an alliance of the four national nursing organizations that address public health nursing issues: the Association of Community Health Nurse Educators (ACHNE), the American Nurses Association’s Congress on Nursing Practice and Economics (ANA), the American Public Health Association—Public Health Nursing Section (APHA), and the Association of State and Territorial Directors of Nursing (ASTDN.). In 2000, prompted in part by work on educating the public health workforce being done under the leadership of the Centers for Disease Control (CDC), the Quad Council began work on drafting a set of national public health nursing competencies.

The approach utilized by the Quad Council was to start with the Council on Linkages between Academia and Public Health Practice (COL) “Core Competencies for Public Health Professionals” and to determine their application to two levels of public health nursing practice: the staff nurse/generalist role and the manager/specialist/consultant role. It was the Quad Council’s intent to examine these COL competencies for their fit with public health nursing and to continue to identify and refine unique competencies for public health nursing. By selecting the COL competencies as the framework, the Quad Council felt that the competencies could provide a guide for agencies that employ public health nurses and academic settings to facilitate education, orientation, training and lifelong learning using an interdisciplinary model where appropriate.

The Quad Council determined that, although the Council on Linkages competencies were developed with the understanding that public health practice is population-focused and public health nursing is also population-focused, one of the unique contributions of public health nurses is the ability to apply these principles at the individual and family level within the context of population-focused practice. Therefore, many of the competency statements indicate a level of awareness or knowledge at the individual/family level.

(Association of State and Territorial Directors of Nursing, 2003)

The Kentucky Department for Public Health Nursing Office, in partnership with the Nurse Executive Council and the Kentucky Vaccine Program nurse leadership, developed the following competencies for the entry-level public health nurse who provides immunization services in the clinic or community setting. Domains were selected according to their relevance to the target population and program setting. The terms “awareness” and “knowledge” are defined as follows: “awareness” is the basic level of mastery of the competency; individuals may be able to identify the concept or skill but have limited ability to perform the skill, while “knowledge” is defined as the intermediate level of mastery of the competency; individuals are able to apply and describe the skill. Examples are provided for public health nurse leaders as “real world” practical applications. Local health departments may use other examples to serve as a demonstration of competency for each domain.
Public health competencies may be used for many purposes, including a new employee orientation tool, demonstration of annual competencies, for clinical staff meeting discussions, for personnel evaluations and for accreditation purposes. Subsequent competencies will be developed by the DPH Nursing Office and the Nurse Executive Council (NEC) in conjunction with other public health programs.
## Analytical/Assessment Skills

<table>
<thead>
<tr>
<th>1A1.</th>
<th>Describes factors affecting the health of a community (e.g., equity, income, education, environment). (e.g. Community health and assessment needs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A2.</td>
<td>Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community. (e.g. ADD data, census data and county health rankings)</td>
</tr>
<tr>
<td>1A3.</td>
<td>Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information. (e.g. Code of Ethics, HIPAA, confidentiality in HANDS, use of aggregate data)</td>
</tr>
<tr>
<td>1A4.</td>
<td>Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information. (e.g. Data entry of WIC 75, EHR, NEDSS, Immunization registry)</td>
</tr>
<tr>
<td>1A5.</td>
<td>Selects valid and reliable data. (e.g. Red book, Pink book, other science and evidence based data)</td>
</tr>
<tr>
<td>1A6.</td>
<td>Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions). (e.g. Epi Notes, KCR, BRFSS)</td>
</tr>
<tr>
<td>1A7.</td>
<td>Identifies gaps in data. (e.g. Immunization registry, KWCSP data)</td>
</tr>
<tr>
<td>1A8.</td>
<td>Collects valid and reliable quantitative and qualitative data. (e.g. QA projects, poster presentations)</td>
</tr>
<tr>
<td>1A9.</td>
<td>Describes public health applications of quantitative and qualitative data. (e.g. Reportable Diseases (outbreaks); diabetes prevention programs)</td>
</tr>
<tr>
<td>1A10.</td>
<td>Uses quantitative and qualitative data. (e.g. Community improvement plan)</td>
</tr>
<tr>
<td>1A11.</td>
<td>Describes assets and resources that can be used for improving the health of a community (e.g., Boys &amp; Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs). (e.g. community resources for clients, MAPP community partners)</td>
</tr>
</tbody>
</table>
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing). (e.g. community assessment process, population trends, changes and health status)

1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources. (e.g. alignment between the CHA and Strategic Planning process)

1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making. (e.g. SHPP, Boards of Health presentations, policy presentations related to clinical services)

**Policy Development/Program Planning Skills**

2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field). (e.g. nurses contributing role in the development of policies and procedures)

2A2. Contributes to development of program goals and objectives. (e.g. shares ideas with supervisor, e.g. discusses accreditation activities)

2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans). (e.g. LHD’s (agency wide) Strategic Plan)

2A4. Contributes to implementation of organizational strategic plan. (e.g. implementation of the agency Strategic Plan)

2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community. (e.g. need of analyzing trends & their effect on the community, BRFSS, CHA)

2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs). (e.g. CDP reports, DPH data, other LHD data sources)

2A7. Describes implications of policies, programs, and services. (e.g. purpose of data collection, funding implications with goals and objectives, quality assurance)

2A8. Implements policies, programs, and services. (e.g. funding implications, clinical (chart) audits, identifiable gaps, implementation of evidence-based practices)
2A9. Explains the importance of evaluations for improving policies, programs, and services. (e.g. methods for evaluation of the nursing process)

2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment). (e.g. evaluation process, e.g. coding, school health, PEFs)

2A11. Applies strategies for continuous quality improvement. (e.g. QI strategies; PDCA (Plan, Do, Check, Act), nursing process, incident reports)

2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems). (e.g. data systems; NEDSS, WIC 75, and awareness of data vendor role)

<table>
<thead>
<tr>
<th>Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) (e.g. needs of population being served including ADD website, BRFSS (Behavioral Risk Factor Surveillance System), National Action Plan to Improve Health Literacy, Health.gov/healthfinder.gov/Health People 2020)</td>
</tr>
<tr>
<td>3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images) (e.g. resources available to communicate in a different language such as phone interpreter system, Microsoft word translation &amp; CCSG teaching sheets, WIC forms)</td>
</tr>
<tr>
<td>3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community. (e.g. gathers information from individuals and groups for improving the health of the community including coalitions, KY Cancer Registry)</td>
</tr>
</tbody>
</table>
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings). (e.g. approaches for disseminating public health data and information including the LHD website, Licking Valley Cap Senior Citizens, Schools (classes/website/newsletter) kynect.gov)

3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters). (e.g. communicates effectively in oral and written form including documents, e-mail, telephone, LHD website, Code Red)

3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model). (e.g. shares information with clients to improve their health such as Facebook, LHD website, Make Yours a Fresh Start Family, You Tube Videos, NACCHO)

3A7. Facilitates communication among individuals, groups, and organizations. (e.g. provides or exchanges information to individuals or groups such as WIC classes, Diabetes Prevention, Strong Women, Micro-clinics and FP clinic)

3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community. (e.g. role of public health nursing in the community including KHDA, NACCHO, PHAB, KPHA, NEC)

### Cultural Competency Skills

4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences). (e.g. includes different ethnic or racial groups and socio-economic backgrounds. Verbalizes personal awareness, attitude, knowledge and skills regarding cultural diversity)

4A2. Describes the diversity of individuals and populations in a community. (e.g. different ethnic or racial groups and those with limited English proficiency specific to the local jurisdiction)
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community. (e.g. “Title VI of the Civil Rights Act of 1964”, “Title IX of the Education Amendments of 1972”, “Section 504 of the Rehabilitation Act of 1973”, and the “Age Discrimination Act of 1975”)

4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community. (e.g. Kentucky DPH Civil Rights Training Module, LEP Training Module, Cultural Competency Modules, and policies and procedures regarding interpreter services and/or other adaptive equipment)

4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community. (e.g. need to meet training requirements regarding cultural diversity (see 4A4.) with initial employment and annually thereafter)

4A6. Describes the effects of policies, programs, and services on different populations in a community. (e.g. the provision of health care cognizant to cultural differences can improve utilization of services among patient populations and reduce issues associated with limited English proficiency)

4A7. Describes the value of a diverse public health workforce. (e.g. benefits of providing health department services to all eligible participants regardless of ethnic, racial or socio-economic background)

**Community Dimensions of Practice Skills**

5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community. (e.g. community programs and services such as DCBS, County Extension Service, YMCA, schools Churches, Salvation Army)

5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) (e.g. relationships among community organizations, systems and relationships among hospitals, LHDs and providers within the community)
5A3. Suggests relationships that may be needed to improve health in a community. (e.g. submits ideas to supervisors related to relationships that could improve the health of the community. Suggests ways the LHD can provides smoking cessation or nutrition education to community groups in partnership with other agencies)

5A4. Supports relationships that improve health in a community. (e.g. as a new public health professional, supports these relationships to improve the health of the community. Provides support for prevention and promotion of health in partnering with community agencies by serving on task forces, health related committees, CHA and CHIP)

5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources) (e.g. participates with community partners to improve the health of the community by serving on task forces or health related committees such as school wellness programs, planning for user-friendly parks, safe neighborhoods, the CHA and CHIP)

5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community. Assists supervisor in these efforts to improve the health of the community by participating in community groups as assigned)

5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services. (e.g. offers ideas or suggestions to supervisor related to improving community partnerships)

5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community. (e.g. utilizes assets and resources appropriately to improve the health of the community. Shares information about public health services and community resources with community agencies)

5A9. Informs the public about policies, programs, and resources that improve health in a community. (e.g. informs clients and community groups about these policies, programs, and resources)

5A10. Describes the importance of community-based participatory research. (e.g. community based participatory research. Is familiar with resources that provide data for the county and community including county health rankings status report, census data, school enrollment)
## Public Health Sciences Skills

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6A1.</strong> Describes the scientific foundation of the field of public health. (e.g. epidemiology statistics of a disease burden such as small pox eradication or a common disease from the health assessment and CPD data collected)</td>
<td></td>
</tr>
<tr>
<td><strong>6A2.</strong> Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities). (e.g. development of vaccine programs that provided resistance to disease that otherwise was not present such as polio)</td>
<td></td>
</tr>
<tr>
<td><strong>6A3.</strong> Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services. (e.g. statistics in the surrounding community of the burden of disease in the area such as H1N1)</td>
<td></td>
</tr>
<tr>
<td><strong>6A4.</strong> Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <em>Journal of Public Health Management and Practice</em>, <em>Morbidity and Mortality Weekly Report</em>, <em>The World Health Report</em>) to support decision making. (e.g. locates and cites these resources and applies the information to the nursing process for evidence based practice. Example: New recommendations for childhood vaccines)</td>
<td></td>
</tr>
<tr>
<td><strong>6A5.</strong> Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability). Awareness of research data and how it should be interpreted. (e.g. understands if data is applicable to given subject matter)</td>
<td></td>
</tr>
<tr>
<td><strong>6A6.</strong> Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services. (e.g. how data is collected to support a policy, then documented and then taught to others for implementation. Example: Teaching recommended site for IM injection)</td>
<td></td>
</tr>
<tr>
<td><strong>6A7.</strong> Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act). (e.g. proper protocols to include when research is conducted. Example: Getting HIPPA consent forms signed before research is started)</td>
<td></td>
</tr>
</tbody>
</table>
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers). (e.g. any data collected for a research project such as a poster presentation should be easily accessible)

6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries). (e.g. value of partnering with a local university or IP nurse at the community hospital to identify a community need such as providing flu shots for shut ins)

Financial Planning and Management Skills

7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations. (e.g. agency mission and where authority comes from: KRS, Local Board of Health and Department of Public Health; Administrative Reference and Governing Board Functions, 902 KAR 8150; Awareness of mandated programs – KY Foundational Package of Local Health Services)

7A2. Describes government agencies with authority to impact the health of a community. (e.g. local Board of Health, City Council and Fiscal Court and how tax rate is set; how local laws effect the financial ability to impact health; Department for Public Health and state laws and funding sources)

7A3. Adheres to organizational policies and procedures. (e.g. employee personnel manual / handbook that instructs how to code time for services provided, travel, work week and hours of operation; organizational chart, finance and management services and where to find human resources section; local Board of Health policies, CCSG, AR)

7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes). (e.g. funding sources – state funds, federal fund and programs, grants, taxing district, insurance, contracted services, and self pay)

7A5. Contributes to development of program budgets. (e.g. health department budgeting system; money received, allocation to specific programs, using through cost centers for care or program planning, how cost centers affect budget, revenue and expense report. (Flow chart for basic funding).
<table>
<thead>
<tr>
<th>7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations). (e.g. collaborative responsibilities during the development of work plans for programs and grant proposals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7A7. Provides information for development of contracts and other agreements for programs and services. (e.g. types of contractual agreements the LHD maintains with community partners to provide programmatic services, financial services and technical support)</td>
</tr>
<tr>
<td>7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment). (e.g. Revenue and Expense report and how each cost center that time is coded is affected; monthly financial meeting with management staff addressing areas of concern, gaps, and improvement; annual audit)</td>
</tr>
<tr>
<td>7A9. Operates programs within budget. (e.g. budget, revenue, expenses, and the actual used in comparison to the budgeted amount; explain any variances to maintain cash flow)</td>
</tr>
<tr>
<td>7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline). (e.g. importance of all team members in LHD organization and LHD goals, value and mission statement; revenue sources to provide quality patient care in all areas of organization)</td>
</tr>
<tr>
<td>7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view). (e.g. employee surveys and responsibility of motivating colleagues to perform at a high level of efficiency to eliminate waste, use time wisely, and efficient use of scheduled time)</td>
</tr>
<tr>
<td>7A12. Uses evaluation results to improve program and organizational performance. (e.g. each program has its own cost center and can be tracked monthly for trends and gaps; PSRS and E-reports collect data to evaluate program outcomes; revenue and expense report shows budgeted amount and money remaining in each cost center)</td>
</tr>
<tr>
<td>7A13. Describes program performance standards and measures. (e.g. financial statements and each cost center can be observed for correct use of time and money; guidance with the CCSG for programs and the AR for the guidance and program descriptions)</td>
</tr>
</tbody>
</table>
Leadership and Systems Thinking Skills

**8A1.** Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities. (e.g. standards of practice; has ability to incorporate standards in every day practice/applies code of ethics to professional decision making; and uses public health ethical standards in the peer evaluation and annual evaluation process)

**8A2.** Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels. (e.g. interrelated system of organizations; ability to verbalize and connect systems to influence and shape a community health improvement plan; connects clients with existing resources; and incorporates the interrelated system to influence the health of a population by implementing a Community Health Improvement Plan (CHIP))

**8A3.** Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community. (e.g. impact of interrelated health systems and attends community meetings; ability to participate in community meetings to impact the health of the community; and incorporates knowledge of community health care organizations to lead community meetings. Partners with agencies to provide targeted public health services)

**8A4.** Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation). (e.g. vision for community, prevention modalities, health equity, innovation and quality improvement activities; ability to participate in the development of a vision for community; and incorporates knowledge to lead a community meeting to develop a vision for a healthy community. Participates in community assessments such as MAPP process)

**8A5.** Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving). (e.g. actively participates on QI team; ability to use quality improvement tools to carry out the 10 essential public health services; and incorporates quality improvement to facilitate and remove barriers. Leads quality improvement efforts)

7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation). (e.g. quality improvement plan; PSRS E- reports, revenue and expense reports; making budgetary reforecast if needed)
<table>
<thead>
<tr>
<th>8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching). (e.g. need for professional development; assess need for professional development for self and organization; and ability to mentor, advise, coach and produce training. Incorporates professional development in leadership endeavors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8A7. Participates in professional development opportunities. (e.g. participation in professional development opportunities; ability to incorporate professional development into daily activities. Maintains self-professional development plan; and presents/delivers professional development opportunities for other staff and develops professional development plan for organization)</td>
</tr>
<tr>
<td>8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices. (e.g. impact of changes in outlying factors on organizational practices; ability to function in ever changing health industry. Implements changes as needed in policy, procedure and community activities; and creates policies and procedures to align with changes in health care practice and reflect research based practices)</td>
</tr>
<tr>
<td>8A9. Describes ways to improve individual and program performance. (e.g. need for changes in individual and program performance; ability to implement improvement activities for individual and program performance; and creates program plans and individual performance plans through the use of quality improvement tools)</td>
</tr>
</tbody>
</table>
Analytical/Assessment Skills

1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)

1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community

1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information

1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information

1B5. Analyzes the validity and reliability of data

1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)

1B7. Resolves gaps in data

1B8. Collects valid and reliable quantitative and qualitative data

1B9. Analyzes quantitative and qualitative data

1B10. Interprets quantitative and qualitative data

1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)

1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)

1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources

1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)

### Policy Development/Program Planning Skills

<table>
<thead>
<tr>
<th>2B1.</th>
<th>Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2B2.</td>
<td>Develops program goals and objectives</td>
</tr>
<tr>
<td>2B3.</td>
<td>Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)</td>
</tr>
<tr>
<td>2B4.</td>
<td>Implements organizational strategic plan</td>
</tr>
<tr>
<td>2B5.</td>
<td>Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community</td>
</tr>
<tr>
<td>2B6.</td>
<td>Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)</td>
</tr>
<tr>
<td>2B7.</td>
<td>Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services</td>
</tr>
<tr>
<td>2B8.</td>
<td>Recommends policies, programs, and services for implementation</td>
</tr>
<tr>
<td>2B9.</td>
<td>Implements policies, programs, and services</td>
</tr>
<tr>
<td>2B10.</td>
<td>Explains the importance of evaluations for improving policies, programs, and services</td>
</tr>
<tr>
<td>2B11.</td>
<td>Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)</td>
</tr>
<tr>
<td>2B12.</td>
<td>Implements strategies for continuous quality improvement</td>
</tr>
<tr>
<td>2B13.</td>
<td>Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)</td>
</tr>
</tbody>
</table>

### Communication Skills
<table>
<thead>
<tr>
<th><strong>3B1.</strong></th>
<th>Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3B2.</strong></td>
<td>Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)</td>
</tr>
<tr>
<td><strong>3B3.</strong></td>
<td>Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community</td>
</tr>
<tr>
<td><strong>3B4.</strong></td>
<td>Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)</td>
</tr>
<tr>
<td><strong>3B5.</strong></td>
<td>Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)</td>
</tr>
<tr>
<td><strong>3B6.</strong></td>
<td>Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)</td>
</tr>
<tr>
<td><strong>3B7.</strong></td>
<td>Facilitates communication among individuals, groups, and organizations</td>
</tr>
<tr>
<td><strong>3B8.</strong></td>
<td>Communicates the roles of governmental public health, health care, and other partners in improving the health of a community</td>
</tr>
</tbody>
</table>

### Cultural Competency Skills

<p>| <strong>4B1.</strong> | Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) |
| <strong>4B2.</strong> | Describes the diversity of individuals and populations in a community |
| <strong>4B3.</strong> | Recognizes the ways diversity influences policies, programs, services, and the health of a community |
| <strong>4B4.</strong> | Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community |
| <strong>4B5.</strong> | Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community |
| <strong>4B6.</strong> | Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population) |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4B7.</td>
<td>Describes the value of a diverse public health workforce</td>
</tr>
<tr>
<td>4B8.</td>
<td>Advocates for a diverse public health workforce</td>
</tr>
</tbody>
</table>

### Community Dimensions of Practice Skills

| 5B1. | Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community |
| 5B2. | Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations) |
| 5B3. | Suggests relationships that may be needed to improve health in a community |
| 5B4. | Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others) |
| 5B5. | Maintains relationships that improve health in a community |
| 5B6. | Facilitates collaborations among partners to improve health in a community (e.g., coalition building) |
| 5B7. | Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services) |
| 5B8. | Uses community input for developing, implementing, evaluating, and improving policies, programs, and services |
| 5B9. | Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community |
| 5B10. | Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program) |
| 5B11. | Collaborates in community-based participatory research |

### Public Health Sciences Skills

<p>| 6B1. | Discusses the scientific foundation of the field of public health |
| 6B2. | Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities) |
| 6B3. | Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services |
| 6B4. | Applies public health sciences in the administration and management of programs |
| 6B5. | Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <em>Journal of Public Health Management and Practice</em>, <em>Morbidity and Mortality Weekly Report</em>, <em>The World Health Report</em>) to support decision making |
| 6B6. | Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability) |
| 6B7. | Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services |
| 6B8. | Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act) |
| 6B9. | Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers) |
| 6B10. | Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries) |</p>
<table>
<thead>
<tr>
<th>Financial Planning and Management Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations</td>
</tr>
<tr>
<td>7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)</td>
</tr>
<tr>
<td>7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive’s office, Tribal council)</td>
</tr>
<tr>
<td>7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)</td>
</tr>
<tr>
<td>7B5. Justifies programs for inclusion in organizational budgets</td>
</tr>
<tr>
<td>7B6. Develops program budgets</td>
</tr>
<tr>
<td>7B7. Defends program budgets</td>
</tr>
<tr>
<td>7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)</td>
</tr>
<tr>
<td>7B9. Negotiates contracts and other agreements for programs and services</td>
</tr>
<tr>
<td>7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)</td>
</tr>
<tr>
<td>7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)</td>
</tr>
<tr>
<td>7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)</td>
</tr>
<tr>
<td>7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)</td>
</tr>
<tr>
<td>7B14. Uses evaluation results to improve program and organizational performance</td>
</tr>
<tr>
<td>7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)</td>
</tr>
</tbody>
</table>
7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

<table>
<thead>
<tr>
<th>Leadership and Systems Thinking Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities</td>
</tr>
<tr>
<td>8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels</td>
</tr>
<tr>
<td>8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community</td>
</tr>
<tr>
<td>8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)</td>
</tr>
<tr>
<td>8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)</td>
</tr>
<tr>
<td>8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)</td>
</tr>
<tr>
<td>8B7. Ensures use of professional development opportunities by individuals and teams</td>
</tr>
<tr>
<td>8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)</td>
</tr>
<tr>
<td>8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)</td>
</tr>
<tr>
<td>8B10. Advocates for the role of public health in providing population health services</td>
</tr>
</tbody>
</table>
### Analytical/Assessment Skills

<table>
<thead>
<tr>
<th>1C1.</th>
<th>Describes factors affecting the health of a community (e.g., equity, income, education, environment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C2.</td>
<td>Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community</td>
</tr>
<tr>
<td>1C3.</td>
<td>Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
</tr>
<tr>
<td>1C4.</td>
<td>Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information</td>
</tr>
<tr>
<td>1C5.</td>
<td>Evaluates the validity and reliability of data</td>
</tr>
<tr>
<td>1C6.</td>
<td>Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)</td>
</tr>
<tr>
<td>1C7.</td>
<td>Resolves gaps in data</td>
</tr>
<tr>
<td>1C8.</td>
<td>Ensures collection of valid and reliable quantitative and qualitative data</td>
</tr>
<tr>
<td>1C9.</td>
<td>Determines trends from quantitative and qualitative data</td>
</tr>
<tr>
<td>1C10.</td>
<td>Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)</td>
</tr>
<tr>
<td>1C11.</td>
<td>Assesses assets and resources that can be used for improving the health of a community (e.g., Boys &amp; Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)</td>
</tr>
<tr>
<td>1C12.</td>
<td>Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)</td>
</tr>
<tr>
<td>1C13.</td>
<td>Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources</td>
</tr>
<tr>
<td>1C14.</td>
<td>Makes evidence-based decisions (e.g., determining research agendas, using recommendations from <em>The Guide to Community Preventive Services</em> in planning population health services)</td>
</tr>
<tr>
<td>1C15.</td>
<td>Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)</td>
</tr>
</tbody>
</table>
**Policy Development/Program Planning Skills**

2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)

2C2. Develops organizational goals and objectives

2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization

2C4. Monitors implementation of organizational strategic plan

2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)

2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services

2C8. Selects policies, programs, and services for implementation

2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations

2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)

2C11. Explains the importance of evaluations for improving policies, programs, and services

2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

2C13. Develops strategies for continuous quality improvement

2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

**Communication Skills**

3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization’s policies, programs, and services

3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
| 3C3. | Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community |
| 3C4. | Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) |
| 3C5. | Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews) |
| 3C6. | Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model) |
| 3C7. | Facilitates communication among individuals, groups, and organizations |
| 3C8. | Communicates the roles of governmental public health, health care, and other partners in improving the health of a community |

### Cultural Competency Skills

<p>| 4C1. | Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) |
| 4C2. | Describes the diversity of individuals and populations in a community |
| 4C3. | Recognizes the ways diversity influences policies, programs, services, and the health of a community |
| 4C4. | Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community |
| 4C5. | Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community |
| 4C6. | Evaluates the effects of policies, programs, and services on different populations in a community |
| 4C7. | Demonstrates the value of a diverse public health workforce |
| 4C8. | Takes measures to support a diverse public health workforce |</p>
<table>
<thead>
<tr>
<th>Community Dimensions of Practice Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5C1.</strong> Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community</td>
</tr>
<tr>
<td><strong>5C2.</strong> Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)</td>
</tr>
<tr>
<td><strong>5C3.</strong> Suggests relationships that may be needed to improve health in a community</td>
</tr>
<tr>
<td><strong>5C4.</strong> Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)</td>
</tr>
<tr>
<td><strong>5C5.</strong> Maintains relationships that improve health in a community</td>
</tr>
<tr>
<td><strong>5C6.</strong> Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships</td>
</tr>
<tr>
<td><strong>5C7.</strong> Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)</td>
</tr>
<tr>
<td><strong>5C8.</strong> Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services</td>
</tr>
<tr>
<td><strong>5C9.</strong> Negotiates for use of assets and resources (e.g., Boys &amp; Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community</td>
</tr>
<tr>
<td><strong>5C10.</strong> Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)</td>
</tr>
<tr>
<td><strong>5C11.</strong> Engages the organization in community-based participatory research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health Sciences Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6C1.</strong> Critiques the scientific foundation of the field of public health</td>
</tr>
<tr>
<td><strong>6C2.</strong> Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)</td>
</tr>
<tr>
<td><strong>6C3.</strong> Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services</td>
</tr>
<tr>
<td><strong>6C4.</strong> Applies public health sciences in the administration and management of the organization</td>
</tr>
<tr>
<td><strong>6C5.</strong> Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <em>Journal of Public Health Management and Practice</em>, <em>Morbidity and Mortality Weekly Report</em>, <em>The World Health Report</em>) to support decision making</td>
</tr>
</tbody>
</table>
6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)

6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services

6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)

6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)

6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills

7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations

7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)

7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive’s office, Tribal council)

7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services

7C5. Determines priorities for organizational budgets

7C6. Develops organizational budgets

7C7. Defends organizational budgets

7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)

7C9. Approves contracts and other agreements for programs and services

7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)

7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)

7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

7C14. Oversees the use of evaluation results to improve program and organizational performance

7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)

7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)

**Leadership and Systems Thinking Skills**

<table>
<thead>
<tr>
<th>8C1.</th>
<th>Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>8C2.</td>
<td>Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels</td>
</tr>
<tr>
<td>8C3.</td>
<td>Creates opportunities for organizations to work together or individually to improve the health of a community</td>
</tr>
<tr>
<td>8C4.</td>
<td>Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)</td>
</tr>
<tr>
<td>8C5.</td>
<td>Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)</td>
</tr>
<tr>
<td>8C6.</td>
<td>Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)</td>
</tr>
<tr>
<td>8C7.</td>
<td>Ensures use of professional development opportunities throughout the organization</td>
</tr>
<tr>
<td>8C8.</td>
<td>Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)</td>
</tr>
<tr>
<td>8C9.</td>
<td>Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)</td>
</tr>
<tr>
<td>8C10.</td>
<td>Advocates for the role of public health in providing population health services</td>
</tr>
</tbody>
</table>
Education and Workforce Development

Table of Contents

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

Overview ................................................................................................................................. 1

Archived Webcast .................................................................................................................. 1

Development of Online Training Modules..................................................................... 1

Continuing Education Review and Approvals............................................................. 1

Learning Management System – KY TRAIN............................................................... 2

EWD Branch Contact Information ..................................................................................... 2
Education and Workforce Development

**Goal:** To increase accessibility to training for public health professionals through distance learning modalities that in turn increase workforce capacity.

The Education and Workforce Development Branch (EWD) continually strives to provide individuals with access to high-quality competency based programming. By doing so, individuals and their organizations as a whole may grow and move forward. To accomplish this goal, a variety of methods are employed:

- **Archived Webcasts**
  This service allows for a meeting or training to be recorded and made available for others to review at a later date. This application is helpful when hosting a meeting or training session not everyone can attend or for information you would like to share with others at a later date.

- **Development of Online Training Modules**
  This service allows for existing face-to-face trainings to be made available in an on-line format. Working in conjunction with subject matter experts, EWD’s instructional designers work to create courses that are interactive and employ established adult learning principles. Thus this application allows subject matter experts to develop courses that allow the learner to be interactive with the training material, are self-paced with immediate feedback on progress and may utilize a quiz to determine if the learning objectives were met.

- **Continuing Education Review and Approvals**
  The continuing education program coordinates obtaining CE credit through the Kentucky Board of Nursing - Nurse Education Providership. The administration of the Kentucky Board of Nursing - Nurse Education Providership provides Nursing CEU contact hours for face-to-face, video conference, webcasts and online module training.

- **Video Production**
  Video can serve as a key component to support education and online learning. Video has the ability to convey material through auditory and visual channels, creating a multisensory learning environment. This application allows subject matter experts to tell a story that effectively highlights community partnerships and their work, for example. It also allows for demonstrations and full scale exercises to be captured in detail and easily shared so others may benefit as well.
**TRAIN Learning Management System**

The TRAIN learning management system provides the platform by which online learning may occur. This web-based system is available to learners 24 hours a day, 7 days a week and is also available to access on your mobile device. This system has helped to level the playing field by making training more accessible.

- **Features of TRAIN:**
  - TRAIN Learner Dashboard allows for learner recorders to be stored in one easy to access electronic file
  - Facilitation of a Competency Based Self-Assessment
  - Search Features allow you to identify courses based upon desired competency area
  - Training Plans allow for easy management of coursework
  - Documentation features export for easy ePHAB uploading

To learn more about any of these features or to become a TRAIN Course provider, contact **Education and Workforce Development Branch at (502) 564-6663, Option 6** or (502) 564-4990.

- *EWD Branch Manager* ext. 4082
- *Administrative Specialist* ext. 4087
- *TRAIN Administrator* ext. 4083
- *TRAIN Specialist/ Continuing Education Coordinator* ext. 4084
- *Module Development* ext. 4085
Environmental Health Services

Table of Contents

Overview .................................................................................................................. 1
Statutes and Regulations Governing Environmental Services .............. 2
Coordination of Services ..................................................................................... 4
Personnel Qualifications and Training ............................................................. 4
Environmental Fees ............................................................................................. 4
Record Keeping ..................................................................................................... 5
Reference Materials ............................................................................................... 6
Program Compliance Standards ........................................................................ 6
Program Publicity and Consumer Education ............................................... 7
Enforcement Procedures ...................................................................................... 7
Equipment ............................................................................................................. 7
Environmental Scheduling and Inspections ..................................................... 8
Standard Hours ..................................................................................................... 9
Construction and Plan Review .......................................................................... 10
Summary of Environmental Health Services .............................................. 12
   Bed & Breakfast ............................................................................................... 12
   Body Piercing .................................................................................................. 12
   Confinement Facilities ................................................................................... 12
   Ear Piercing ...................................................................................................... 13
   Food Manufacturing ........................................................................................ 13
   Food Salvage Operations ................................................................................ 13
   Food Service/Retail Food Establishments .................................................... 14
   Hotel/Motel ...................................................................................................... 14
   Lead .................................................................................................................. 14
   Manufactured Home, Mobile Home & RV Communities ....................... 15
   Methamphetamine ........................................................................................... 15
Nuisance Control ........................................................................................................... 15
On-Site Sewage ........................................................................................................... 16
Private Sewage ............................................................................................................ 16
Private Water .............................................................................................................. 16
Public Restroom ........................................................................................................ 17
Rabies Prevention ....................................................................................................... 17
Radon ......................................................................................................................... 17
Restricted Food Concessions ................................................................................... 19
School Sanitation ....................................................................................................... 19
Septic Tank Pumpers ............................................................................................... 19
Swimming Pools & Bathing Beaches ....................................................................... 20
Tanning Regulation ................................................................................................... 20
Tattoo Studio/Tattoo Artist ....................................................................................... 20
Vector Control .......................................................................................................... 21
Vending ..................................................................................................................... 21
Youth Camp ............................................................................................................... 21
Kentucky Registered Sanitarian Ethics ................................................................. 23
MRSA Guidance and Protocols .............................................................................. 24
Mercury Awareness and Information ...................................................................... 29
Food Transportation Vehicle Incident Response Guidance .............................. 29
Water Emergency Operational Procedures for Retail Food Establishments .... 34
Environmental Management for Elevated Blood Lead Levels ..................... 35
Environmental Health Fee Revenue Procedures Guidance .............................. 42
  Minimum Standards for Local Health Department Environmental Internal Control Procedures ................................................. 42
ENVIRONMENTAL HEALTH SERVICES

The Division of Public Health Protection and Safety (PHPS) is located within the Department for Public Health and supports local environmental health programs. This Division has five branches that support environmental health activities and programs across the Commonwealth.

The PHPS supports the LHDs by providing education, technical assistance, consultation, and monitoring in the operation of environmental programs. The Cabinet for Health and Family Services with local health departments (LHDs) acting as their agents regulate temporary food service establishments; food service establishments; food and beverage vending machines; retail-food establishments; bed and breakfast establishments; retail food stores; tattoo and body piercing artists; tattoo and body piercing studios; ear piercing studios; hotels and motels; mobile home and recreational vehicle parks; youth camps; public rest rooms; tanning facilities; schools; state confinement facilities; shellfish processors; public swimming and bathing facilities; private water supplies; bird roosts; public health nuisances; lead; methamphetamine contaminated properties; private sewage; radon education; septic tank cleaning companies and vehicles and land application sites; on-site sewage disposal systems; construction standards for components of on-site sewage disposal systems; and certification of on-site system installers. Local health departments and their Boards of Health may in addition, establish and implement local ordinances and programs to further address and protect the public’s health in environmental areas of concern.

Two of the Division’s five branches, Food Safety and Environmental Management Branch, work directly with LHD environmental programs to provide training, technical assistance and support. Many of the programs operated under this Division are mandated core public health services. Other branches and programs within the Division include Milk Safety, Radiation Health, Public Safety, and Food Manufacturing Programs. These programs use primarily state personnel to carry out their environmental activities.

The Food Manufacturing program conducts inspections of food warehouses; bakeries; mills; grain storage facilities; bottling plants; food and cosmetic salvage processors and distributors; general food processors; food distributors; food transporting vehicles; frozen food lockers; raw agricultural commodities (for pesticide residues); and farmers market microprocessors. LHD environmental health personnel carry out the majority of the remaining environmental programs in accordance with statutes, regulations and state and local guidelines.
Statutes Governing Environmental Services

All environmental activities/services are to be conducted in accordance with the following Statues and Administrative Regulations:

KRS 194A.050; and 211.090; 211.180; 211.210; 211.215; KRS 211.345; 211.350 to 211.380; 211.760; 211.905; 211.920 to 211.945; 211.970; 211.9061 to 211.9079; 322.990 and 211.995, 211.972 to 211.982 and 211.995; 212.210; 212.245; 217.005 to 217.285; 217.808 to 217.812; 217.920-217.928, 217.992; 219.011 to 219.081; 219.310 to 219.410 and 219.991; 221.010 to 221.110, 221.990; 223.010 to 223.080 and 223.990; 224.01-410; 258.005 to 258.085, and 258.990

902 KAR Chapter 1: Administration

- 400 Administrative Hearings

902 KAR Chapter 7: Public Accommodations

- 010 Hotel and Motel Code

902 KAR Chapter 9: State and Local Confinement Facilities

- 010 Environmental Health

902 KAR Chapter 10: Sanitation

- 010 Public Restrooms
- 030 Sanitarians
- 035 Inactive Status Registration
- 040 Kentucky Youth Camps (Amendment, filed 3/6/2018)
- 050 Refuse Bins
- 060 On-site Sewage Disposal Application Fee
- 081 Construction Standards for Components of On-site Sewage Disposal Systems
- 085 Kentucky On-site Sewage Disposal Systems
- 110 Issuance of On-site Sewage Disposal System Permits
- 120 Kentucky Public Swimming and Bathing Facilities
- 121 Inspection Fees for Public Swimming and Bathing Facilities
- 130 Licensing Fee for Septic Tank Servicing
- 140 On-site Sewage Disposal System Installer Certification Program Standards
- 150 Domestic Septage Disposal Site Approval Procedures
- 160 Domestic Septage Disposal Site Operation
- 170 Septic Tank Servicing
902 KAR Chapter 15: Manufactured Home, Mobile Home and Recreational Vehicle Communities; Community Standards

- 010 Manufactured and Mobile Homes
- 020 Recreational Vehicles

902 KAR Chapter 45: Food and Cosmetics

- 005 Retail Food Code
  FDA Model Code
- 006 Kentucky Bed and Breakfast
- 020 KY Shellfish Dealer Standards and Requirements
- 065 Tattoo Regulation
- 070 Body Piercing and Ear Piercing
- 075 Tanning Facilities
- 080 Salvage
- 090 Farmers Markets
- 100 Vending Machines; Food and Beverages
- 110 Permits and Fees for Retail Food Establishments, Food Manufacturing Plants, Food Storage Warehouses, Salvage Processors and Distributors, Vending Machine Companies and Seasonal Restricted Food Concessions
- 120 Inspection Fees; Permit Fees; Hotels, Mobile Home Parks, Recreational Vehicle Parks, Youth Camps and Private Water Supplies
- 140 Retail Food Programs Evaluation and Standardization Procedures
- 150 School Sanitation
- 160 Kentucky Food processing, packaging, storage, and distribution operations

902 KAR Chapter 47: Hazardous Substances

- 200 Public Health Methamphetamine Regulation

902 KAR Chapter 48: Lead Selection and Abatement

- 010 Definitions
- 020 Training and Certification Requirements
- 030 Accreditation of Training Program & Providers of Training
- 040 Permit Fees, Requirements, Procedures and Standards
Coordination Of Services

To fully serve, the health needs of the community, environmental programs and staff often interact with other programs and disciplines within and outside their agency. Some activities requiring coordination include:

- Investigation of food-borne and waterborne illness
- Childhood lead poisoning
- Rabies prevention
- Laboratory submissions (Water, Rabies, Food Specimens for example)
- Disaster and Emergency Response
- Epi-Rapid Response Teams
- Local County Agencies (such as Planning and Zoning and Disaster and Emergency Services)
- State Plumbing

Personnel Qualifications And Training

LHD personnel working in environmental program areas are required to meet the following criteria:

- All staff engaged in environmental health activities are required by KRS 223.010 to KRS 223.080 to become registered as a Registered Sanitarian (R.S.) or a Registered Environmental Health Specialist (R.E.H.S.) and to earn annual continuing educational credits to maintain registered status. This registration shall be obtained within one year of employment and shall be renewed annually.
- Environmental staff shall attend CORE Training offered by the Division for Public Health Protection and Safety regarding Food Branch Programs and General Sanitation Programs soon after employment; plus attend in-service, special training and short courses as required by the Department for Public Health to insure program effectiveness.
- All staff employed to work in the on-site sewage program shall be required to obtain certification as a Certified Inspector in accordance with the provisions of KRS 211.360.
- Each independent health department or district health department shall have employed on staff a Retail Food Specialist who has been standardized in accordance with the 2005 FDA Model Food Code.

Environmental Fees

- Environmental Fees are established by statute or regulation for most environmental program areas. Environmental fee information may be found in the Environmental Coding Manual.
- The LHD may establish local fees to cover the cost of environmental program activities where fees have not been formally established by regulation or statute. KRS 211:355 allows local health departments to set fees for the operation of the onsite sewage program.
LHDs shall maintain fee processing records in accordance with the Department for Public Health policies and procedures that comply with the provisions of KRS 211.170. The details for the money handling guidance for local health agencies can be found in The Environmental Fee Revenue Procedures Guidance section of the AR.

Local health departments shall establish a separate bank account for deposit of all environmental fee receipts hereby referred to as the Environmental Holding Account. The Cabinet shall be notified of the bank name and address, the name of the account and the account number, as well as any subsequent changes.

All environmental health fees shall be processed using the Environmental Health Management Information System (EHMIS) in accordance with the internal control policies established by the LHD. All LHD internal control policies should comply with the Environmental Fee Revenue Procedures Guidance. The EHMIS system is a comprehensive system designed to collect data for all environmental health program areas.

State environmental health fee receipts shall be transmitted to the DPH, by the 10th of each month.

Permit issuance shall be conducted through EHMIS.

Record Keeping

Record keeping is a vital part of all environmental programs and shall adhere to the minimum standards below.

- A separate file shall be established on each regulated entity or establishment containing documentation that includes inspection sheets, notices, correspondence and all other pertinent information.
- Inspection data shall be entered into the Environmental Health Management Information System (EHMIS) in a timely manner.
- All record reports and inspections shall be maintained in accordance with the Local Health Department Records Retention Schedule adopted by the State Archives and Records Commission.
- All record keeping shall be neat, orderly and current.
- A separate file shall be established for nuisance control complaints while under investigation and shall include all pertinent information including any official correspondence and inspections. Records relative to the investigation of a complaint or an illness may be held from release until such time that the investigation is complete. Closed investigation records may be kept in a joint file with the exception of complaints involving permitted facilities, which shall be maintained in the establishment file after the investigation is completed.
- In accordance with 200 KAR 1:020 and KRS 61.870 (Kentucky's Open Records Law), public records of all agencies of Kentucky State Government, subject to certain exceptions, are open for inspection. If the person requesting to inspect the document is not the person to whom the document pertains, personal information such as home address and home phone numbers may be blocked out prior to inspection. All open
record requests shall be handled in accordance with local policies and procedures. For more information see “Open Records” in the AR, Local Health Operations (LHO) section.

- Some requests may be denied under the provisions of KRS 61.878.

Reference Materials
Access to reference manuals and materials shall be available for use by LHD personnel in the operation of environmental programs.

- LHD environmental staff shall keep an adequate supply of forms, pamphlets, regulation booklets, etc. or have electronic access to forms, pamphlets, etc. to enforce the regulation and to provide for distribution to interested parties. For information on how to order Environmental Forms and/or Pamphlets, please refer to the “LHD Forms Page”. A Pamphlet Library Requests: How-To PowerPoint is located on the LHD Information webpage for assistance.
- LHD’s environmental staff shall maintain at least one applicable trade and or professional journal, textbook or reference manual or have access to such reference material online.
- Health Departments engaged in swimming pool inspections shall have access to a listing of the NSF (National Sanitation Foundation) approved circulation system components and reference materials on the care, operation and maintenance of swimming pools.
- LHDs shall have available a copy of the Registered Sanitarian Field Handbook Rev. 2004, for reference available from the Registered Sanitarian webpage.
- LHDs shall have access to at least one reference material or textbook relative to the etiology of food-borne illness or have access to such reference material online.

Program Compliance Standards
Program compliance unless otherwise stated shall be achieved when the program is operated in accordance with their respective statutory and regulatory authority.

- Satisfactory sanitation compliance levels for regulated entities or establishments shall be an average of 85% compliance or above with no critical items debited and operation in accordance with applicable statutory and regulatory requirements for the respective program area.
- Satisfactory administrative compliance level for each local health department shall be an evaluation rating score of 85% or higher for administrative procedures, equipment, personnel, and training, publicity and consumer education, and record keeping.
- Private Water shall be considered in compliance if a private water supply suspected of causing illness has been inspected and water sampled upon the owner’s request or that of his physician.
Programs investigated under **KRS 212.210** shall be considered in compliance when 85% of public health nuisances are abated, eliminated, or otherwise investigated in a manner satisfactory for the protection of public health.

**Program Publicity And Consumer Education**

- LHDs shall be responsible for at least semi-annual dissemination of information to the public through local news media, presentations to local civic organizations, or displays at public gatherings to keep the consumer informed about environmental health activities.
- LHDs should strive to provide food service training for food industry personnel; this type of training shall be offered no less than one time every three years.
- LHDs shall maintain access to regulations and program guidance so as to assist interested persons.

**Enforcement Procedures**

Administrative Enforcement Action is initiated when the permit holder has been issued a routine or follow-up inspection report that specifies in writing items found contrary to provisions of the law or administrative regulation and which specifies a time in which corrections are to be made. Official Enforcement Action is initiated when the permit holder or establishment operator has failed to comply with an administrative enforcement notice, within a specified time, issued under the provisions of law or administrative regulations.

- All enforcement notices shall be issued in accordance with the applicable law or regulation of the program area and shall conform to the policies of the LHD. State Technical Consultants are available for consultation with local staff relative to enforcement actions.
- All reports, inspections and investigations should be reviewed for completeness by the inspector’s supervisor or in accordance with the local Quality Assurance policy, prior to the issuance of an official enforcement notice. The operator or permit holder shall be afforded an Administrative Conference to provide for “due process” whenever an Official Enforcement Action or Notice has been initiated. Administrative conferences shall be offered in accordance with **KRS Chapter 13B**; and **902 KAR 1:400** and the applicable statutory and regulatory requirements of the respective program areas.
- **902 KAR 1:400**, Section 4(1) provides that an appellant may file an appeal with the department by mailing a letter of appeal within 10 days of the receipt of final action by the local health department to the Commissioner, Department for Public Health.

**Equipment**

Environmental staff shall be provided with the necessary equipment to enforce the regulations and to carry out the provisions of the regulations.
Environmental Scheduling and Inspections

- Routine inspections of permitted facilities should be made during normal hours of business operation whenever possible. Due to the nature of some businesses this may require the environmentalist to operate outside normal office hours. LHDs should establish policies for work conducted outside normal office hours. Temporary food inspection is one program area that routinely operates outside the normal operational hours of the health department.

- Generally routine inspections are to be unannounced; however, prior scheduling may be used under certain circumstances; for example when the facility has irregular hours and days of operation.

- Routine inspections should be conducted at a frequency in accordance with the statutory and regulatory requirements of the specific program area.

- Inspection times may vary based on the size of the establishment, the conditions found during the inspection, and the length of travel time, etc. A list of standard hours is provided to assist you in estimating the time involved in various inspectional activities. These times are provided to aid you in workload scheduling and planning. The actual times may vary depending on the circumstances of the inspections.

- Follow-up or compliance inspections shall be conducted as necessary to enforce the regulations and to insure program effectiveness. The estimated average time required for a follow-up or compliance inspection including travel, recording and administrative time are listed on the following page.
## STANDARD HOURS

<table>
<thead>
<tr>
<th>COST CENTER/PROGRAM CODE</th>
<th>INITIAL INSPECTION TIME</th>
<th>F.U. INSPECTION TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>500/ 603 Seasonal Restricted Food</td>
<td>1.0 hour</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>604 Temporary Food Service</td>
<td>1.0 hour</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>605 Food Service/Commissaries</td>
<td>2.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>606 Vending Machine Sites</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>607 Retail-Food</td>
<td>3.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>608 Bed and Breakfast</td>
<td>2.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>610 Retail Food Store</td>
<td>2.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>611 Home Based Microprocessors</td>
<td>1.5 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>615 Food Manufacturing</td>
<td>6.0 hours</td>
<td>6.0 hours</td>
</tr>
<tr>
<td>615 Transporting Vehicles</td>
<td>0.5 hours</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>520 620 Hotels &amp; Motels</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>625 Mobile Home/RV Park</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>630 Public Bldg./Restrooms</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>634 Tattoo Studios</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>635 Schools</td>
<td>2.5 hours</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>640 Septic Tank Cleaners</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>641 Septic Cleaners</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>Disposal Site/Initial</td>
<td>7.0 hours</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>643 Ear Piercing</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>644 Body Piercing</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>645 Confinement Facilities</td>
<td>7.0 hours</td>
<td>3.0 hours</td>
</tr>
<tr>
<td>650 Youth Camps</td>
<td>5.0 hours</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>650 Day Camps</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>667 Methamphetamine</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>695 Swimming Pools</td>
<td>2.0 hours</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>696 Bathing Beaches</td>
<td>2.0 hours</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>540 655 Private Water</td>
<td>1.5 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>660 Nuisance Control</td>
<td>1.5 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>674 Rodent Control</td>
<td>1.5 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>697 Environmental Rabies</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>560 680 On-Site Inspection</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>680 On-Site Evaluation</td>
<td>2.0 hours</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>680 Subdivision Tentative Approval Site/Per Lot</td>
<td>1.0 hour</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>680 Installer Testing</td>
<td>3.0 hours</td>
<td>3.0 hours</td>
</tr>
<tr>
<td>684 Lead</td>
<td>2.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>685 Private Sewage (existing system)</td>
<td>2.0 hours</td>
<td>1.0 hour</td>
</tr>
<tr>
<td>811 Lead-Certified Individual</td>
<td>1.5 hours</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>580 Radiation and Product Safety</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>590 Special Project (Environmental)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>591 676 Special Project (Radon)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>592 Special Project (Environmental)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>593 Special Project (Environmental-Food Manufacturing)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>594 Special Project (Environmental-Class V Wells)</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>595 Special Project (Environmental-West Nile Virus)</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

* Denotes - No time standards have been established for programs within this Cost Center.
Complaint or investigative inspections shall be handled upon request or as LHD protocols warrant. The initial inspection/investigation should be conducted within five (5) working days from the date of receipt of the complaint. Complaint investigations, which require further legal action for correction, may necessitate additional time for the development of evidence and the initiation of court action. Private water samples will be scheduled upon request and may exceed the five working days timeframe due to sampling submittal criteria.

Other administrative activities such as office services, field visits and surveys shall be conducted as necessary to ensure program compliance.

**Construction And Plan Review**

Construction plans are required to be submitted on most permitted public facilities regulated by the LHD. Specific details regarding the submittal of construction plans are addressed in the respective regulations and vary according to the type of facility.

- Construction plans, showing the complete layout of the facility, shall be submitted to and reviewed by the LHD on all new or extensively altered **permitted** public facilities in conformance with the requirements of the Department of Housing, Building and Construction and in accordance with the statutory and regulatory requirement for each program area, including Food Manufacturing Program.
- The applicant shall supply additional sets of construction plans when construction plans must be forwarded for review and approval by other regulatory agencies.
- Plans shall be thoroughly reviewed for accuracy and completeness by the regulating authority. Adequate time should be allowed for plan review.
- LHDs may establish reasonable fees for the review of plans.
- New facilities should be inspected prior to final approval and permit issuance for conformance to the approved construction plans with regard to the requirements of the respective program regulation.

On the following pages is a summary matrix of Environmental Health Services. The matrix includes by service type:

- Description of Service
- Target Population
- Category of Service
  - I.A. Core (Required by statute or regulation.)
  - I.B. Preventive service for a specific population from appropriate funds.
  - I.C. Local option service, provided after mandated services are assured.
• Laws or regulation pertaining to the service
• Funding
• Staff Requirements
• Training Required
• Reporting (How service is reported, references pertaining to the service, and Division responsibility for the guidelines.)

Additional Requirements:

• Maintain separate files on permitted entities, complaints, construction plans, etc. in accordance with the most current Records Retention Schedule as outlined in the AR, Medical Records Management section.
• Maintain an adequate number of educational/informational booklets, inspection sheets, forms and applications.
Summary of Environmental Health Services

<table>
<thead>
<tr>
<th>KEY: <em>use key for the following tables</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Category I.A</td>
</tr>
<tr>
<td>Category I.B.</td>
</tr>
<tr>
<td>Category II.</td>
</tr>
<tr>
<td>EHMIS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed &amp; Breakfast</strong></td>
</tr>
<tr>
<td>• Review construction plans on new structures.</td>
</tr>
<tr>
<td>• Issue permits.</td>
</tr>
<tr>
<td>• Inspect facilities for sanitary operation.</td>
</tr>
<tr>
<td>• Take enforcement action when necessary.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed and Breakfast Establishments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAWS AND REGULATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed &amp; Breakfast</strong></td>
</tr>
<tr>
<td>KRS 217.005–217.215, 217.992 &amp; 902 KAR 45.006</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>TA &amp; GF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHMIS (608)</td>
</tr>
<tr>
<td>STAFF REQUIR.</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>R.S., Food Core</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TARGET</th>
<th>CATEGORY</th>
<th>LAWS AND REGULATIONS</th>
<th>FUNDING</th>
<th>REPORTING</th>
<th>STAFF REQUIR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Piercing</td>
<td>Food Manufacturing</td>
<td>Food Salvage Operations</td>
<td>KRS 211.760 &amp; 902 KAR 45:070</td>
<td>TA &amp; GF</td>
<td>EHMIS (643)</td>
<td>R.S., Food Core</td>
</tr>
<tr>
<td>Food Manufacturing</td>
<td>Food Manufacturing Facilities</td>
<td>Food Salvage Distributors</td>
<td>KRS 217.005–217.215, &amp; 217.992</td>
<td>TA &amp; GF &amp; Federal Contract.</td>
<td>EHMIS (615)</td>
<td>R.S., Food Core</td>
</tr>
<tr>
<td>Food Salvage Operations</td>
<td>Food Salvage Distributors</td>
<td>Food Salvage Distributors</td>
<td>KRS 217.005–215, 217.992, 902 KAR 45:080</td>
<td>TA &amp; GF</td>
<td>EHMIS (610, 615)</td>
<td>R.S., Food Core</td>
</tr>
</tbody>
</table>
## Summary of Environmental Health Services

(continued)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Food Service/Retail Food Establishments</th>
<th>Hotel/Motel</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review construction and alteration plans.</td>
<td>- Review construction and alteration plans.</td>
<td>- Review construction and alteration plans.</td>
<td>- Some LHDs act as Lead Risk Assessors in conjunction with federally funded CLPPE program.</td>
</tr>
<tr>
<td>- Inspect facilities for sanitary operation in accordance with regulation.</td>
<td>- Inspect facilities for sanitary operation.</td>
<td>- Inspect facilities for sanitary operation.</td>
<td>- Some LHDs do enforcement.</td>
</tr>
<tr>
<td>- Take enforcement action when necessary.</td>
<td>- Take enforcement action when necessary to ensure compliance with the regulation.</td>
<td>- Take enforcement action when necessary to ensure compliance with the regulation.</td>
<td></td>
</tr>
<tr>
<td>- Investigate food-borne illness outbreaks.</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Quarantine of adulterated products.</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Provide training to food industry personnel (at least once every 3 years).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TARGET

<table>
<thead>
<tr>
<th>Target</th>
<th>Food Service and Retail Food Establishments</th>
<th>Hotel and Motel Operators, General Public.</th>
<th>Children with elevated blood lead levels and their residences.</th>
</tr>
</thead>
</table>

### CATEGORY

<table>
<thead>
<tr>
<th>Category</th>
<th>I.A.</th>
<th>I.A.</th>
<th>I.A.</th>
</tr>
</thead>
</table>

### LAWS AND REGULATIONS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING</td>
<td>TA &amp; GF</td>
<td>TA &amp; GF</td>
<td>Federal/GF</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS (605, 607, 610)</td>
<td>EHMIS (620)</td>
<td>EHMIS (684)</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S., Food Core Training, Retail Food Specialist in accord with 902 KAR 45:140.</td>
<td>R.S., Environmental Management Core Training</td>
<td>R.S., Refer to Lead Program Guidance</td>
</tr>
</tbody>
</table>

(continued)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Manufactured Home, Mobile Home &amp; Recreational Vehicle Communities</th>
<th>Methamphetamine Nuisance Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review construction plans on all new or altered facilities.</td>
<td>• Notify the owner of a property posted as having methamphetamine contamination by law enforcement.</td>
<td>• Investigate complaints.</td>
</tr>
<tr>
<td>• Issue permit to construct.</td>
<td>• Notify the owner when the property has been released by EEC.</td>
<td>• Document the existence of a public health nuisance.</td>
</tr>
<tr>
<td>• Issue permit to operate.</td>
<td></td>
<td>• Issue notices for the correction of public health nuisance.</td>
</tr>
<tr>
<td>• Inspect for compliance with the regulation and for safe and sanitary operation of facility.</td>
<td></td>
<td>Take enforcement action if necessary to gain abatement.</td>
</tr>
<tr>
<td>• Take enforcement action when necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET</th>
<th>Manufactured/Mobile Home &amp; Recreational Vehicle Parks</th>
<th>General Public</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY</td>
<td>I.A.</td>
<td>I.A.</td>
<td>I.A.</td>
</tr>
</tbody>
</table>
## LAWS AND REGULATIONS

|-------------|-------------------------------------------------|-------------------------------------------------|-------------|

## FUNDING

<table>
<thead>
<tr>
<th>Reporting</th>
<th>TA &amp; GF</th>
<th>GF</th>
<th>GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHMIS (625)</td>
<td>EHMIS(667)</td>
<td>EHMIS (660)</td>
<td></td>
</tr>
</tbody>
</table>

## STAFF REQ.

<table>
<thead>
<tr>
<th>Staff Req.</th>
<th>R.S., Environmental Management Core</th>
<th>R.S.</th>
<th>R.S., Environmental Management Core</th>
</tr>
</thead>
</table>

(continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>On-Site Sewage</th>
<th>Private Sewage</th>
<th>Private Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Conduct on-site soil evaluations.</td>
<td>- Investigate private sewage complaints.</td>
<td>- Collect and submit water samples on private water where illness is suspected or upon owners request as agency resources allow.</td>
<td></td>
</tr>
<tr>
<td>- Review pre-installation drawings.</td>
<td>- Conduct existing system inspections of private septic systems as resources allow.</td>
<td>- Provide educational material on the disinfection and protection of private water supplies.</td>
<td></td>
</tr>
<tr>
<td>- Issue installation permits.</td>
<td>- Inspect installed systems for compliance with the regulation.</td>
<td>- Inspect installed system components for compliance with the regulation.</td>
<td></td>
</tr>
<tr>
<td>- Issue variances in accordance with regulation and local policies.</td>
<td>- Review installation drawings</td>
<td>- Review Installer Liability Insurance</td>
<td></td>
</tr>
<tr>
<td>- Inspect installed systems for compliance with the regulation.</td>
<td>- Provide installer training as needed.</td>
<td>- Take enforcement action when necessary.</td>
<td></td>
</tr>
<tr>
<td>TARGET</td>
<td>On-site Sewage Installers, Homebuilders, General Public.</td>
<td>General Public</td>
<td>Citizens using a private water supply.</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>I.A.</td>
<td>I.A.</td>
<td>I.A.</td>
</tr>
<tr>
<td>LAWS AND REGULATIONS</td>
<td>KRS 211.350–211.380, 211.990 &amp; 902 KAR 10:081 902 KAR 10:085</td>
<td>KRS 211.180, KRS 212.210</td>
<td>KRS 211.345</td>
</tr>
<tr>
<td>FUNDING</td>
<td>Local Funding</td>
<td>LHD may establish fees.</td>
<td>TA &amp; GF</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS (680)</td>
<td>EHMIS (685)</td>
<td>EHMIS (655)</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S., Environmental Management Core Training, Cert. Insp. KRS 211.360</td>
<td>R.S., Environmental Management Core</td>
<td>R.S., Environmental Management Core</td>
</tr>
</tbody>
</table>

(continued)

<table>
<thead>
<tr>
<th>Public Restroom</th>
<th>Rabies Prevention</th>
<th>Radon</th>
</tr>
</thead>
</table>
| DESCRIPTION | • Investigate complaints regarding public restrooms.  
• Take enforcement action when necessary. | • Document human exposure to animal bites.  
• Quarantine animals and enforce quarantine.  
• Release animals from quarantine.  
• Assist with the submission of laboratory samples.  
• Co-sponsor mass | • Provide public information regarding health risks and abatement measures  
• Provide access to testing devices  
• Act as a referral agent for mitigation services |

(continued)
vaccination clinics.
- Coordinate with medical staff on administration of prophylaxis rabies treatment.

<table>
<thead>
<tr>
<th>TARGET</th>
<th>Public restrooms</th>
<th>General Public &amp; Pet Owners</th>
<th>Homeowners General public</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY</td>
<td>I.A.</td>
<td>I.A.</td>
<td>I.B.</td>
</tr>
<tr>
<td>LAWS AND REGULATIONS</td>
<td>KRS 212.210 &amp; 902 KAR 10:010</td>
<td>KRS 258.005–.085</td>
<td></td>
</tr>
<tr>
<td>FUNDING</td>
<td>GF</td>
<td>GF</td>
<td>Federal Grant/ GF</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS (630)</td>
<td>EHMIS (697)</td>
<td>EHMIS (676)</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S., Environmental Management Core</td>
<td>R.S., Environmental Management Core</td>
<td>R.S.</td>
</tr>
</tbody>
</table>

**KEY:** *use key for the following tables*

<table>
<thead>
<tr>
<th>Category I.A</th>
<th>Core service, required by statute or regulation.</th>
<th>TA</th>
<th>Trust and Agency (fees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category I.B.</td>
<td>Preventive service for specific populations from appropriated funds.</td>
<td>GF</td>
<td>General Fund or Local Taxes</td>
</tr>
<tr>
<td>Category II.</td>
<td>Local option service, provided after mandated services are assured.</td>
<td>RS</td>
<td>Registered Sanitarian</td>
</tr>
<tr>
<td>EHMIS</td>
<td>Environmental Health Management Information System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary of Environmental Health Services

(continued)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Restricted Food Concessions</th>
<th>School Sanitation</th>
<th>Septic Tank Pumpers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Review application and issue permit</td>
<td>• Review construction plans.</td>
<td>• Permit and Inspect Pumper Trucks.</td>
</tr>
<tr>
<td></td>
<td>• Inspect concession for sanitary operation in accordance with regulation.</td>
<td>• Issue permits.</td>
<td>• Evaluate and Inspect Land Application Disposal Site.</td>
</tr>
<tr>
<td></td>
<td>• Take enforcement action when necessary.</td>
<td>• Inspect public and private educational facilities excluding private individuals teaching their own children for safe and sanitary operation in accordance with the regulation.</td>
<td>• License Pumper.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepare written summary of inspectional findings for school board</td>
<td>• Verify Surety Bond.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Take enforcement action when necessary to ensure compliance with the regulation.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET</th>
<th>Restricted Food Concession Operators</th>
<th>Public &amp; Private facilities used for educational purposes, excluding day care centers and private individuals teaching their own children.</th>
<th>Septic tank pumpers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY</td>
<td>I.A.</td>
<td>I.A.</td>
<td>I.A.</td>
</tr>
<tr>
<td>LAWS AND REGULATIONS</td>
<td>KRS 217.005–217.285 &amp; 902 KAR 45.005</td>
<td>902 KAR 45:150, KRS 211.180, 211.210, 211.990</td>
<td>902 KAR 10:130–170, KRS 211.970</td>
</tr>
<tr>
<td>FUNDING</td>
<td>TA &amp; GF</td>
<td>GF</td>
<td>TA &amp; GF</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS (603)</td>
<td>EHMIS (635)</td>
<td>EHMIS</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S. Food Core</td>
<td>R.S., Environmental Management Core</td>
<td>R.S., Environmental Management Core</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>

(continued)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Swimming Pools &amp; Bathing Beaches</th>
<th>Tanning Regulation</th>
<th>Tattoo Studio/ Tattoo Artist</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review construction plans and forward to state.</td>
<td>• Register tanning facilities</td>
<td>• Review application for and issue registration as a tattoo artist.</td>
<td></td>
</tr>
<tr>
<td>• Issue permits.</td>
<td>• Monitor facility at opening and on complaint basis</td>
<td>• Review application and issue certification to the tattoo studio in accordance with the regulation.</td>
<td></td>
</tr>
<tr>
<td>• Conduct routine inspections of all public swimming pools and bathing beaches.</td>
<td>• Take enforcement action if necessary to suspend registration.</td>
<td>• Inspect facilities twice per year to ensure compliance with the regulation.</td>
<td></td>
</tr>
<tr>
<td>• Conduct monthly monitoring inspections.</td>
<td>• Take water samples as needed to ensure good water quality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Take enforcement action when necessary to ensure compliance with the regulation.</td>
<td>• Take enforcement action if necessary to suspend registration.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET</th>
<th>Public Swimming and Bathing Beaches</th>
<th>Tanning facility operators, general public</th>
<th>Tattoo Artists and Tattoo Studios</th>
</tr>
</thead>
</table>

<p>| CATEGORY | I.A. | I.A. | I.A. |</p>
<table>
<thead>
<tr>
<th>LAWS AND REGULATIONS</th>
<th>KRS 211.180 &amp; 211.990 902 KAR 10:120</th>
<th>KRS 217.926</th>
<th>KRS 211.760 &amp; 902 KAR 45:065</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING</td>
<td>TA &amp; GF</td>
<td>TA &amp; GF</td>
<td>TA &amp; GF</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS(695/696)</td>
<td>EHMIS(677)</td>
<td>EHMIS(634)</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S., Environmental Management Core</td>
<td>R.S.</td>
<td>R.S., Food Core</td>
</tr>
</tbody>
</table>

(continued)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Vector Control</th>
<th>Vending</th>
<th>Youth Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make nuisance inspections concerning vectors of public health significance pursuant to KRS 211.210.</td>
<td>• Review and submit the application for vending machine companies to the state.</td>
<td>• Review construction plans on all new or altered facilities.</td>
<td></td>
</tr>
<tr>
<td>• Provide public information as it relates to vector control.</td>
<td>• Inspect vending machine locations at least once every three years for sanitary operation.</td>
<td>• Inspect facility for compliance with the regulation in accordance with the regulation.</td>
<td></td>
</tr>
<tr>
<td>• Take enforcement action when necessary.</td>
<td>• Take enforcement action if necessary.</td>
<td>• Take enforcement action when necessary.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGET</th>
<th>General Public</th>
<th>Vending Machine Locations and Commissaries</th>
<th>Youth Camps</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>I.A., II</th>
<th>I.A.</th>
<th>I.A.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LAWS AND REGULATIONS</th>
<th>KRS 212.210</th>
<th>KRS 17.808</th>
<th>KRS 211.180 &amp; 902 KAR 10:040</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUNDING</td>
<td>GF</td>
<td>TA &amp; GF</td>
<td>TA &amp; GF</td>
</tr>
<tr>
<td>REPORTING</td>
<td>EHMIS(670)</td>
<td>EHMIS(606)</td>
<td>EHMIS(650)</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>STAFF REQ.</td>
<td>R.S., Environmental Management Core, Pesticide Certification if applying from Dept. of Ag.</td>
<td>R.S., Food Core</td>
<td>R.S., Environmental Management Core</td>
</tr>
</tbody>
</table>
KENTUCKY REGISTERED SANITARIAN ETHICS

The Kentucky Registered Sanitarian has long adhered to a fundamental theme of ethical behavior encircling the public’s health. As a member of this profession, a Registered Sanitarian must recognize responsibility not only to the public we serve, but also to our communities, other Sanitarians, and to ourselves. The following are not laws, but standards of conduct, which define the essentials of honorable behavior for Registered Sanitarians.

- A person shall be duly qualified in order to become a Kentucky Registered Sanitarian, and further, shall be duly qualified to conduct Public/Environmental health activities.
- A Kentucky Registered Sanitarian shall be dedicated to providing competent service.
- A Kentucky Registered Sanitarian shall deal honestly with society and colleagues, and shall not engage in fraud, bribery, deception, conflict of interest, falsification of documents or other illegal activities.
- A Kentucky Registered Sanitarian shall respect the rights of individuals, of colleagues, and other Sanitarians, and shall safeguard confidentiality within the constraints of the law.
- A Kentucky Registered Sanitarian shall recognize a responsibility to promote and uphold high standards and a positive and ethical image, and should avoid any perception of conflict of interest or unethical behavior.
- A Kentucky Registered Sanitarian shall strive at all times to act in the best interest of the Commonwealth, protecting the health and well-being of our citizens.
There has been elevated public awareness of skin infections specifically, *Staphylococcus aureus* “Staph” infections, as a result of nationwide media attention. Staph is commonly carried on the skin or in the nose of healthy people and is spread by close contact with infected people. Staph can also come off infected skin onto shared objects and surfaces and then transfer onto the skin of another person who uses the object or surface, leading potentially to a skin infection. In light of this increased public concern and our desire to improve the health of our citizens, the Cabinet of Health and Family Services, Department for Public Health has developed guidelines to assist you in educating parents, students and citizens regarding MRSA infections and steps that can be taken to prevent them.

Included are two sets of public health guidelines, a cleaning *General Guidance for all school and similar environments* and *Guidance for Athletic Departments*. These guidelines are also useful in helping control many other communicable diseases, not just MRSA.
PUBLIC HEALTH CLEANING GENERAL GUIDANCE:  
*Guidelines to Help Prevent the Spread of Skin Infections:*

The most effective means of controlling the spread of viruses and bacteria (germs) in the environment is frequent, thorough and effective hand hygiene. Schools should implement protocols to emphasize hand hygiene among students and staff by encouraging them to:

- Wash hands frequently!
- Use an alcohol-based hand sanitizer if soap and water are not available and hands do not look dirty.
- Soil and other debris on the hands can diminish the effectiveness of alcohol-based sanitizers to kill germs.

Students and staff with any skin problems should be reported to the school nurse, coach, or a health care provider. Individuals with skin lesions, sores or rashes should cover the entire wound with a secure water-proof bandage, particularly if the wound is draining. The bandage should be kept clean and dry. If the bandage becomes wet or soiled it should be replaced.

Dispose of bandages and tissues in the regular trash but to prevent others from coming in contact with this garbage, make sure to use a zippered bag or tie securely in a plastic bag.

In addition, as part of routine custodial practices, cleaning and disinfecting of surfaces in the school is essential to keeping the environment healthy. Clean all hard surfaces frequently with particular attention to commonly touched areas such as doorknobs, light switches, tabletops, desks, floors and lockers.

Use detergent-based cleaners to initially clean dirt and debris from surfaces followed by Environmental Protection Agency (EPA)-registered disinfectants to remove germs from the environment. Disinfectants are readily available at stores but make sure that the label indicates it is a disinfectant and follow the label instructions.

Germs must be in contact with wet disinfectant for a long enough period of time to be killed: allow the surface to air dry, it is best not to rinse or wipe the object or surface right away in order to allow the disinfectant to be in contact for the correct time.

It is important to read the instruction labels on all disinfectants to make sure they are used safely and appropriately. Environmental cleaners and disinfectants should not be used to treat infections.

The EPA provides a [list of EPA-registered products](#) effective against MRSA. A 5-6% sodium hypochlorite (household) bleach solution is an easy way to
make an appropriate disinfectant: mix one tablespoon of bleach into one quart of water. It can be used in a spray bottle, as a soaking solution or applied directly by mops for larger surfaces.

For effective disinfection, the solution must be in contact with a surface for a minimum of 2 minutes. Mix a fresh solution every day, leftover solution should be discarded at the end of the day and never mix bleach with any other household chemicals or products containing ammonia. Mixing these chemicals with bleach will produce hazardous gases.

Cleaners and disinfectants can be irritating and have been associated with health problems such as asthma. Therefore, it is important to read the instruction labels on all cleaning products to make sure they are used safely and appropriately - with disinfection, more is not better. For suggestions on implementing a “green cleaning program” please refer to Hospitals for a Healthy Environment (H2E) 10 Step Guide to Green Cleaning Implementation.

Here are some answers to commonly asked questions:

**Should schools close because of an MRSA infection?**

Not Typically. Only in rare cases will it be necessary to close schools because of an MRSA infection in a student.

The decision to close a school for any communicable disease should be made by school officials in consultation with local and/or state public health officials. However, in most cases, it is not necessary to close schools because of an MRSA infection in a student. It is important to note that MRSA transmission can be prevented by simple measures such as hand hygiene and covering infections.

**Should the school be closed to be cleaned or disinfected when an MRSA infection occurs?**

Not Typically. Only in rare cases will it be necessary to close schools to “disinfect” them when MRSA infections occur.

Covering infected skin lesions and rashes will greatly reduce the risks of surfaces becoming contaminated with MRSA. In general it is not necessary to close schools to "disinfect" them when MRSA infections occur. MRSA skin infections are transmitted primarily by skin-to-skin contact and from contact with surfaces that have come into contact with someone else's infection.

When MRSA skin infections occur, cleaning and disinfection should be performed on surfaces that are likely to contact uncovered or poorly covered infections.
GUIDANCE FOR ATHLETIC DEPARTMENTS:

Encourage athletes to do the following:

- Wash hands frequently with soap and warm water or use an alcohol-based hand sanitizing gel if hands do not look dirty and soap and water are not available.
- Shower with soap and water as soon as possible after direct contact sports, and use a clean, dry towel.
- Keep cuts and scrapes clean and covered with a clean, dry bandage until healed.
- Avoid contact with other people’s lesions or bandages.
- Do not share towels (even on the sidelines at a game), water bottles, soap, razors, or other personal care items.
- Do not share ointments or antibiotics.
- Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent immediately after each practice or game and dry on the hottest cycle.
- Inform parents of these precautions if laundry is sent home (laundry must be in an impervious container or plastic bag for transporting home).
- Avoid whirlpools or common hot tubs, especially when having open wounds, scrapes, or scratches.
- Students should inform their coach or athletic trainer if they think they have a lesion, sore or rash on the skin.
- An athlete should be referred to a health care provider if:
  - There are concerns over any lesion, sore, or rash on the skin, especially those that are red, swollen, or draining fluid.
  - The athlete has other signs of illness such as fever or vomiting.
  - Multiple athletes have similar symptoms.
- An athlete may be excluded from competition or practice if there is concern regarding a lesion, sore, or rash until evaluated by a health care provider. Additionally, an athlete should be excluded from competition if the evaluating health provider deems it appropriate.
- All skin lesions, sores or rashes should be covered by a clean, dry bandage when participating in practice or competition. If lesions cannot be covered completely, or if drainage (or “pus”) is wetting the bandage or seeping out between the bandage and skin, athletes should be excluded from competition until the lesion can be safely and completely covered.
- If an athlete with skin lesions is participating in a sport that requires frequent skin-to-skin contact (e.g., wrestling), then consideration should be given to excluding that athlete from participation until the lesion is fully healed, since maintaining the bandage in place may be difficult.
- An athlete may return to competition or practice after consulting with the athlete’s health care provider, coach, and specific sports league rules.
Procedures for cleaning athletic area and equipment should be established and staff and athletes must be educated about these procedures:

- Make sure equipment is in good working condition without rips, tears or other damage. Replace items rather than using tape to repair damaged areas since the tape may interfere with the disinfectant process.
- Clean the athletic area and sports equipment routinely—at least weekly—using EPA-registered disinfectant or a fresh (mixed daily) household bleach solution (1 tablespoon bleach to 1 quart of water) after practices / matches. Please refer to the manufacturer’s directions for recommended contact times for the various disinfectants. Household bleach solutions must be in contact for a minimum of 2 minutes.
- Clean mats and other high-use equipment before each practice and several times a day throughout a tournament, using an EPA-registered disinfectant or a fresh (mixed daily) household bleach solution.
- Locker rooms, including any shower areas should be cleaned daily, if used.
- If soap is furnished, it should be accessible from a wall dispenser
- Ensure that athletic areas, locker rooms and restrooms all have separate cleaning mops and buckets, and that all mops (washable micro-fiber heads or disposable mop cloths preferred) and buckets are cleaned regularly.

Wrestling Room and Mats:

- Wipe down padding along walls, benches and door pulls/knobs with an EPA-registered disinfectant or a fresh (mixed daily) household bleach solution after practices / matches. Please refer to the manufacturer’s directions for recommended contact times for the various disinfectants. Household bleach solutions must be in contact for a minimum of 2 minutes.
- Clean floors after mats are stored and before mats are used again.
- Use “dedicated” mops to clean athletic areas and wash mop heads on a regular basis. May use disposable mop cloths that are discarded after each use.
- Clean and disinfect mats before and after practice and matches. All sides of mats should be cleaned before they are rolled up.
- Use “dedicated” mop heads for mat surfaces. Wash these mop heads on a regular basis.

Weight Room:

- Wipe down grips on weights and lifting belts at least daily.
- Clean floors, benches, supports, pads, light switches and door pulls/knobs daily.

Sports Equipment:

- Schedule regular cleaning and disinfection for sports equipment: balls (football, basketballs, baseballs, softballs, volley balls, soccer balls), racket grips, bats, etc.
- Avoid using tape to wrap gripping areas of rackets, bar bells etc. as this may provide an environment for germs to thrive.
• Clean and disinfect sports equipment that comes in direct contact with the skin of players, such as wrestling headgear, football helmets, gloves, and pads.

For more information, please refer to the [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov) or [NIOSH Safety and Health Topic: MRSA and the Workplace](https://www.cdc.gov).

**MERCURY AWARENESS AND INFORMATION**

Mercury exposure has been a topic of discussion and planning over the past year by multiple state agencies. Events involving mercury spills in schools have prompted our office and other partnering agencies to develop guidelines for your use if a mercury spill occurs in one of your school facilities. These guidelines have been developed by a collaborative effort of the Kentucky Department for Public Health, the Kentucky Department of Education, and the Kentucky Department of Environmental Protection in an effort to provide you and your school facilities with a plan of action should such an event occur. Included below are “Public Health Instructions for School Officials Regarding Mercury Spills”.

Also included in this information is the “Health Limit For Mercury Exposur established the state health threshold.

**Food Transportation Vehicle Incident Response Guidance**

Truck and train wrecks can occur at any time. Having a response plan in place beforehand is essential. Plans should include a notification and support system with area first responders in order to react quickly, efficiently, and uniformly. By developing a good working relationship with local police, fire, and EMS services, you’ll likely be notified quickly when a food transportation vehicle incident occurs.

It is also important to understand what the role of the Local Health Department is during a food transportation vehicle accident. The primary responsibility is response to vehicles transporting foods, drugs, or cosmetics. The following is a helpful list of things to keep in mind when preparing and responding to food transportation vehicle accidents:

**PREPARING FOR THE EVENT:**

• Contact local first responders, advise them on the types of wrecks you should be contacted about and establish a notification procedure should an event occur. Provide them with after-hours contact information or alternate contact information should you be unavailable.
• Keep emergency contact information available at your home/office for support agencies such as local and KY State Police, Disaster and Emergency Response, USDA, Alcohol Beverage Control, Drug Enforcement and Professional Practices Branch, and State Food Branch Personnel.
• Keep a response kit readily available in your home/office of essential things you’ll need during an incident, including: quarantine/voluntary destruction forms & tags, contact numbers, and emergency response guidance sheets, thermometers, flashlights, safety equipment, etc.

INITIAL RESPONSE TO THE EVENT:

• Upon arrival at the scene report immediately to the police or person in charge.
• NEVER approach or enter any vehicle until you have been given safety clearance from the incident commander and the vehicle is secured.
• Review the shipping manifest to determine what products are involved. If the manifest is not available due to destruction or loss during the wreck, officials can obtain one by contacting the firm’s owners.
• Determine from the manifest if products are involved that fall under dual jurisdiction such as alcohol, drugs, or USDA regulated products. Notify the appropriate agency or contact the Food Safety Branch for assistance in determining jurisdiction.
• Determine from the manifest if products are involved that require temperature control. When the product temperature cannot be immediately assessed, record the weather conditions and outside air temperature. This may help later when determining how long product has been out of temperature.

TRUCK OR TRAIN WRECKS INVOLVING REFRIGERATED PRODUCTS:

• If the cargo area is still sealed, there is no visible exterior damage, and the refrigeration equipment is still functioning, you may enter the cargo area to check the contents. Look for impact damage such as shifting of cargo, breakage, punctures, dents or leakage of refrigerant or other toxics or fluids. Products requiring temperature control should be randomly sampled to assure that proper holding temperature is being maintained. The temperature and time of sampling should be documented.
• In cases where the refrigeration equipment on the vehicle is NOT functioning, do not enter the cargo area. Opening sealed doors can cause a rapid increase in food product temperatures. Instead, evaluate the option of placing the entire cargo under blanket quarantine, using environmental form, Quarantine Form DFS 222 located on the LHD Forms webpage, until a refrigerated transfer/salvage vehicle arrives on site. Then you should check contents for impact damage, cross-contamination, adulteration and product temperatures before allowing transfer of any cargo.
• In cases where there has been no damage to the trailer, the product is free from any evidence of contamination, and proper temperatures have been maintained, the food may be immediately released to a representative of the transport company for removal and reentry into commerce.
• In all cases where there is visible damage to the vehicle or cargo, an immediate blanket quarantine of the entire contents should be issued, until a full assessment of the damage can be made.
DAMAGE ASSESSMENT

- Review the [KY Food Safety Branch Vehicle Incident Report](#), and Instructions for Completing Vehicle Incident Report located on the [LHD Forms webpage](#).
- The damage assessment should consider whether or not product may have been compromised by vehicle fuel, refrigerants or other chemicals, smoke, fire, exposure to the environment, cross-contamination, temperature abuse, or etc. Review the [damage assessment guidance document](#).
- Once the damage assessment has been made, contents which are not salvageable shall be recorded on environmental form, [Voluntary Destruction Form DFS-222](#); or held under continued quarantine until an alternate disposal or diversion method can be arranged. The exact location and method of disposal/diversion/destruction shall be recorded on DFS-222.
- The Food Safety Branch staff, including Area Retail Food Technical Consultants and/or Area Food Manufacturing Inspectors can provide guidance, where necessary.

QUARANTINE OF PRODUCT

- [KRS 217.115](#) of the Kentucky Food Drug and Cosmetic Act gives the Cabinet or its Local Health Department Agents the authority to quarantine food, drug, and cosmetic products which they know or suspect of being adulterated. Proof of adulteration is not required in order to place product under quarantine.
- The environmental form, [Quarantine Notice (DFS 222)](#), should be issued to the owner of the product or to the trucking representative if they are available. If neither is available, the quarantine notice may be issued to the wrecker service or to the person in charge of the cleanup or accident site.
- Depending on the circumstances of the accident, quarantined product may be immediately assessed on site for damage and possible salvage or it may be transported under quarantine to another secure location for further evaluation. Whenever possible, refrigerated or frozen products should be transported and held under refrigeration during the damage assessment, to prevent further loss.
- In some cases, a vehicle or its products may be towed or transported from one county to another. To maintain the integrity of quarantined product whenever it is being transferred to another Health Department’s jurisdiction for evaluation, you should:
  - Obtain the vehicle description, license number, driver’s identity, destination (company name, address, telephone number), and estimated time of arrival.
  - Assure that vehicles where products are off-loaded are clean and in good repair, and that the transportation method will not further contaminate products. This is especially important where there is a likelihood that product may be salvageable. Dump trucks, farm trucks, and flatbed trucks should only be used for product destined for destruction. These types of vehicles are not usually used in food transportation, given that they are not routinely cleaned, and are not typically capable of protecting food from environmental contamination (road dust, etc.).
  - If potentially hazardous/time-temperature control for safety (TCS) foods are involved, assure that the transport vehicle is capable of maintaining safe temperatures during transport.
• Check off quarantined items released for transport on your quarantine forms and add statement that cargo is to remain in the vehicle until released for inspection by health official at the destination site. Give a copy of the quarantine sheet to the driver.
• Seal cargo area of transport vehicle once loading is complete with some method of seal which will indicate tampering and record the truck seal number when it is applicable. When cargo is being transported in an open unit such as by flatbed trailer or dump truck, the inspector should provide the transporter with a copy of the quarantine paperwork. The inspector can use photos, quarantine tags or tape to ensure the cargo is not altered in route.
• Immediately notify Local Health Department at the destination/receiving point by telephone and provide the necessary information so officials can meet the vehicle upon arrival to its destination. Contact the Food Safety Branch if assistance is needed in locating or notifying health officials in other counties/states.

SALVAGE/VOLUNTARY DESTRUCTION/RELEASE OF PRODUCT:
• When voluntary destruction action is taken, written agreement of the cargo owner, freight carrier or insurer must be obtained before the product is transported to an approved disposal site (waste incinerator, landfill, etc.) and before product is destroyed. You, another health official or a law enforcement agent must accompany cargo to the disposal site and witness its destruction.
• Salvaged cargo should be segregated from unsalvageable product and may be released for transfer on Environmental Form DFS 222, with a note identifying the party assuming control of the product.

WRECKS INVOLVING USDA REGULATED PRODUCTS:
• Wrecks involving exclusively USDA regulated product, including meat and poultry, require that the USDA be immediately notified. Please contact the Food Safety Branch for assistance in notifying a USDA representative. Following notification, the LHD should proceed as with any other food vehicle incident unless directed otherwise. The USDA office covering Kentucky is located in Jackson, MS and can be reached at (601) 965-4312 (24-Hour Emergency: 1-800-647-2484).
• Mixed cargo loads containing only portions of USDA regulated products should be handled the same as above.

WRECKS INVOLVING FLUID MILK/MILK TANKERS:
• When the wreck involves fluid milk as the exclusive cargo, the LHD should immediately contact the Milk Safety Branch at (502) 564-3340. The Food Safety Branch can also be contacted at (502) 564-7181 if unable to contact Milk Safety Branch representatives.
WRECKS INVOLVING ALCOHOLIC BEVERAGES:

- Where the wreck involves alcoholic beverages as all or a portion of the cargo the local health department shall immediately notify the office of the Kentucky Alcoholic Beverage Control Commissioner at (502) 563-4850. The Trade Investigations Division of the federal ATF should also be notified at (440) 871-6055. The Food Safety Branch can also be contacted at (502) 564-7181 for assistance in notifying appropriate state/federal alcoholic beverage control officials.

WRECKS INVOLVING OVER-THE-COUNTER AND PRESCRIPTION MEDICATIONS:

- The Drug Enforcement and Professional Practices Branch operates under the authority of Kentucky Food Drug and Cosmetic Act. Therefore, where the wreck involves over-the-counter or prescription drugs as all or a portion of the cargo, handle as below:
  - Over-the-counter medications may be handled as any other food item and may be quarantined, voluntarily destroyed or released by the health department personnel without prior notification to the Drug Enforcement and Professional Practices Branch.
  - Where significant amounts of over-the-counter medications are involved, the Drug Enforcement and Professional Practices Branch should receive courtesy notification at (502) 564-2815. Generally speaking, an incident involving large amounts of OTC medications may be handled as any other food item and may be quarantined, voluntarily destroyed or released by the health department personnel, unless directed otherwise.
  - Where controlled substances and prescription medications are involved, the local health department should contact local law enforcement authorities and/or Drug Enforcement Administration (DEA) officials. DEA field offices closest to Kentucky are located in Atlanta (Telephone 404-893-7000), Chicago (Telephone 312-353-7875) and St. Louis (Telephone 314-538-4600).

FINAL REPORT:

- Local health departments should complete the Vehicle Incident Report for each incident, and forward a copy to the Food Safety Branch. Both the Vehicle Incident Report and the Instructions for completing this report are located on the LHD Forms webpage.
- Following the conclusion of action taken by the health department, all quarantine notices and other actions shall be entered into EHMIS.
WATER EMERGENCY GUIDELINES FOR FOOD SERVICE ESTABLISHMENTS

These guidelines are for establishments that provide food service to the public. During a water supply emergency, water may serve as a source of contamination for food, equipment, utensils, and hands. Unsafe water is also a vector in the transmission of disease. Therefore, in order to provide protection to consumers and employees, water shall be obtained from sources regulated by law and shall be handled, transported and dispensed in a sanitary manner.

IN THE EVENT OF CHEMICAL CONTAMINATION OF THE WATER SUPPLY, THE ESTABLISHMENT SHALL CEASE OPERATION AND NOT RESUME OPERATION UNTIL THE CABINET OR LOCAL HEALTH DEPARTMENT ASSURES THAT SAFE OPERATIONAL PROCEDURES INCLUDING THE FOLLOWING ARE IN PLACE:

- **Shut off the following:** Ice machines, drinking fountains, produce misters, bottled water refill machines, fountain drink equipment, and running water dipper wells.
- **Discard:** Ice and beverages made with contaminated water.
- **Ice:** Use only packaged ice from commercially approved facilities outside the affected area. Leave the unit off until the water is OK again, then clean and sanitize the unit following manufacturer’s suggested guidelines. Make ice for one (1) hour and dispose of the ice.
- **Water:** Use only bottled water for drinking, cooking, food preparation, and washing produce.
- **Food:** Only prepackaged ready-to-eat food items and commercially prepared salads in deli areas. No cutting or grinding of meat.
- **Drinks:** Use only canned or bottled drinks. Coffee and tea shall be made from bottled water.
- **Hand washing:** Temporary handwashing stations shall be set up for all food service operations with only transported water from approved sources. Hand washing shall be followed up with hand sanitizer.
- **Food service operations shall be limited to the following:** Carry out only, cook and serve only, and minimal cutting and slicing.
- **Single service eating and drinking utensils:** Only single service items shall be used.
- **Utensil washing:** Utensils shall be washed, rinsed, and sanitized using only water from approved sources.
- **Employee information:** Post signs or copies of the water system’s health advisory. Develop a plan to notify and educate employees about water emergency procedures.
Environmental Services: Childhood Lead Poisoning Prevention and Management of Elevated Blood Levels

Guidance on the environmental management for elevated blood lead levels (EBLL) for the local health department (LHD) environmentalist and certified risk assessor from the Kentucky Childhood Lead Poisoning Prevention Program (KCLPPP) and the Environmental Lead Program.

Statutes/Regulations for Lead Poisoning Prevention: KRS 211.900-KRS 211.905 and KRS 211.994, KRS 211.210, 902 KAR 4:090

Statutes/Regulations for Lead-Hazards Detection and Abatement: KRS 211.9061 to KRS 211.9079 and KRS 211.990, 902 KAR 48.010- 902 KAR 48.040.

Service Description and Key Roles and Responsibilities:

In order for blood lead screening to be a meaningful prevention service, identification of a child with an EBLL must trigger services that will lower the child's BLL. Treatment regimens that do not eliminate lead exposure are inadequate. Services needed by a child with an EBLL can include environmental investigation to identify the source of the exposure; lead hazard control to eliminate its pathway; and case management services to ensure that the child receives all necessary public health, environmental, medical, and social service interventions.

Environmental Management of the child’s living environment is one component of an on-going process related to the elimination of childhood lead poisoning as a public health problem. The LHD environmentalist is often part of the LHD collaborative team which helps to assure children who are identified with EBLL’s receive appropriate interventions.

Management of the Environment:

Upon receipt of EBLL results, the LHD Case Manager will assess the need for an environmental investigation and make the appropriate referrals to the environmentalist and if needed the risk assessor, depending on the blood lead level.

For children identified as having:

- A second (2nd) BLL of 5-14.9µg/dL or greater, a Visual Investigative Home Visit is to be completed at the child’ primary resident to identify potential sources of lead. The visual investigation may be completed by the environmentalist or at the time of a home visit by a trained home visiting nurse or allied health professional.

For children identified as having:

- **A Confirmed** EBLL of 15µg/dL or greater (lead poisoning), in addition to the Visual Investigative Home Visit, a lead risk assessment must be completed by a certified risk assessor.
For Local Health Departments or Districts which do not employ a certified Risk Assessor, please contact the KCLPPP to arrange for a list of Certified LHD Risk Assessors.

**Visual Investigative Home Visit:**

The LHD Lead Case Manager is responsible for making referrals for environmental assessments. Assessments should be completed within the timeframes recommended by CDC’s when at all possible. (See Table 1). The case manager should continually collaborate with the environmentalist to assure a decrease in the patient BLL’s.

**Table 1: Visual Investigative Home Visit**

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>Time Frame for Visual Assessment and/or Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;70 µg/dL</td>
<td>24 hours; refer for lead risk assessment</td>
</tr>
<tr>
<td>45-69.9 µg/dL</td>
<td>48 hours; refer for lead risk assessment</td>
</tr>
<tr>
<td>20-44.9 µg/dL</td>
<td>1 weeks; refer for lead risk assessment</td>
</tr>
<tr>
<td>15-19.9 µg/dL</td>
<td>2 weeks; refer for lead risk assessment</td>
</tr>
<tr>
<td>BLL 5-14.9µg/dL*</td>
<td>30 days, for EBLL’s that are not decreasing and persistent (&gt;6 months) in the 5-14.9µg/dL range, refer for lead risk</td>
</tr>
</tbody>
</table>

*KCLPPP recommends timeframe of two (2) weeks for 2nd (12 weeks of initial) BLL of 5-14.9 ug/dL*

A thorough visual investigation of the child’s home identifies possible sources of lead hazards. The investigation should survey both the interior and exterior environment of the home with special attention given to child-accessible painted surfaces, dust and soil. Other potential sources of lead should be considered during the environmental assessment i.e., water, family occupation, hobbies, etc.

The person conducting the visual investigative home visit should obtain any pertinent information from the child's parent/guardian/care giver that may not have been supplied on the referral questionnaire, Part I. The information should be gathered from someone who routinely observes the child’s activities and behaviors. A child’s environmental history can provide information about the child’s possible exposure to residential and other sources of lead. It should include:

- How long has the child lived at this address,
- Supplemental address information or other locations where the child spends extended periods of time,
- Number and names of other children that live or visit here,
- Property owner’s name, address and phone number; if it is someone other than that of the caregiver,
- Child’s play areas, sleep areas, habits,
- Child’s behaviors such as sucking on fingers/hands, hand-to-mouth or pica, a disorder characterized by the appetite for non-nutritive substances such as clay, dirt, paint.
- Parent’s occupations, hobbies, ethnic customs, and other possible sources. (i.e. caregiver work in or around lead products; hobbies such as fishing, work with stained class, or pottery; use of ethnic products such as cosmetics or medicines;
use of imported pottery; outside sources that could be being brought in from work or outside the home). See Lead Poisoning Verbal Risk Assessment.

At the time of the environmental assessment, lead poisoning preventive education should be reviewed with the parents/guardian/care giver. Preventive education includes discussing the child’s potential source of lead-based hazards and how to prevent further exposure to those sources. Temporary measures to reduce further exposure may include but are not limited to:

- Blocking child from potential hazardous area with a barrier, (i.e. door, child gate);
- Using furniture to block child’s access to the hazard (i.e. furniture in front of a chipping window sill);
- Use of duct/masking tape and plastic or cardboard to cover an area of chipping/peeling surface until permanent work can be conducted;
- Daily damp dust, wet mop or vacuum with a Hepa-vac especially in the child’s play area; Wipe child’s toys clean, keep toys in clean dry tote, and placing tote in clean play area and limiting the child’s play to this area; (especially if child is crawling and/or in hand-to-mouth exploration stage);
- Keep child’s hands washed with soap and water, (germ gel does not remove lead), wash hands before snacks and meals and before any nap or bedtime (especially if child is crawling and/or in hand-to-mouth exploration stage);
- Exploring the possibility to relocate child(ren) and pregnant women from the home while renovation/remediation work is in progress.
- Assure the family is using lead safe work practices during renovations (walk off areas, containment areas, remove shoes/clothing before entering living spaces, daily clean up and vacuuming of work and walk off areas). Brochures on renovation can be found and ordered online.

Certified Lead Risk Assessments

According to KRS 211.905, an inspection of the property where a child routinely spends more than six (6) hours per week should be completed to determine the existence of lead-based hazards. An individual who is certified by the KY DPH Environmental Lead Program should perform the certified risk assessment.

Priority should be given to the child’s primary place of residence. If the BLL remains elevated, increases, or is not decreasing in 8-12 weeks; a supplemental environmental investigation may be conducted at property(ies) where the child routinely spends more than six (6) hours a week.

Collaboration with the LHD Lead Case Manager assures that referrals made for lead risk assessments are on children identified with confirmed EBLLS (lead poisoning), BLL's >15µg/dL. A Lead Risk Assessment is required according to KRS 211.905 (1).

The assessment should be conducted by a certified risk assessor within the appropriate time frames per CDC’s recommendations (See Table 2). These guidelines can be found online - Managing Elevated Blood Lead Levels Among Young Children (page 36).
**Table 2: Lead Risk Assessment**

<table>
<thead>
<tr>
<th>Blood Lead Level</th>
<th>TimeFrame for</th>
<th>Type of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;70 µg/dL</td>
<td>Within 24 hours*</td>
<td>Lead Risk Assessment</td>
</tr>
<tr>
<td>45-69.9 µg/dL</td>
<td>Within 48 hours*</td>
<td>Lead Risk Assessment</td>
</tr>
<tr>
<td>20-44.9 µg/dL</td>
<td>Within 1 week*</td>
<td>Lead Risk Assessment</td>
</tr>
<tr>
<td>15-19.9 µg/dL</td>
<td>Within 2 weeks*</td>
<td>Lead Risk Assessment</td>
</tr>
<tr>
<td>Persistent BLL 10-14.9 µg/dL</td>
<td>Within 4 weeks*</td>
<td>Lead Risk Assessment</td>
</tr>
</tbody>
</table>

KCLPPP requests that the updated electronic standardized lead risk assessment template be used for reporting to KCLPPP. Use of this template assures consistency of report results are captured in the CLPPP/environmental database. Guidance for completion of the assessment is included on the template. Please delete highlighted guidelines before printing the final report.

The lead risk assessment report should be submitted within 30 days of receiving the sample lab results. For LHD’s waiting on assessment reports, this report can take up to 60 days to process and receive.

Copies of the Risk Assessment Report shall also be forwarded to the

1. Parents/Guardians of the lead poisoned child
2. LHD Director/Local Health Officer (LHO)
3. LHD Environmentalist
4. KCLPPP Program and

The Risk Assessor shall notify the property owner in writing, of the existence of identified lead-based hazards according to KRS 211.905(2)c and 902 KAR 4:090 Section 3(4) 2 (b) and shall include correction guidance.

If the Risk Assessment identifies lead hazards in the residence and it is determined that those hazards present a public health risk to the child, the LHD Director or designee shall send environmental form Notice to Abate/ Notice to Correct to the property owner allowing the owner a reasonable period of time to abate the lead hazards identified, typically 60 days (this is included in the updated CRA electronic standardized form). A copy of the lead risk assessment report and correction guidance should be included with the Notice to Correct.

Per, KRS 211.905 (4), in the event that the owner does not remove, replace, or securely and permanently cover the identified lead-based hazards within the sixty (60) days, the local health officer or designee is responsible for posting the property named in the lead risk assessment report.

The posting should identify the property as containing lead-based hazards and the declaration that the property is unfit for occupation for those persons under seventy-two (72) months of age. The property shall remain posted until the owner has complied
with the orders of the cabinet. View [example of the Warning Poster](#). Further legal action may be initiated under [KRS 211.994](#) to gain compliance.

The Risk Assessor should discuss with the property owner the results of the assessment; the notice for correction and timeframes; abatement plan of action and strategies; acceptable and unacceptable practices; and resident and worker safety during abatement, including protection of at risk children and pregnant women.

**Acceptable techniques include:**

- Replacement of building components (doors, windows, trim pieces, etc.);
- Stripping of lead based paint down to the substrate using chemical strippers and wet scraping;
- Encapsulation of lead surfaces with permanently affixed lead free coverings which are incapable of being readily chewed through, torn from the surface, pierced or otherwise removed as to expose the surface below, and
- Enclosure of lead surfaces with a rigid, mechanically affixed barrier

**Unacceptable techniques include:**

- Use of open flame torch;
- Use of heat guns with high temperature settings without proper worker safety protection;
- Power sanding of surfaces without proper containment practices, HEPA vacuum attachments or clean-up equipment; and
- Use of methylene chloride strippers.

Lead Hazard removal should be completed by a Certified Abatement contractor in a confirmed EBLL child-occupied dwelling. After the lead hazards are properly abated, the Lead Hazard Abatement professional shall request a clearance inspection from a third party agency in accordance with [902 KAR 4:090](#).

The local health officer should inform families of an EBLL child who rent of [KRS 211.905](#) that allows for the release from a rental agreement without prejudice to the occupant, if lead-hazards, related to an EBLL, are found. If the property is vacated by the EBLL occupant, the property shall not be let or occupied by any other person until the corrective order is complied with [902 KAR 4:090 4(3)](#).

**INVESTIGATIONS OF SUPPLEMENTAL ADDRESSES:**

Supplemental addresses are addresses the EBLL child routinely spends more than six (6) hours per week. If there is sufficient risk, it may be recommended that environmental investigations be completed to determine the existence of lead-based hazards at supplemental addresses. Supplemental addresses may include but are not limited to:

- Day-care facilities, sitter's home;
- Neighbor's, playmate's or relative's home;
- Exterior of neighboring homes or outbuildings within child's immediate environment; Playground, alley, vacant lot or other play areas; or
- Church or school.

Supplemental addresses are inspected as time, resources and circumstances allow. The procedures for inspection remain the same as for primary address.

**REMOVAL OF THE CHILD FROM THE HOME:**

Parents/caretakers should be advised of the hazards associated with the abatement process. The family is encouraged to remove the child and pregnant women from the home and/or affected areas whenever possible.

If a child with an EBLL is determined to be at imminent public health risk due to continued residence in an unabated environment; the LHD Director or Case Manager may refer the case to the Dept. for Community Based Services to determine if immediate action is needed to remove the child from that environment.
Blood Lead
LHD notified of child ≤72 months EBLL/con-
firmed Lead Poisoning KRS 211.902

Risk Assessor
Referral:
The CM contacts Risk Assessor (RA) within 2 weeks of receiving a confirmed EBLL, should have a completed Visual Investigative Home Visit

CRA report sent:
Within 90 days, notify homeowner in writing of any identified lead-based hazards, a copy CRA is sent to the KY Environmental Lead, KCLPPP, LHD environmentalist, parents of lead poisoned child, Recommendations on correcting those hazards, Notice to Abate/Notice to Correct is to be included

LHO or designee
assures correction by the owner is completed within 60 days, if corrections not made, property is to be posted according to KRS 211.905 (4)

Posting of dwelling; if after 30 days of posting, occupancy is permitted by owner of dwelling of anyone <6 years old, fines of $25 /per day can accrue while continuing violation KRS 211.994 Penalty

Identification | Two weeks | 90 days | 2 weeks | 60 days | Continued Follow-up

Environmental:
Visual Investigative Home Visit:
Upon notification of child ≤72 months of age with an EBLL; Nurse and Environmentalist have 2 weeks to notify parents, schedule and complete a Visual Investigative Home Visit and review preventive education with parent/guardian /care giver

Lead Risk Assessment
Risk Assessor will contact homeowners, schedule and complete Lead Risk Assessment within 2 weeks of receiving referral

Upon LHD receipt of copy of CRA:
Within 2 weeks:
Assure home owner has received copy of lead risk assessment. Review identified lead-based hazards/report findings; Notice to Abate/Correct; Abatement strategies and plan of action; and time frame for completion Notify Local Health Officer of identified lead-hazards

Notify LHD CM of identified lead-hazards

LHO, assures as required in 902 KAR 4:090, that the property, if vacated in which lead based hazardous substances are located by the occupant who occupied it when the corrective order was issued, the property shall not be let or occupied by any other person until the corrective order is complied with
ENVIRONMENTAL HEALTH FEE REVENUE PROCEDURES GUIDANCE:

Recommended Minimum Standards for Local Health Department Environmental Internal Control Procedures

The following are recommendations for Local Health Department Internal Control Procedures. Each bulleted item has been identified as a key component of a functioning and efficient Internal Control Program used to monitor and control Environmental Program revenues. Environmental revenues are those funds generated by the payments of permits and fees collected through programs administered by the Environmental Health Program of the Local and District Health Departments. Environmental revenues should include both fees obtained from mandated services and those services operated by the individual county or district health departments. These recommendations were developed by the Division of Public Health Protection and Safety (PHPS) with guidance and recommendations provided by the Office of Inspector General (OIG) in order to serve as a minimum standard of operation for local health department environmental programs’ and their fee handling process.

These recommendations are geared towards developing a process that will assure, but not provide absolute assurance, an agency can secure and safeguard environmental revenues from the time they originate until the time they are deposited into designated bank accounts. These controls should be considered minimum guidelines only. Local Health Departments may incorporate additional measures and/or controls into their Internal Control Procedure where needed in order to fully protect and safeguard organizational funds. It is imperative that management become familiar with all aspects of the internal control procedure in order to properly monitor and safeguard against loss.

Furthermore, it is recommended that all new and current employees be trained as to their responsibilities with regard to internal control procedures and be provided additional training and notification when the process is revised or updated.

Minimum Internal Control Recommendations

- **Designated Collector of Fees:** Local Health Departments should designate an individual or individuals as the primary collector(s) of fees. This can include clerical, environmental or support staff, however it is recommended that no individual employee be designated as the primary collector of fees if they are also involved with the entry of data into the system, verification of data or making deposits.

- **Types of Payments Accepted:** Local Health Departments have the authority to mandate the types of payments they accept. Types may include money order, cashier’s check, personal check, and credit card. Cash, however should be discouraged as a method of payment for all programs, but can be accepted if no other form of payment is possible. Local Health Departments that utilize
credit card payment systems are encouraged to routinely evaluate handling fees associated with such services.

- **Environmental Holding Accounts:** Local and District Health Department must establish and maintain an Environmental Holding Account that will be used for all environmental programs. This account is mandated by statute. All fees generated by environmental services and programs are to be documented and entered into the EHMIS system on a regular basis; and prior to deposit into the Environmental Holding Account. The exception to this will be with District Health Departments who are allowed to deposit fees into separate bank accounts, which are then reconciled into one district account and entered into EHMIS by district personnel. In all cases, the Environmental Holding Accounts are to be checked against Report 49 and 50 each month. Based on those reports, the Environmental Holding Account should be “zeroed” out at the end of each month with a check being issued to the KY State Treasurer through the Division of Public Health Protection & Safety and a check issued to the local or district health department’s general account. Monthly balances and transactions should be reviewed and approved by management prior to close out of each month and documented with the date and initials of the person performing the review.

- **Cash Handling Procedure:** The Local Health Department should have a clear and detailed cash handling procedure in the event cash money is deemed an acceptable form of payment for permits or environmental services. At a minimum this policy shall include a documented pre-numbered receipt for all cash transactions. This pre-numbered receipt should include the amount, the name of the person or entity making the payment, the date of transaction, name of the person accepting the payment and the purpose of the payment. In the case of fees collected in connection with temporary food events, a pre-numbered permit application may suffice as the receipt as long as the necessary information is included on the application.

- **Petty Cash:** If an environmental petty cash account is maintained, access to these cash funds should be limited to authorized personnel only. All deposits and withdrawals from this account should be documented and witnessed by authorized personnel. It is recommended that this account be balanced at least monthly and that a periodic review of the Petty Cash account be made by someone other than the custodian of the account. This review should be documented by the date and initials of the person assigned that responsibility.

- **Money Storage and Transfer Procedures:** All monies collected by the Local Health Department and environmental leadership should be stored in a fireproof, locked drawer, safe or similar storage container during and after normal business hours, prior to depositing. Access to such containers should be limited. Typically, access will be restricted to the person or persons assigned to process the money and the Director or their delegate. Monies
needed to be transported from one location to another, such as from the local offices to a district shall be transported in a locked money bag or similar sealed conveyance. A pre-numbered receipts log should be developed that documents daily transactions and totals while funds are being held prior to deposit. This log can also serve as a verification tool when funds are transferred from person to person and during reconciliation (view example). Funds should be deposited as soon as practical. The Cabinet recommends that funds be held no longer than three business days; or five business days in the case of districts. Regular postal mail is discouraged as a means of transferring funds.

- **Tiered Handling Process:** Funds coming into the health department should be accounted for and verified before being passed from one person to another for processing, reconciliation or deposit as a form of checks and balances. A signed or initialed deposit slip along with total payment amount and pre-numbered receipts or applications should be used to track and document transfers of monies from one employee to another (view example). These records should be maintained for review by an authorized individual, the person delegated to review such transactions should not be a person involved in fee collection or reconciliation.

- **Environmentalists Handling Fees:** All agency personnel should be discouraged from accepting fees for service in the field whenever possible. All routine transactions should take place at the Local Health Department. In the event this is unavoidable, such as some Temporary Food Events, the Local Health Department should establish a system to assure fees are returned to the health department along with documented pre-numbered receipts or applications and stored in secured manner as described above as soon as reasonably practicable. Vendors prepaying should be encouraged to assure proper security and tracking of these funds.

- **Designated Receipt Requirements:** Issuance of pre-numbered receipts should be included in all fee transactions conducted for environmental programs. These requirements should include at minimum the person/company paying fee, type of payment, amount received, receipt number, person accepting payments and date. Local Health Departments may require additional information as needed. The permit application may suffice as the receipt provided the necessary information is included on the pre-numbered application and a copy is available for both the applicant and to the agency. For all other non-documented services, a pre-numbered receipt should be issued whenever monies are received.

- **Documentation of Monies Received:** Internal Control Measures should include measures to properly document and track payments received by the agency. This can be included as part of the Receipt Requirements but should at minimum allow for tracking of payments back to the specified permit and/or program code. For On Site Sewer fees, it is recommended that a separate
A log be created to track pertinent information including but not limited to customer name, site address, installer name, permit number, date, method of payment, receipt number, and person receiving payment. (view example). Other information may be included as deemed necessary by the agency.

- **Verification of Funds Through Cash Receipt Report:** Internal Control Procedures should include a monthly Cash Receipt Report that can be checked against the CDP Report 50 and EHMIS system. These reports serve to total all fees taken in by the Local Health Department each month and identify shortcomings or errors in funds received and those previously deposited. These reports should be monitored and reviewed by management and/or supervisors each month.

- **Deposit Guidelines:** Procedures including specific timelines, transport methods and responsible person should be created to insure all agency funds are properly deposited into local bank accounts. Deposits into the environmental holding account should be made at least every three business days for independent health departments and within one week for district health departments. The person tasked with making deposits should be different than the person collecting and processing fees. Records of deposits should be maintained by the agency and reviewed by authorized personnel.

- **Segregation of Duties:** All Internal Control Procedures should include a well-defined segregation of duties in order to prevent and discourage potential loss. This segregation is to assure that no one individual employee is a part of the fee process from time of collection, entry into the system, verification and deposit. The segregation of duties can include multiple individuals but should be designed to prohibit any manipulation of the fee handling process by any one or group of employees.

- **Refunds and Write Offs** The appointing authority or supervisor must approve all Requests for Refunds prior to completion. If the refund includes state fees that have already been processed, the agency must mail the completed “Request for Refund Form” to the Cabinet for processing of the refund. If the refund involves local money only, the “Request for Refund Form” is completed and signed off on by appointing authority or supervisor. This fee can then be backed out of the EHMIS system and include the reason for the reversal and with who authorized and completed it. A check should be issued from the local Environmental Holding Account if the refunded payment was received within the current month. All other refund checks would be issued from the agency’s General Operating Account if this payment was made in previous months.

- **Write-offs:** Writing off uncollectable debts should be completed on a regular basis to reflect current outstanding fees. The appointing authority or supervisor must approve all write off of bad debts. All write offs should be
completed in the EHMIS system to identify monies being written off according to the reason for the write-off. All refund and write off documentation should to be reported to the appointing authority and or supervisory staff each month for monitoring and review and maintained with other financial documentation.

- **Returned Checks:** Upon notification from the bank that you have a check returned due to insufficient funds notify management and/or the immediate supervisor to inform them of the situation. Upon their approval, document the check number, amount, name of customer and associated establishment or address. At that time, the check should be backed out of the EHMIS system. The appointing authority or supervisor should then contact the person issuing the check notifying them the check has been returned. If deemed appropriate by the health department, written notification can be used as means of notification however; notification should be completed in a timely manner.

- **Annual Audit:** In accordance with [902 KAR 8:165](#) Local Health Departments shall conduct an annual audit. Environmental fees and collection practices should be included in this audit in order to verify program fees and the effectiveness of the Internal Control Procedures. Upon completion, agency management and supervisors should review audit results to determine the effectiveness of fee collection and internal control procedures.
# Financial Management

**Table of Contents**

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

- **Introduction** .................................................................................................................. 1
- **Regulatory References** .................................................................................................. 1
- **Financial Planning and Budget Preparation** ................................................................. 1

## Accounting and Annual Audits

- Local Health Department Accounting and Auditing Requirements ............................ 2
- Local Health Department Audits ..................................................................................... 2

## Unrestricted Funds Balance Excess .................................................................................. 2

## Financial Reporting

- Employee Time Reporting ................................................................................................ 2
- Time Reporting .................................................................................................................. 3
- General Ledger .................................................................................................................. 3
- Indirect Cost Procedures .................................................................................................. 3

## Accounting System Organization .................................................................................. 4

- Payroll Related Expenditures ......................................................................................... 4
- Salaries .............................................................................................................................. 4
- Leave Pay .......................................................................................................................... 5
- Fringe Benefits .................................................................................................................. 5
- Non-Payroll Related Expenditures .................................................................................... 5
- Indirect Cost Rates and Allocation Procedures ............................................................... 6

## Request for Over-rides .................................................................................................... 7

## Accounts Receivable Write-Offs ....................................................................................... 7

## LHD Contracts .................................................................................................................. 8

- Contract Basics .................................................................................................................. 8
- Personal Service Contracts ............................................................................................... 9
- Submission of Proposed Contracts to DPH for Review ....................................................... 12
- Explanation of Contract Numbering System .................................................................... 14
- Independent and Employment Contracts ......................................................................... 14
- Employment Contracts .................................................................................................... 14
Independent Contracts ................................................................. 15
Third Party Billing .................................................................... 15
Board of Health Contracts ....................................................... 15
Review of Contracts .................................................................. 16
Technical Assistance .................................................................. 16
Internal Controls ........................................................................ 16
Chart of Accounts Balance Sheet/General Ledger ...................... 17
Local Health Department Chart of Accounts Cost Centers .......... 18
Local Health Department Chart of Accounts Expenditure Codes .......... 34
Narrative Description of Selected General Ledger/Minor Object Codes .......... 40
Local Health Department Chart of Accounts Function Codes ....... 42
Local Health Department Chart of Accounts Receipt Codes ........... 47
Local Health Department Identification Codes ......................... 50
Compliance Reviews ................................................................... 53
Purpose .................................................................................... 53
Clinic Medical Coding Review Procedure .................................... 53
Clinic Medical Coding Review Notification ................................... 53
Conducting the Clinic Medical Coding Review Conferences .......... 54
Fiscal Compliance Desk Review Procedure .................................. 54
Fiscal Compliance Desk Review Notification .................................. 54
Conducting the Fiscal Compliance Desk Review Exit Conference ....... 55
Fiscal Compliance Desk Review Written Reports .......................... 55

**OMB 2CFR Part 200 Subpart E (Cost Principles) – General Provisions**
FINANCIAL MANAGEMENT

The Department for Public Health (DPH) has established uniform procedures to be used by all Local Health Departments (LHDs).

LHDs must follow all provisions of this Administrative Reference. LHDs whose governing board of health is not appointed by the Cabinet for Health and Family Services (CHFS) must obtain a waiver from the DPH for any financial policies or procedures that are different from the provisions of this reference. All interpretations of the provisions of this reference shall be made by the DPH and such determinations shall be final and conclusive.

The DPH will conduct Compliance Reviews at least every two years for each LHD. See the description of the COMPLIANCE REVIEWS in this section.

Regulatory References

902 KAR 8:160 – Local Health Department Operations Requirements
902 KAR 8:165 – Local Health Department Accounting/Auditing Requirements
902 KAR 8:170 – Local Health Department Financial Management Requirements

The in-state and out-of-state travel reimbursements for mileage, lodging, and subsistence shall not exceed the Finance and Administration Cabinet’s official reimbursement travel rates. Travel regulations are maintained and updated on the Finance and Administration Cabinet’s website: eMARS and Accounting Support. Travel regulations (e.g., mileage reimbursement rate) may also be found on the DPH website: Local Health Departments Information Page.

Financial Planning And Budget Preparation

In accordance with 902 KAR 8:170, DPH, Division of Administration and Financial Management (AFM) will provide annual budget preparation instructions and training to the LHDs. LHDs must submit their budget and plans to AFM electronically.

902 KAR 8:170, Section 1, contains the definitions for the LHD financial management requirements. Sections 2 through 9 provide the requirements for the LHDs financial management.

DPH’s AFM, Local Health Budget Section is available to answer questions and provide technical assistance as needed.

LHDs will submit a 6-month projection by January 31st each year to AFM. An updated projection template will be available on the L drive each year by mid-December. Pursuant to 902 KAR 8:170 Section 2 (7) and (8) if the health department has a projected deficit a stabilization plan must be submitted with the projection outlining the steps that will be taken to remediate the projected deficit.
ACCOUNTING AND ANNUAL AUDITS

Local Health Department Accounting and Auditing Requirements

LHDs will adhere to the requirements outlined in Administrative Regulation 902 KAR 8:165.

Local Health Department Audits

Audits shall be in accordance with Section 2 of 902 KAR 8:165.

LHDs must solicit proposals for external accounting firms to conduct the annual audit and the OMB 2CFR Part 200 Subpart F portion of the audit, if required. A separate contract must be executed each year regardless if the price and scope of service is unchanged.

The auditor selection process shall follow the guidance provided in the Request for Proposal (RFP) template located at L:\LHDcontracts.

Adherence to the RFP template will ensure requirements are included and a defensible process is followed.

UNRESTRICTED FUNDS BALANCE EXCESS:

902 KAR 8:170, Local health department financial management requirements, states in Section 3 (3c): “The local health department accumulates an unrestricted fund balance, as of June 30 of a fiscal year, in excess of thirty (30) percent of that year's expenditures for non-fee programs plus forty (40) percent of that year's expenditures for fee for service programs, or $100,000, whichever is greater. The local health department shall submit, to the Department of Public Health, a written plan of use for the amount of the excess. If approved, the funds shall be placed into a local restricted fund to be used solely for the purpose(s) approved.”

FINANCIAL REPORTING

LHD financial reports are available to the DPH, AFM as follows:

Employee Time Reporting

A fiscal year to date American Standard Code for Information Interchange (ASCII) file of each employee’s paid hours by pay period is due 10 days after the ending of the last pay period in a month. The file should include the Ending Date, Health Department Identification Number (HID#), Employee ID#, Cost Center, and Function Codes.

Contact AFM, Budget Branch, for the specifications of the ASCII File.
Time Reporting

All employees, including personal services contractual employees, are to report hours worked, in no less than 15-minute increments, by Payroll Classification, Cost Center, and Function Code.

LHDs are to maintain an employee-leave accrual system, either manual or computerized. The system must maintain an accurate record of leave earned, leave used, and a current leave balance. Accrual is to be based on the rates provided by Administrative Regulation 902 KAR 8:120, Sections 2, 3, 4, 5, 20, and 21. The system should transfer any accumulated annual leave above the maximum allowable to the employee’s sick leave balance.

General Ledger

An ASCII file is due by the 10th of the following month. The file must include fiscal year to date balances and current month transaction totals by Period Ending Date, HID#, Cost Center, General Ledger, Minor Object, and Account Description.

Contact AFM for the specifications of the ASCII file.

Indirect Cost Procedures

All LHDs will use the following indirect cost procedures unless they are approved by their federal agency to use different procedures.

As stated in OMB 2CFR Part 200 Subpart E Cost Principles § 200.412 “There is no universal rule for classifying certain costs as either direct or indirect (F&A) under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the Federal award or other final cost objective. Therefore, it is essential that each item of cost incurred for the same purpose be treated consistently in like circumstances either as a direct or an indirect (F&A) cost in order to avoid possible double-charging of Federal awards.

Guidelines for determining direct and indirect (F&A) costs charged to Federal awards are provided in this subpart.” The general definition of direct cost included in OMB 2CFR Part 200 Subpart E §200.413 is: “Direct costs are those costs that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect (F&A) costs. See also §200.405 Allocable costs.”

The general definition of indirect cost included in OMB 2CFR Part 200 Subpart F Appendix VII “Indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned directly to
Federal awards and other activities as appropriate, indirect costs are those remaining to be allocated to benefitted cost objectives. A cost may not be allocated to a Federal award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to a Federal award as a direct cost.

**Accounting System Organization**

In keeping with the definitions of direct and indirect cost, and the requirements of **OMB 2CFR Part 200 Subpart E Cost Principles, Cost Allocation Plans and Indirect Cost Proposals**, the LHD accounting system is organized using Cost Centers to which direct costs associated with each Cost Center’s activities must be charged.

Costs for patient visits at non-school sites are first charged to the 700 Cost Center and are then allocated on a monthly basis to the 712, 800 – 813 Cost Centers using Medicare resource based relative value (RBRV) factors. Costs for patient visits provided at a school site are coded directly to cost center 858. Costs for clinic procedures that are provided by contracted providers at offsite locations are charged directly to the 712, 800 – 813 Cost Centers.

Costs for radiology, laboratory and pathology are first charged to the 718 Cost Center and are then allocated on a monthly basis to the 712, 800 – 813 Cost Centers. Costs for radiology, laboratory and pathology tests and procedures that are provided by contracted providers at offsite locations are charged directly to the 712, 800 – 813 Cost Centers.

There are seven indirect cost pools.

- 897 - Space
- 898 - Departmental (benefits all categories of direct service projects)
- 899 - Clinic (benefits only the 700 & 718 clinic operation Cost Centers)
- 900 - Other Medical (benefits only Medical projects)
- 901 - Environmental (benefits only Environmental projects)
- 902 - Other projects (benefits only Other projects)
- 903 - Home Health (benefits only Home Health Agency projects)

**Payroll Related Expenditures:**

**Salaries**

Accounting, budgeting, payroll, data processing, departmental management, personnel administration, and purchasing may often be performed by employees who also have substantial direct project activities. To properly reflect these circumstances, the accounting system does not permanently assign employees to any direct or indirect Cost Center, but allows each employee to charge payroll expense to any direct or indirect Cost Center that is appropriate for the activity being performed. To ensure consistency, the official budgetary process requires
the LHD Director to list the amount of time each employee will charge to each Direct Cost Center and Indirect Cost Center.

**Leave Pay**

Payroll expenditures for authorized types of leave pay for each employee are accumulated in the 895 Allocable Direct Reporting Area. 895 expenses are separated into seven accounts (Departmental, Environmental, Medical, Clinic, Home Health, Home Health On-Call, and Other) based on where the majority of the employees’ time is coded.

Year-to-date departmental leave pay expenditures are allocated to all Direct Cost Centers and to the Departmental Indirect Cost Center (898) according to the proportion of year-to-date salaries in each of these Cost Centers. Year-to-date environmental leave pay expenditures are allocated to each Direct Environmental Cost Center and to the Environmental Indirect Cost Center (901) according to the proportion of year-to-date environmental salaries in each of these Cost Centers. Year-to-date clinic leave pay expenditures are allocated to all Direct Clinic Cost Centers (700, 715, and 718) and to the Clinic Indirect Cost Center (899) according to the proportion of year-to-date salaries in each of these Cost Centers. Medical, Home Health, and other leave pay expenditures are allocated on a similar basis.

**Fringe Benefits**

Payroll related fringe benefit expenditures are accumulated in the 895 Allocable Direct Reporting Area. Year-to-date fringe benefit expenditures are allocated to all Cost Centers according to the proportion of year to date salaries and leave pay recorded in each Cost Center for full-time employees and according to the proportion of year-to-date salaries recorded in each Cost Center for part-time employees.

**Non-Payroll Related Expenditures**

The General Guidelines that may be used to determine if a non-payroll related expenditure that benefits more than one Cost Center should be charged indirectly or directly are as follows:

- Expenditures for items that will benefit two or three Cost Centers may be allocated to each Cost Center as a direct cost at the time the expenditure is made. The allocation should be based upon the planned usage of the items in each Cost Center as documented by the planned number of services requiring the item listed in the local departments approved service plans. Actual services provided in each Cost Center must be sufficient to validate the allocation amounts, or appropriate adjustments to the accounts must be made on a timely basis.

- Expenditures for items that benefit four or more Cost Centers may be charged to the appropriate Space, Departmental, Clinical, Medical, Home Health, Other, or Environmental Indirect Cost Center according to the Cost Centers benefited. However, if the expenditures can be readily allocated
Indirect Cost Rates and Allocation Procedures

Initially, all indirect cost rates are based on expenditure amounts included in each LHD’s approved annual budget.

- The Departmental indirect cost rate is determined by dividing the total expenditures in the Departmental Indirect Cost Pool (898) by the total direct Payroll Expenditures of the LHD.
- The Space indirect cost rate is determined by dividing the total expenditures in the Space Indirect Cost Pool (897) by the total square footage of health department facilities that are used for Direct Cost Center activities.
- The Clinical indirect cost rate is determined by dividing the total expenditures in the Clinical Indirect Cost Pool (899) by the total direct payroll expenditures of the Direct Clinical Cost Centers (700 & 718) of the LHD.
- The Medical indirect cost rate is determined by dividing the total expenditures in the Other Medical Indirect Cost Pool (900) by the total direct Payroll Expenditures of the direct Medical Cost Centers (700 – 859 and 878 – 879, 882 – 884 and 890) of the LHD.
- The Home Health indirect cost rate is determined by dividing the total expenditures in the Home Health Indirect Cost Pool (903) by the total direct Payroll Expenditures in the Direct Home Health Agency Cost Centers (860 – 869) of the LHD.
- The Other indirect cost rate is determined by dividing the total expenditures in the Other Indirect Cost Pool (902) by the total direct Payroll Expenditures in the other Direct Cost Centers (870 – 877, 880 – 881, and 885 - 889) of the LHD.
- The Environmental indirect cost rate is determined by dividing the total expenditures in the Environmental Indirect Cost Pool (901) by the total direct Payroll Expenditures of the Direct Environmental Cost Centers (500 –595) of the LHD.
- Allocation of indirect cost is made in the financial statements of LHDs based upon actual rates rather than on the budgeted rates determined above. Thus, each month, seven new year-to-date rates are computed using the procedures listed above. Then, year-to-date actual amounts of indirect cost are allocated to each applicable direct Cost Center from the seven indirect cost pools by use of the seven computed rates multiplied times the year-to-date direct Payroll Expenditures in each Cost Center.
- Only the Departmental indirect cost rate will be applied to Cost Centers that are established for DPH State level positions that are paid through LHDs.
REQUESTS FOR OVER-RIDING SERVICES IN PATIENT SERVICES REPORTING SYSTEM (PSRS/Bridge)

LHDs wanting to provide services at a different rate than what DPH has determined on the applicable PSRS Service File must submit a request to the Division of Administration and Financial Management (AFM) via the Local Health Operations (LHO) Branch.

The request must include the service(s)/code(s), requested rate(s), accompanied with a detailed explanation and validation of the request being made. LHDs are not to override charges unless they receive written approval from AFM or as specified in the “LHD Contracts” section of this document. The AFM Division Office will review requests and make a determination. Approved requests will expire annually on June 30. Further, all over-ride requests are subject to additional review and change at any time.

NOTE: Requests must be submitted by the LHD Director or staff person designated by the Director to the LHO Branch using the contact information above.

ACCOUNTS RECEIVABLE (A/R) WRITE-OFFS

Write-off procedures must follow the internal control policy for all programs or services that charge or generate fees. Appropriate audit trails must be maintained for all write-offs.

Specific to clinical services, the following write-off procedures are to be followed:

Payor Code 1 (Self-Pay)

Fees charged but not collected will be removed monthly from accounts receivable in the following manner:

- For accounts $10 or less and the date of service and account balance greater than 6 months the patient account will automatically be written off as a bad debt (via computerized program).
- For accounts over $10, date of service is over six months and the account balance over six months old, the bill is to be written off by the LHD within 30 days after it is deemed uncollectible.

Internal control procedures should be followed for the below payor codes:

Payor Code 2 (Medicaid)
Payor Code 3 (Medicare)
Payor Code 8 (Contract)
Payor Code 9 (Private/Commercial Insurance)
Payor Code 15 (Co-pay)

Outstanding balances should not go beyond a twelve month period of time to reduce liabilities and financial risks to the LHD.

An example of an internal control policy regarding receipts management and an aging report may be viewed on the LHD Information webpage under LHD Documents/LHD Budget.
LHD CONTRACTS

LHDs have the authority to contract for services not otherwise available (KRS 212.245). All funds of the LHD must be used for the operation of the health department. Contracts that fund the operation of programs in other agencies are not allowable. Further guidance is provided in 902 KAR 8:170.

Contract Basics:

- There are three factors necessary to create a contract: 1) an offer, 2) acceptance, and 3) consideration.
- When writing a contract, remember a central principle to contract law: any ambiguities or uncertainties will be resolved against the writer.
- For CH-52 contracts as related to Payor Code 8: LHDs have the option to contract with other public or private entities to provide needed health services, as funds are available. Billing/Payor Code 8 contracts should never be with an individual, unless the individual is the public or private entity. The CH-52 is the DPH provided standardized contract template to be used and completed annually each fiscal year. LHDs may negotiate service rates with the contractor; however, they should be treated as third party payors and the expectation would be they are charged at 100% of the cost of the service. Nominal or zero charges would not be acceptable if those same types of services are being provided to other clients of the LHD and the LHD is also billing for those with Medicaid eligibility. LHDs will need to assure the total (direct and indirect) costs of contracted services are covered. Federal funding should not be used to cover these contracted service costs.

Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreements (BAA) needs to be completed with the initial Billing/Payor Code 8 contract as applicable. BAAs would not need to be recreated each year unless there is a significant language change. Billing/Payor Code 8 contracts shall be completed prior to providing the needed health services agreed upon.

PSRS service files are reviewed annually and updates to CPT code rates (fees) are made during the 1st quarter of the calendar year. Rates will also be updated as needed following protocols established by the LHO Branch.

LHDs are allowed to over-ride rates and enter them in the charge (Chrg/Qty) field, if the negotiated rate is greater than the DPH service file assigned rate, without submitting a written request to over-ride charges to AFM. A rate is required for services rendered and an appropriate audit trail should be documented. Invoices shall not be setup as ZERO (“0”).

Considerations should be made when entering into Payor Code 8 contract agreements with correctional facilities for incarcerated individuals. KRS 441 provides information regarding the responsibility of jails to provide access to and payment for necessary care for prisoners. Negotiated rates should be no less than the KY Medicaid
**Physician’s Fee Schedule rates.** Federal, state and local funding should not be used to cover the cost of Payor Code 8 provided services.

Contractual agreements between CHFS departments and DPH allow for specific Hepatitis vaccinations to be provided to those contracted department’s First Aid Safety Team (FAST) designated employees. Contract codes will be established by DPH through Payor Code 8, services will be queried quarterly by DPH staff, electronic transfer payments will be made to LHD by DPH quarterly (listed as “state vaccinations”). LHDs should not direct bill the CHFS departments under these DPH contractual agreements.

DPH will mitigate agreements on behalf of LHDs to provide Hepatitis B vaccinations to firefighters approved through the KY Fire Commission. CH-52 contracts, with completed language, will be available for LHDs to complete with their agency-identifying information.

All Payor Code 8 contracts should be saved on the L drive. Any amendments and/or changes should also be saved on the L drive as a separate document.

**Personal Service Contracts:** Contracts for services of a professional or technical nature not available through the LHD merit system.

The two types of Personal Service Contracts:

**Payroll/Employment Contract (CH-51):** Under common-law rules, anyone who performs services is an employee if you can control what will be done and how it will be done. IRS requires employment tax withholding/reporting whether employee is paid via contract, master agreement, petty cash, or standard payroll system.

**Independent Contract (CH-53M):** All Personal Service Contracts that are not employment contracts. The general rule is that an individual is an independent contractor if the payer has the right to control or direct only the result of the work, not the means and methods of accomplishing the result. Since professionals, such as physicians, are always responsible for the means and methods of their practices, there are special rules used to determine the independent contractor status of professionals.

In drafting a contract, a decision shall be made concerning whether the provider of the service is an “independent contractor”. Refer to the Court of Appeals of Kentucky, now the Supreme Court of Kentucky, Courier Journal & Louisville Times Co. v. Akers, 175 S.W.2d 350, 352 (Ky. 1943) that:

“One who is engaged in a distinct occupation or business, using his own means or instrumentalities in the execution thereof, and agrees to perform service for another according to his own method and manner, free from direction and control of the principal in all matters relating to the performance of the work, except as to result, is an ‘independent contractor’.”
There is no single test to determine the proper classification of workers. According to the IRS, the classification depends on the occupation and the factual context in which the services are performed.

Over the years, the IRS and the courts have developed 20 common law factors to consider in determining the proper classification of a worker. The IRS has incorporated the 20 factors into a Form SS-8, which may be filed for a determination by the IRS of the proper classification. The 20 factors are following:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Employee Characteristics</th>
<th>Independent Contractor Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructions</strong></td>
<td>Worker must comply with employer's instructions on when, where, and how to work.</td>
<td>Worker is accountable to employer for results of services, but generally not the methods.</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Employer provides training.</td>
<td>Worker uses his/her own methods and/or obtains his/her own training.</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>The success of continuation of the employer's business depends significantly upon the performance of the worker's services.</td>
<td>The worker's services are incidental or secondary in the employer's business.</td>
</tr>
<tr>
<td><strong>Services Rendered Personally</strong></td>
<td>Worker must render the services personally.</td>
<td>Services may be performed by the worker or by an agent, employee, or subcontractor of the worker.</td>
</tr>
<tr>
<td><strong>Hiring, Supervising, and Paying Assistants</strong></td>
<td>Employer is responsible for hiring, supervising, and paying assistants for the worker.</td>
<td>Worker provides the labor for services and is responsible for hiring, supervising, and paying assistants.</td>
</tr>
<tr>
<td><strong>Continuing Relationship</strong></td>
<td>Relationship is continuous and/or frequently recurring.</td>
<td>Term of relationship is finite.</td>
</tr>
<tr>
<td><strong>Set Hours of Work</strong></td>
<td>Employer establishes set hours of work.</td>
<td>Worker determines hours of work.</td>
</tr>
<tr>
<td><strong>Full Time Required</strong></td>
<td>Worker must devote substantially full time to the employer</td>
<td>Worker is free to work when and for whom he/she chooses.</td>
</tr>
<tr>
<td>Factor</td>
<td>Employee Characteristics</td>
<td>Independent Contractor Characteristics</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Work on Employer Premises</strong></td>
<td>Work is performed on the premises of the employer and/or the employer dictates a designated route, territory, or location.</td>
<td>Work may be performed off the premises of the employer, such as at the worker's own home or place of business.</td>
</tr>
<tr>
<td><strong>Order or Sequence</strong></td>
<td>Worker must perform services in the order or sequence set by the employer.</td>
<td>Worker may determine the order or sequence of services.</td>
</tr>
<tr>
<td><strong>Oral or Written Reports</strong></td>
<td>Worker must submit regular or written reports to the employer.</td>
<td>Regular reports are not required - the worker is only accountable for final results.</td>
</tr>
<tr>
<td><strong>Payment by Hour, Week, or Month</strong></td>
<td>Worker is paid based on time incurred in performance of services.</td>
<td>Worker is paid by the job or on a commission.</td>
</tr>
<tr>
<td><strong>Payment of Business Expenses</strong></td>
<td>Employer pays the worker's business and/or travel expenses.</td>
<td>Worker is responsible for his/her own business and/or travel expenses.</td>
</tr>
<tr>
<td><strong>Furnishing of Tools and Materials</strong></td>
<td>Employer furnishes significant tools, materials, and/or equipment.</td>
<td>Worker furnishes significant tools, materials, and equipment.</td>
</tr>
<tr>
<td><strong>Significant Investment</strong></td>
<td>Worker is dependent on employer for facilities used in the performance of services.</td>
<td>Worker invests in facilities used in the performance of services that are not typically maintained by employees.</td>
</tr>
<tr>
<td><strong>Realization of Profit or Loss</strong></td>
<td>Worker is compensated for time/efforts and does not realize a profit or suffer a loss as a result of the services.</td>
<td>Worker can realize a profit or suffer a loss as a result of services.</td>
</tr>
<tr>
<td><strong>Multiple Employers</strong></td>
<td>Worker performs substantially all services for one employer.</td>
<td>Worker performs services for multiple employers at the same time.</td>
</tr>
<tr>
<td><strong>Marketing Services to the Public</strong></td>
<td>Worker performs services exclusively for employer, possibly subject to non-compete agreements, etc.</td>
<td>Worker consistently offers similar services to the public.</td>
</tr>
<tr>
<td>Factor</td>
<td>Employee Characteristics</td>
<td>Independent Contractor Characteristics</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Right to Discharge</td>
<td>Employer has the right to discharge the worker.</td>
<td>Worker cannot be discharged so long as he/she produces the results specified in the contract.</td>
</tr>
<tr>
<td>Right to Terminate</td>
<td>Worker has the right to terminate relationship without incurring liability.</td>
<td>Worker may be subject to penalties or other loss for premature termination of relationship.</td>
</tr>
</tbody>
</table>

Potential costs of challenges to worker classification are:
- Noncompliance with IRS, Medicare, or Social Security regulations may result in liabilities for employment taxes, penalties, and interest;
- Noncompliance with Fair Labor Standards Act, federal or state unemployment regulations may result in minimum wage, overtime, and unemployment claims;
- Noncompliance with merit system regulations may result in back payments for employee benefits;
- Noncompliance with Workers Compensation regulations may result in possible assumption of liabilities for workers’ job-related injuries, accidents, etc.;
- Noncompliance with federal and state unemployment laws may result in civil or criminal charges for violation of federal and state employment laws;
- Challenges of worker classification may result in litigation and settlement costs.

Employee Identification Code categories E1, G1, K1, K2, K3, K4,L1, L2, M1, M2, M3, M4, N1, N2, N4, N5, N6, N7, N8, N9, and S1 are used for payroll contractors.

Minor object codes including 200, 201, 202, 204, 205, 211, 215, 217, 218, 219, 220, 221, 222, 225, 227, 229, 240, 241, 242, 245, 250, 255, 260, 265 are used to identify independent contractors.

**Submission of Proposed Contracts to DPH for Program Review**

When submitting a contract to DPH for Program Review, [902 KAR 8:170](#), Section 7(10) states, “All local health contracts and amendments are subject to review by the Department for Public Health.”

Each proposed contract must be saved on the **L-drive**. **Requested information from each LHD contract must be entered** on the Excel LHD Contract Tracking
Spreadsheet for the fiscal year and saved to the L-drive, and the Department is to be contacted via e-mail to LHDContracts.ProgramReview@ky.gov.

- If the district/health department does not have access to the L-drive, contact the LHO Branch (LocalHealth.HelpDesk@ky.gov) for further instructions. DPH recommends all LHD staff working with LHD contracts have L-drive access.

- The proposed contracts are to be saved on the L-drive by May 15 each year, unless state budgeting issues necessitate a delay in this process, at which point DPH, AFM Division Office shall designate a later date. After saving all contracts to the L-drive, the LHD Director or designated LHD contract staff sends an announcement (notification) email to LHDContracts.ProgramReview@ky.gov. DPH program review staff will then know to begin the contract review process. A DPH program review cannot begin until the requested tracking spreadsheet is accurately completed by the LHD and saved to the L-drive.

- Contracts MUST be prepared on the Microsoft Word contract template file for:
  - CH-50 – Wildcard Associates
  - CH-51 – Personal Service/Employment Contract
  - CH-51(a) – Amendment
  - CH-52 – LHD Contract to Provide Services
  - CH-52(a) – Amendment
  - CH-53M – Personal Service/Independent Contract
  - CH-53M(a) – Amendment
  - CH-54 – LHD Audit Contract
  - CH-58 – Public Health Taxing District to Purchase Audit Services
  - School
  - Local Health Department Lease Agreement

If you have questions, call the LHO Branch at (502) 564-6663, Option 1

All proposed personal services contracts with individuals (not companies or corporations) will be evaluated by Local Health Personnel (LHP) Branch.

- If the contract is determined to be a full time employment contract and if the services are available through the LHD merit system, the LHD will be instructed to obtain the services through the LHD Merit System.
- If the services are not available through the LHD merit system, the contract may be reviewed by AFM, LHP Branch staff.

Content:

- All information requested on the contract template forms must be supplied, including the contract maximum amounts, by contract section.
- The description of services to be provided must be sufficiently detailed to clearly describe the specific duties and responsibilities of both parties. (For example, see Mammography Provider Requirements in the AR, Breast and Cervical Cancer Screening Program.)
- The terms of the contract must indicate whether the patient and/or other third-party payer may be billed by the contractor for any part of the services provided under the contract.
- Omissions will result in a contract(s) being returned to the LHD, which may delay the effective date of the contract(s).
- Contracts must reflect service standards pertinent to the delivery of services and consideration of available funds.

**Explanation of Contract Numbering System:**

For Independent and Employment Contracts:

- All contracts shall be numbered using the current fiscal year end, the Local Health Department Identification Codes (HID#), and the Patient Services Reporting System (PSRS) Class Identification Number in the space provided on the contract forms. The first two digits of the contract ID# represent the last two digits of the fiscal year end. For example, FY 19 would be designated 19. Digits 3 – 5 represent the HID#. A list of the HID#’s can be found at the end of the Contract Numbering System section.
- When saving/naming the computerized files, use current fiscal year number, the HID# and the PSRS Class Identification Number as the file name.
- Contracts will be returned for correction if the file numbering system is not utilized.

For Employment Contracts:

- Digits 6-7 represent the Employee class categories (MO) for payroll contract expenditures. General Classification Codes are listed in the PSRS.
- Digits 8-10 represent the individual portion of the Employee Class ID# (ID).
- Employee class ID# for each employment contractor must be assigned by the LHO Branch. Contact the LHO Branch at (502) 564-6663 to obtain this number.
- **Note:** It is an LHD Merit System guideline that part-time employees (less than 100 hours) cannot supervise.

<table>
<thead>
<tr>
<th>19</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>HID #</td>
</tr>
<tr>
<td>K1</td>
<td>Employee Provider Class No.</td>
</tr>
<tr>
<td>300</td>
<td>Individual number</td>
</tr>
</tbody>
</table>
For Independent Contracts:

- Digits 6-8 represent the minor object code for independent contracts.
- Digits 9-10 represent the individual portion of the Contract Class ID# (ID).
- Digits 6-10 are assigned by the LHO Branch. Contact the LHO Branch at (502) 564-6663, option 1 to obtain the number.
- For services that are to be entered in PSRS, only minor object codes from 201 to 260 may be used for this part of the contract number. Do not use the 301 to 315 minor object codes.
- For the contracts that do not involve services reported in the PSRS, any applicable minor object code may be used.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Fiscal year</td>
</tr>
<tr>
<td>000</td>
<td>HID #</td>
</tr>
<tr>
<td>260</td>
<td>Independent Contractor MOC</td>
</tr>
<tr>
<td>04</td>
<td>Individual number</td>
</tr>
</tbody>
</table>

**Third-Party Billing**

You must indicate on each contract section of the CH-53M if the contractor is authorized to bill third parties for all services included in the contract or section. This must correspond with the Y or N at the top of page of the contract. **There must be third party billing language for every contract number included in the lead contract.**

When the LHD is responsible for billing Medicaid for services provided under a CH-53M contract, it is required that a Medicaid Statement of Authorization (CH-55) for each medical provider be attached. The CH-55 template can be found on the L-drive.

*Please note: LHDs shall not contract with outside reference labs to bill any third parties on the lab’s behalf.*

**Board of Health Contracts**

If a contracting medical professional is a governing board of health member, then an automatic exception to the conflict of interest provision of the contract policies is made if the annual amount will not exceed $10,000. Contracts exceeding $10,000 must be approved by the Commissioner of the DPH before any payments will be processed.

If a contract is proposed with a governing board of health member for more than $10,000, a letter or justification indicating the necessity and rationale for contracting
with a board member must be submitted to the Commissioner of the DPH in conjunction with the proposed contract.

If an exception for such a contract has been previously granted and circumstances surrounding the need for the contract have not changed, a letter indicating this situation is all that is necessary.

**Review of Contracts**

*Once the LHD notifies [DPH](mailto:DPH) that ALL of their contracts are saved to the [L-Drive](mailto:L-Drive), communication from that point will be between the [DPH program reviewer](mailto:DPH program reviewer) and the [LHD](mailto:LHD). It is important to ensure the [LHO Branch](mailto:LHO Branch) is copied on all the email communication.*

*Once the LHD has completed the required information on the contract tracking spreadsheet, the LHO Branch will assist with keeping the status of the contract tracking spreadsheet updated. Status updates will be based solely on the email communication between the DPH program reviewer and the LHD.*

*The LHD will use the email correspondence from DPH program review staff, the contract tracking spreadsheet saved to the L: drive and appended contract file names (NR, FINAL) to determine review status of contracts.*

**Technical Assistance**

Address questions or concerns regarding these LHD contract review procedures by email to the [LHO Branch](mailto:LHO Branch) or by calling (502) 564-6663, Option 1.

**INTERNAL CONTROLS**

Internal controls are a management tool to provide assurance that organization funds and assets are being controlled and used for the purposes intended. Internal control procedures are necessary to demonstrate that due diligence has been addressed in managing the affairs of any LHD. Smaller organizations have a higher risk due to a lesser ability to distribute duties.

*902 KAR 8:165*, Section 3, governs Internal Control Procedures, and Section 4 addresses Incorporation by Reference. For assistance in the development of LHD Internal Controls Program Guidelines, visit the [LHD Information webpage](mailto:LHD Information webpage): LHD Documents subheading, LHD Budget section.
**CHART OF ACCOUNTS - BALANCE SHEET/GENERAL LEDGER**

**Assets**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>104</td>
<td>Local Bank</td>
</tr>
<tr>
<td>106</td>
<td>Petty Cash</td>
</tr>
<tr>
<td>107</td>
<td>Money Market</td>
</tr>
<tr>
<td>111</td>
<td>Time and Certificates of Deposit</td>
</tr>
<tr>
<td>116</td>
<td>Passbook Savings Account</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>140</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>14002</td>
<td>Passport</td>
</tr>
<tr>
<td>140501</td>
<td>Anthem</td>
</tr>
<tr>
<td>140601</td>
<td>Aetna / Coventry</td>
</tr>
<tr>
<td>140701</td>
<td>KY Spirit</td>
</tr>
<tr>
<td>140801</td>
<td>Wellcare</td>
</tr>
<tr>
<td>140901</td>
<td>Humana</td>
</tr>
<tr>
<td>141</td>
<td>Notes Payable</td>
</tr>
<tr>
<td>142</td>
<td>Federal Income Tax Withheld</td>
</tr>
<tr>
<td>143</td>
<td>State Income Tax Withheld</td>
</tr>
<tr>
<td>144</td>
<td>Social Security Tax Withheld</td>
</tr>
<tr>
<td>145</td>
<td>Health and Dental Insurance Deductions</td>
</tr>
<tr>
<td>146</td>
<td>Credit Union Deductions</td>
</tr>
<tr>
<td>147</td>
<td>Life Insurance Deductions</td>
</tr>
<tr>
<td>148</td>
<td>City Tax Withheld</td>
</tr>
<tr>
<td>149</td>
<td>County Tax Withheld</td>
</tr>
<tr>
<td>150</td>
<td>Retirement Withheld</td>
</tr>
<tr>
<td>151</td>
<td>Refundable Safety Seat Deposits</td>
</tr>
<tr>
<td>152</td>
<td>Deferred Compensation</td>
</tr>
<tr>
<td>153</td>
<td>Retirement Loan Deductions</td>
</tr>
<tr>
<td>154</td>
<td>Flexible Spending Accounts</td>
</tr>
<tr>
<td>159</td>
<td>Other Deductions/ Withholdings</td>
</tr>
</tbody>
</table>

**Fund Balance**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>171</td>
<td>Undesignated – (Unrestricted) Fund Balance (Account for Local Restricted Fund Balance)</td>
</tr>
<tr>
<td>172</td>
<td>Restricted Fund Balance – State</td>
</tr>
<tr>
<td>173</td>
<td>Restricted Fund Balance – Federal</td>
</tr>
<tr>
<td>174</td>
<td>Restricted Fund Balance – Fees</td>
</tr>
</tbody>
</table>
* Necessary Minor Object Codes within each balance sheet account may be established at the discretion of each LHD.

* Unrestricted and Restricted Fund Balance Minor Object Codes are the Cost Center codes of the restricted funds.

LOCAL HEALTH DEPARTMENT - CHART OF ACCOUNTS

COST CENTERS

DPH Program Descriptions include DPH program staff contacts, and scope of work. These are available on the L-Drive (L:\LHDBudgets\Program Descriptions).

NOTE: If user access to the L-Drive is needed, submit an L-Drive security request form to the LHO Branch following procedures outlined in the AR, LHO Section.

500 FOOD – Used to charge all allowable direct expenditures made for the programs defined by the Division of Public Health Protection and Safety (PHPS) that are included in this Cost Center. (Limited Food Concessions, Temporary Food Service Establishments, Food Service Establishments, Vending Machine Companies, Retail Food Establishments, Bed & Breakfast, Food-borne Diseases, Retail Food Stores, Produce and Farmers Market, Food Handlers, Food Managers, Food Processing or Storage Establishments, Frozen Food Lockers, Raw Agriculture Sump., Drugs Quarantine)

520 PUBLIC FACILITIES – Used to charge all allowable direct expenditures made for the programs defined by the Division of Public Health Protection and Safety that are included in this Cost Center. (Hotels or Motels, Boarding Homes, Mobile Home/Recreational Vehicle Parks, Public Buildings/Recreation Facilities, Tattoo Studios, Schools, Septic Tank Cleaning Vehicles, Septic Tank Disposal Sites, Ear Piercing, Body Piercing, Confinement Facilities, Youth Camps, Lead, Swimming Pools General, Private Swimming Pools, Swimming Areas, Beaches)

540 GENERAL SANITATION – Used to charge all allowable direct expenditures made for the programs defined by the Division of Public Health Protection and Safety that are included in this Cost Center. (Private Water, Nuisance Control, Grass and Weeds, Housing, Vectors, Mosquito Control, Birds, Insects, Rodent Control, Rabies)

560 ON-SITE SEWAGE – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description. (Electrical Permits, Onsite Sewage Disposal, Wetland Testing, Private Sewage)

580 RADIATION AND PRODUCT SAFETY – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or
program description. (Consumer Product Safety, Toxic Substances, Radiation Control, Radon, Tanning Bed/Booth Facility)

590 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

591 RADON – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

592 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

593 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

594 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

595 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

598 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

599 SPECIAL PROJECT (ENVIRONMENTAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

700 ALL PREVENTIVE – PRES/PROB VISITS – All allowable expenditures (provider-related only and only to the extent included in the Medicare RBRV determination) made to provide the following are directly charged to this Cost Center: Patient Evaluation and Management Services, Surgery and Medicine procedures as defined by the American Medical Association Physicians Current Procedural Terminology (CPT) edition. Also includes authorized Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II procedures and authorized HCPCS Level III procedures. Health Department Procedural Terminology (HDPT) services and procedures are also included.

Providers are physicians, mid-level practitioners, nurses, nutritionists, social workers acting as health educators, and therapists. Other staff are included as providers for time spent rendering services that are reportable in the PSRS. Examples of reportable services by support staff include safety seat loans or food instrument issuance.
Expenditures that are charged to minor objects 302 – 315 and 205 are excluded and should be charged directly to the applicable 800 – 817 Cost Center. Expenditures for clinical training benefitting a single Cost Center are excluded and should be charged directly to the applicable 800 – 817 Cost Center. Only anonymous AIDS/HIV services are excluded and should be charged directly to 842. No revenue should be coded to this cost center.

**712 DENTAL SERVICES** – All direct expenditures made to provide dental visits either in-house or contracted.

**715 PHARMACY DRUGS** – All direct expenditures made to operate a licensed pharmacy in the health department.

**718 LAB/TESTING/RADIOLOGY** – All expenditures related to the processing of Radiology/Pathology/Laboratory tests in a health department. This includes expenditures for both the technical and professional components of Radiology/Pathology/Laboratory tests provided by outside laboratories and professionals. Expenditures for independent contractors in minor object codes 302 –315 and for environmental laboratory tests are excluded. Expenditures for Rad/Path/Lab training that benefits a single Cost Center are excluded and should be charged directly to the applicable 800 – 817 Cost Center. No revenue should be coded to this cost center.

**722 ASTHMA EDUCATION** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**723 OSTEOPOROSIS PREVENTION & EDUCATION** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**724 SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**725 KWCSP PINK COUNTY OUTREACH** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**726 ZIKA PREPAREDNESS AND RESPONSE** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**727 NEEDLE EXCHANGE PROGRAM** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.
728 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

729 VECTOR SURVEILLANCE – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

730 BREAST CANCER RESEARCH & EDUCATION TRUST FUND – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

731 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

732 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

733 PUBLIC HEALTH DENTAL HYGIENE PROGRAM – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

734 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

735 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

736 COMMUNITY HEALTH ACTION TEAMS (CHAT) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

737 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

738 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

739 WORKSITE WELLNESS – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

740 COORDINATED SCHOOL HEALTH – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.
741 PASSPORT REFERRALS - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

742 ENVIROHEALTHLINK - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

743 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

744 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

745 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

746 ENVIRONMENTAL STRIKE TEAM DEVELOPMENT - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

747 KHREF - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

748 IEP STUDENT SCHOOL CONTRACT - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

749 REGIONAL EPIDEMIOLOGIST HAI ACTIVITIES - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

750 ACCREDITATION - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

751 HIV INVESTIGATIONS - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

752 HANDS GENERAL FUND (GF) SERVICES - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

753 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

754 HANDS GF TA, QA & TRAINING - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.
755 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

756 PREP - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

757 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

758 Go365 - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

759 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

760 HANDS FEDERAL MI/CHV (FORMULA) FUNDING FOR HOME VISITING SERVICES - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

761 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

762 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

763 ENVIRONMENTAL STRIKE TEAM TRAINING – SPRINT CUP - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

764 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

765 TOBACCO PROGRAM FEDERAL FUNDS - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

766 MCH COORDINATOR - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

767 SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.
768 **SPECIAL PROJECT (MEDICAL)** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

769 **SPECIAL PROJECT (MEDICAL)** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

770 **SPECIAL PROJECT (MEDICAL)** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

771 **PHEP SPECIAL PROJECTS** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

772 **HEALTH BENEFIT EXCHANGE IN-PERSON ASSISTER PROGRAM** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

773 **LAB SUSCEPTIBILITY DATA** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

774 **CHILD FATALITY REVIEW & INJURY PREVENTION** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

775 **SPECIAL PROJECT (MEDICAL)** - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

800 **PEDIATRIC/adolescent services & out/follow** – Expenditures made for group activities reported in the Patient Services Supplemental Reporting System; reportable disease activities; identification, prevention, and control of outbreaks and epidemics including rapid response activities; training and assistance; and management of these activities are directly charged to this Cost Center. Also includes expenditures for prescription drugs from pharmacies (minor object code 358). (Excludes activities specifically listed in Cost Centers 802 – 809.)

All expenditures made to provide pediatric/adolescent personal health and Radiology/Pathology/Laboratory services will be allocated to this Cost Center from the 700 and 718 Cost Centers.

801 **CHILDHOOD IMMUNIZATION** – Expenditures made to provide non-personal health Community Immunization Services as required in the annual Immunization grant application to the Federal Centers for Disease Control and Prevention.
802 FAMILY PLANNING SERVICES & OTHER SERVICES/ACTIVITIES – Expenditures made for Family Planning group activities reported in the Patient Services Supplemental Reporting System; training and assistance; and management of these activities will be directly charged to this Cost Center. Also, anesthesia (minor object code 205), sterilization expenditures (minor object code 312), and contraceptives (minor object code 362) will be directly charged to this Cost Center.

All expenditures made to provide Family Planning Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.

803 MATERNITY SERVICES & OTHER SERVICES/ACTIVITIES – Expenditures for maternity classes and their management will be directly charged to this Cost Center. Also, expenditures for anesthesia (minor object 205), delivery and related services (minor object 303), and newborn assessment/circumcision services (minor object 306) will be directly charged to this Cost Center.

All expenditures made to provide Maternity Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.

804 WIC VISITS & OTHER ACTIVITIES – Expenditures for WIC vendor related activities, group nutrition and breast-feeding counseling, and other WIC activities not related to individual patient visits will be directly charged to this Cost Center.

All expenditures made to provide WIC screening, enrollment, certification visits, food instrument issuance/electronic benefit transfer (EBT), personal nutrition education, and personal breast-feeding education services and lab tests associated with these visits will be allocated to this Cost Center from the 700 and 718 Cost Centers.

805 NUTRITION – Expenditures for group activities reported in the Patient Services Supplemental Reporting System; training and assistance; and management of these activities will be directly charged to this Cost Center.

All expenditures made to provide personal nutrition counseling services will be allocated to this Cost Center from the 700 and 718 Cost Centers.

806 TUBERCULOSIS (TB) VISITS & OTHER ACTIVITIES – Expenditures for TB reportable disease activities; identification, prevention and control of outbreaks and epidemics; TB group activities reported in the Patient Services Supplemental Reporting System; training and assistance; and management of these activities will be directly charged to this Cost Center.

All expenditures made to provide TB Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.
SEXUALLY TRANSMITTED DISEASE (STD) VISITS & OTHER ACTIVITIES – Expenditures for STD reportable disease activities; identification, prevention and control of outbreaks and epidemics; STD group activities reported in the Patient Services Supplemental Reporting System; training and assistance; and management of these activities will be directly charged to this Cost Center.

All expenditures made to provide STD Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.

SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

DIABETES – Expenditures for diabetes group activities reported in the Patient Services Supplemental Reporting System, CATALYST or DiaWEB; training and assistance; approved community diabetes activities, and management of these activities will be directly charged to this Cost Center.

All expenditures made to provide Diabetes Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.

ADULT SERVICES & FOLLOW CARE – Expenditures made for Adult group activities reported in the Patient Services Supplemental Reporting System; reportable disease activities; identification, prevention and control of outbreaks; training and assistance; and management of these activities will be directly charged to this Cost Center. (Excludes activities specifically listed in Cost Centers 802 – 809 and 811 – 813.)

All expenditures made to provide adult personal health and radiology/pathology/laboratory services will be allocated to this cost center from the 700 and 718 Cost Centers.

LEAD SERVICES – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

SPECIAL PROJECT (MEDICAL) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

BREAST AND CERVICAL CANCER – Expenditures for Breast and Cervical Cancer group activities reported in the Patient Services Supplemental Reporting System; training and assistance; and management of these activities will be directly charged to this Cost Center. Also, expenditures for mammogram follow-up services (minor object code 304), pap smear follow-up services (minor object code 305), and initial mammogram services (minor object code 308), will be directly charged to this Cost Center.
All expenditures made to provide Breast and Cervical Cancer Personal Health Services and Radiology/Pathology/Laboratory will be allocated to this Cost Center from the 700 and 718 Cost Centers.

814 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

815 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

816 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

817 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

818 **COMMUNITY** – Expenditures for approved community based activities for Pediatrics/Adolescents; Family Planning including CBEI and Special Initiatives; Maternity; Medical Nutrition; Adult Services; Dental; School Health; and the training, planning and management of these activities will be directly charged to this Cost Center.

821 **BIO-FOCUS A - PREPAREDNESS COORDINATION:** Preparedness Planning and Readiness Assessment - Preparation of the local and regional preparedness plans for bioterrorism, other outbreaks of infectious disease, and response to other public health emergencies.

822 **BIO-FOCUS B - EPIDEMIOLOGY/SURVEILLANCE:** Surveillance and Epidemiology Capacity - LHDs design, enhance, and develop systems for detection and response to bioterrorism and other outbreaks through the establishment of epidemiological capacity to investigate and mitigate such outbreaks.

823 **BIO-FOCUS E - MEDICAL RESERVE CORP:** Health Alert Network/Communications and Information Technology - Enable LHDs to establish and maintain a network for exchange of key information, training and the insurance of protection of data to respond to bioterrorism and other public health emergencies.

824 **BIO-FOCUS F - EXERCISE & TRAINING:** Communicating Health Risks and Health Information Dissemination - Ensure that state and local public health organizations develop capacity for timely information dissemination on bioterrorism activities and other public health emergencies.

825 **BIO-FOCUS G - TRAINING COORDINATION:** Education and Training - Assessment of training needs of key personnel including infectious disease
specialists, emergency personnel and other healthcare providers to ensure preparedness for responses to bioterrorism and other public health emergencies.

826 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

827 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

828 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

829 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

830 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

831 SPECIAL PROJECT (MEDICAL) – Cost Center reserved for local special project that does not have a personal health component.

832 HEART DISEASE & STROKE – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

833 BREAST-FEEDING REGIONAL COORDINATORS (WIC) – All expenditures for specified breastfeeding Regional Coordinators in agencies designated by the WIC State Office will be charged to this Cost Center. The expenditures will be for breastfeeding promotion activities to increase the breastfeeding rate. Expenditures will not be for direct one-on-one services to WIC participants.

834 SPECIAL PROJECT (MEDICAL) – Cost Center reserved for local special project that does not have a personal health component.

835 SPECIAL PROJECT (MEDICAL) – Cost Center reserved for local special project that does not have a personal health component.

836 TOBACCO – All expenditures made for a tobacco education/consultation program (community) that does not have a personal health component.

837 ABSTINENCE – All expenditures made for an abstinence education/consultation program (community) that does not have a personal health component.

838 SPECIAL PROJECT (MEDICAL) – Cost Center reserved for local special project that does not have a personal health component.
839 **SPECIAL PROJECT (MEDICAL)** – Cost Center reserved for local special project that does not have a personal health component.

840 **SPECIAL PROJECT (MEDICAL)** – Cost Center reserved for local special project that does not have a personal health component.

841 **FEDERAL DIABETES TODAY** - All expenditures made for Diabetes Today activities as defined by the federal funding source and/or program description.

842 **HIV COUNSELING AND TESTING SERVICES** – All expenditures made to provide anonymous HIV counseling services and related lab tests will be directly charged to this Cost Center.

843 **HIV PREVENTION AND PLANNING** – All expenditures made for an HIV Prevention and Planning project as defined by the Division of Epidemiology and Health Planning (EPI).

844 **STATE CARE COORDINATOR AND CONSORTIA** - All expenditures made for a State Care Coordinator or Consortia project as defined by the funding source and/or program description.

845 **RYAN WHITE SERVICES** – All expenditures made for a Ryan White Services project as defined by the funding source and/or program description..

846 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

847 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

848 **HEALTHY START IN CHILD CARE** – All expenditures made for a Healthy Start in Child Care project as defined by the funding source and/or program description.

849 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

850 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

851 **SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

852 **SPECIAL PROJECT (MEDICAL)** – All expenditures made for a Resource Persons project as defined by the funding source and/or program description..
853 HANDS – All expenditures made for a HANDS project as defined by the funding source and/or program description and the Department for Medicaid Services.

854 WIC FIELD STAFF – All expenditures made for a WIC field staff project as defined by the state WIC office and/or program description.

855 SPECIAL PROJECT (MEDICAL) – All expenditures made for this project as defined by the funding source and/or program description.

856 ARTHRITIS – Expenditures for group activities reported in the Patient Services Supplemental Reporting System. Training, assistance; and management of these activities will be directly charged to this Cost Center.

857 PHYSICAL ACTIVITY – Expenditures for group activities reported in the PSRS. Training, assistance; and management of these activities will be directly charged to this Cost Center.

858 SUPPLEMENTAL SCHOOL HEALTH – All expenditures made in schools or school associated centers for group activities reported in the Patient Services Supplemental Reporting System and for school activities that are not included in other projects.

859 SPECIAL PROJECT (MEDICAL) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

860 SPECIAL PROJECT (HOME HEALTH) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

861 HOME HEALTH – All expenditures made for this project as defined by Medicare and Medicaid.

862 SPECIAL PROJECT (HOME HEALTH) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

863 HOME HEALTH SERVICES FOR THE MEDICALLY INDIGENT – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

864 HOME HEALTH HIGH RISK INFANT ASSESSMENT – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

865 HOME HEALTH EPSDT – All expenditures made for this project as defined by the Department for Medicaid Services.

866 SPECIAL PROJECT (HOME HEALTH) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source.
**867 SPECIAL PROJECT (HOME HEALTH)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**868 HOME AND COMMUNITY WAIVER SERVICES** – All expenditures made for this project as defined by the Medicaid Home and Community Based Service Waiver Program Manual.

**869 HOSPICE** – All expenditures made for this project as defined by Medicare and Medicaid regulations.

**870 SPECIAL PROJECT (OTHER)** – All expenditures made for this project as defined by the funding source and/or program description.

**871 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**872 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**873 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**874 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**875 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**876 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**877 SPECIAL PROJECT (OTHER)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**878 SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

**879 SPECIAL PROJECT (MEDICAL)** – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.
880 SPECIAL PROJECT (OTHER) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

881 SPECIAL PROJECT (OTHER) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

882 SPECIAL PROJECT (MEDICAL) – All expenditures made to provide non-clinical services under Medicaid Managed Care partnership contracts.

883 SPECIAL PROJECT (MEDICAL) – All expenditures made for EPSDT verbal notification/outreach activities as defined in the Memorandum of Agreement between the Department for Medicaid Services and the DPH.

884 SPECIAL PROJECT (MEDICAL) – All expenditures made for this project as defined by Passport Regional Medicaid Managed Care.

885 SPECIAL PROJECT (OTHER) - Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

886 SPECIAL PROJECT (OTHER) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

887 SPECIAL PROJECT (OTHER) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

888 SPECIAL PROJECT (OTHER) - All expenditures made for this project as defined by the AFM’s Local Health Budget Section.

889 SPECIAL PROJECT (OTHER) – Used to charge all allowable direct expenditures made for this Cost Center as defined by the funding source and/or program description.

890 CORE PUBLIC HEALTH ASSESSMENT AND POLICY DEVELOPMENT- All expenditures made for vital records, identification of community risk, analysis of health trends, and other Core Public Health Assessment activities not included in another Cost Center. Also includes community based assessment and planning, modification of state and federal initiatives, information sharing, disaster plans and evaluation, and other Core Public Health Policy Development activities not included in another Cost Center.

891 DPH PREVENTIVE MEDICAID MATCH – All expenditures made are invoiced by AFM.
892 **MINOR RESTRICTED** – Used for expenditures (excluding salaries and fringe benefits) made for minor items not chargeable elsewhere.

893 **EXPENDITURES FOR OTHER HEALTH DEPARTMENTS** – All expenditures made by one LHD for services provided at another LHD.

894 **CAPITAL** – All capital expenditures that do not have specific restricted funding.

895 **ALLOCABLE DIRECT** – Used as a suspense fund for close-out receipts, leave pay, fringe benefits, and other authorized items to include Preventive, Environmental, and State Unrestricted.

897 **SPACE COSTS** – All indirect expenditures made for space occupancy purposes that are allocated on a square footage basis. No revenue should be coded to this cost center.

898 **DEPARTMENT INDIRECT** – All indirect expenditures made that benefit environmental, medical, home health, and other Direct Cost Centers. No revenue should be coded to this cost center.

899 **CLINIC INDIRECT** – All expenditures made for clinic scheduling, medical records, medical reception, medical service reporting, clinic supervision, and medical billing/accounts receivable activities that benefit the 700, 715, and 718 Cost Centers. May include general clinic training, general continuing education, or attendance at general purpose conferences for providers or support staff. No revenue should be coded to this cost center.

900 **OTHER MEDICAL INDIRECT** – All indirect expenditures that benefit the direct medical Cost Centers (700 – 859, 878 – 879, 882 – 884, and 890). May include general medical training, general continuing education, or attendance at general purpose conferences for providers or support staff. No revenue should be coded to this cost center.

901 **ENVIRONMENTAL INDIRECT** – All indirect expenditures that benefit the direct environmental Cost Centers (500 – 595). No revenue should be coded to this cost center.

902 **OTHER INDIRECT** – All indirect expenditures that benefit the OTHER activities’ Cost Centers (870 – 877, 880 – 881, and 885 - 889). No revenue should be coded to this cost center.

903 **HOME HEALTH INDIRECT** – All expenditures made for the Direct Home Health Cost Centers’ medical records, reception, service-reporting, and billing/accounts receivable activities (860-869). Also includes any other indirect expenditures that benefit the Direct Home Health Cost Centers. No revenue should be coded to this cost center.
## LOCAL HEALTH DEPARTMENT - CHART OF ACCOUNTS

### EXPENDITURE CODES

<table>
<thead>
<tr>
<th>GENERAL</th>
<th>MINOR</th>
<th>LEDGER</th>
<th>OBJECT</th>
<th>ACCOUNT</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>General</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Minor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ledger</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Object</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>571</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
<td><strong>Full Time Employees Salaries &amp; Leave</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>160</td>
<td>Salaries – Full Time &amp; PT 100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>165</td>
<td>Departmental Leave Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>168</td>
<td>Environmental Leave Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>170</td>
<td>Clinic Leave Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>175</td>
<td>Medical Leave Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>178</td>
<td>Home Health On-Call Leave Pay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>179</td>
<td>Other Leave Pay</td>
</tr>
<tr>
<td>572</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
<td><strong>Personal Service Contract and Part-Time Employees Salaries and Wages</strong></td>
</tr>
<tr>
<td>573</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>180</td>
<td>Fringe Benefits Expenditures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>181</td>
<td>Combined for Allocation Purposes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>182</td>
<td>FICA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>183</td>
<td>Life Insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>184</td>
<td>Hospitalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>185</td>
<td>H.M.O. (Health Maintenance Organization)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>186</td>
<td>KERS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>187</td>
<td>Unemployment Insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>188</td>
<td>Dental</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>189</td>
<td>Workmen’s Compensation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Flexible Benefits</td>
</tr>
<tr>
<td>575</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Independent Contract Expenditures for Medical and Environmental Services</td>
</tr>
</tbody>
</table>
### Provider Service Type Accounts

*(Use only if Specific Service Type Accounts are not available.)*

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 &amp; 201</td>
<td></td>
<td>Physician Services (not included in another account)</td>
</tr>
<tr>
<td>202</td>
<td></td>
<td>Board Certified Obstetrician/Gynecologist Services</td>
</tr>
<tr>
<td>204</td>
<td></td>
<td>Ophthalmologist/Optometrist</td>
</tr>
<tr>
<td>205</td>
<td></td>
<td>Anesthesiologist Services</td>
</tr>
<tr>
<td>211</td>
<td></td>
<td>Dentist Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>215</td>
<td></td>
<td>Nurse Practitioner, Nurse Midwife and Physician Assistant Services</td>
</tr>
<tr>
<td>217</td>
<td></td>
<td>Other Nurses Services</td>
</tr>
<tr>
<td>218</td>
<td></td>
<td>Social Worker Services/Health Educator</td>
</tr>
<tr>
<td>219</td>
<td></td>
<td>Nutritionist Services/Registered Dietician</td>
</tr>
<tr>
<td>220</td>
<td></td>
<td>Physical Therapist Services</td>
</tr>
<tr>
<td>221</td>
<td></td>
<td>Speech Therapist Services</td>
</tr>
<tr>
<td>222</td>
<td></td>
<td>Occupational Therapist Services</td>
</tr>
<tr>
<td>225</td>
<td></td>
<td>Other Therapist Services, Developmental Interventionist</td>
</tr>
<tr>
<td>227</td>
<td></td>
<td>Audiologist Services</td>
</tr>
<tr>
<td>229</td>
<td></td>
<td>Laboratory Technician/Medical Assistant</td>
</tr>
<tr>
<td>230</td>
<td></td>
<td>Inpatient/Observation Hospital Services</td>
</tr>
<tr>
<td>240</td>
<td></td>
<td>Physical Therapist Assistant</td>
</tr>
<tr>
<td>241</td>
<td></td>
<td>Speech Therapist Assistant</td>
</tr>
<tr>
<td>242</td>
<td></td>
<td>Occupation Therapist Assistant</td>
</tr>
<tr>
<td>245</td>
<td></td>
<td>X-Ray/Other Testing Services</td>
</tr>
<tr>
<td>250</td>
<td></td>
<td>Laboratory Services</td>
</tr>
</tbody>
</table>
255 Environmentalist Services
260 Outpatient Procedures/Other Provider of Health Services
265 Medical Support - Clerk
270 District Coordinating Agency, Lead Agency, Program Transfer Services

**Specific Service Type Accounts**

*(See Clinic or Radiology/Laboratory/Pathology Service Plan for Services that are charged to each account.)*

303 Physician Delivery and Related Services
(All general practitioners and specialists except Anesthesiologists.)

304 Mammogram Follow-up (All professionals and provider agencies.)

305 Pap-Smear Follow-up (All professionals and provider agencies.)

306 Newborn Assessment Services (All professionals and provider agencies.)

308 Initial Mammogram Services (All professionals and provider agencies.)

309 Ultrasound Services (All professionals and provider agencies.)

310 Inpatients Hospital Services

311 Observation Hospital Services

312 Sterilization Services (All professionals and provider agencies.)

315 Patient Prenatal Classes (All professionals and provider agencies.)

577 **Travel Expenditures**

326 In State

327 Out of State

328 Board Members
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>329</td>
<td>Advisory Committee</td>
</tr>
<tr>
<td>330</td>
<td>Volunteer Travel</td>
</tr>
<tr>
<td>580</td>
<td><strong>Space Occupancy Expenditures</strong></td>
</tr>
<tr>
<td>331</td>
<td>Rent</td>
</tr>
<tr>
<td>332</td>
<td>Utilities</td>
</tr>
<tr>
<td>333</td>
<td>Janitorial Supplies</td>
</tr>
<tr>
<td>334</td>
<td>Property Insurance</td>
</tr>
<tr>
<td>335</td>
<td>Building Maintenance and Repair</td>
</tr>
<tr>
<td>336</td>
<td>Janitorial and Lawn Care Services</td>
</tr>
<tr>
<td>581</td>
<td><strong>Office Operating Expenditures</strong></td>
</tr>
<tr>
<td>340</td>
<td>Printing and Duplicating</td>
</tr>
<tr>
<td>341</td>
<td>Telephone</td>
</tr>
<tr>
<td>342</td>
<td>Postage</td>
</tr>
<tr>
<td>343</td>
<td>Office Supplies - Stock Items</td>
</tr>
<tr>
<td>344</td>
<td>Medical Record Supplies</td>
</tr>
<tr>
<td>345</td>
<td>Computer Services</td>
</tr>
<tr>
<td>346</td>
<td>Office Equipment Maintenance and Repair</td>
</tr>
<tr>
<td>347</td>
<td>Office Equipment Rental</td>
</tr>
<tr>
<td>348</td>
<td>Office Equipment/Non-capital</td>
</tr>
<tr>
<td>349</td>
<td>Office Supplies - Non-stock Items</td>
</tr>
<tr>
<td>582</td>
<td><strong>State Central Support Charges/Taxes</strong></td>
</tr>
<tr>
<td>356</td>
<td>Provider Tax</td>
</tr>
<tr>
<td>357</td>
<td>State Central Support Services</td>
</tr>
<tr>
<td>583</td>
<td><strong>Medical Supply Expenditures</strong></td>
</tr>
<tr>
<td>358</td>
<td>Prescription Drugs from Pharmacies/Pharmacist Consulting Services</td>
</tr>
<tr>
<td>359</td>
<td>Consumable Medical Supplies for Multiple Project Use</td>
</tr>
<tr>
<td>360</td>
<td>Oxygen for Resale</td>
</tr>
</tbody>
</table>
361  Biologicals and Drugs/Clinic Use
362  Contraceptives
363  Consumable Medical Supplies for Single Project
364  Ancillary Medical Supplies for Single Project
365  Durable Medical Equipment for Resale
366  Laboratory Supplies
367  DME/Oxygen for Rental
368  Medical Equipment Maintenance and Repair
369  Medical Equipment/Noncapital

584  **Automotive Expenditures**
370  Leasing of Vehicles
371  Gas and Oil
372  Automobile Insurance
373  Automobile Maintenance and Repair
374  Motor Pool

**GENERAL MINOR**
**LEDGER OBJECT**
**ACCOUNT CODE DESCRIPTION**
585  **Other Operating Expenditures**
380  Administrative Services from Other Health Departments
(Written contract required.)
381  Dues and Subscriptions
382  Registration Fees
383  Tuition Assistance
384  Insurance
385  Educational Supplies
387  Laundry
388 Legal
389 Other
390 Advertising and/or Recruitment
391 Audits (Written contract required.)
392 Home Modifications
393 Program Supplies

601 **Capital Expenditures**

670 Furniture and Equipment (except Data Processing and Vehicles)
671 Data Processing Equipment
672 Land and Buildings
673 Purchase of Vehicles

680 **Indirect Expenditures**

955 Home Health Indirect
956 Other Indirect
957 Departmental Indirect
958 Environmental Indirect
959 Clinic Indirect
960 Other Medical Indirect

973 000 Preventive Medical Allocation
974 000 Preventive Counseling Allocation
975 000 Problem Medical Allocation
976 000 Problem Counseling Allocation
977 000 Breastfeeding Counseling Allocation
979 000 Rad/Lab/Path Allocation
NARRATIVE DESCRIPTION OF SELECTED GENERAL LEDGER/MINOR OBJECT CODES

573 Fringe Benefits

Included in fringe benefits expenditures are: employers’ share of F.I.C.A., employer’s retirement, employer’s health insurance, employer’s life insurance, Worker’s Compensation, Unemployment Insurance, and any other employer paid fringe benefit allowed or required by the policies of the DPH.

575 Independent Contract Expenditures for Medical and Environmental Services

These accounts are separated into two groupings:

- Provider Service Accounts: Expenditures are recorded in the same categories as the Contract Provider Class ID Number categories in the Patient Services Reporting System (PSRS).
- Specific Service Accounts: Used when more detailed financial information is needed than can be provided by the Provider Service Account categories.

Services are always reported using only the PSRS Categories while expenditures may be recorded using either or both of the contract groupings. Due to the detailed requirements of the service costing system extreme care should be taken to ensure that expenditures for independent contractors are recorded in the correct account.

Definitions for selected minor object codes used for Independent Contracts:

205 Anesthesiologist Services – Includes payments to anesthesiologists and nurse anesthetists.

270 District Coordinating Agency, Lead Agency, and Program Transfer Services – Used to record payments for Family Planning District Coordinating Agency contract services and Lead Agency Contract Services between LHDs and other payments between LHDs if the department receiving the payment reports the services in the PSRS System.

303 Physician Delivery and Related Services – Used to record payments for contracted physician services made for delivery and related services. Includes payments to nurse midwives. Used only in the 803 Cost Center.

304 Mammogram Follow-up Services – Used to record payment made for services related to Mammogram Follow-Up as defined in the Core Clinical Service Guide (CCSG).

305 Pap-Smear Follow-Up Services – Used to record payment for services related to Pap-Smear Follow-Up as defined in the CCSG. Does not include office visits.
306 **Newborn Assessment Services** – Record payment for these services as defined in the Patient Services Manual.

308 **Initial Mammogram** – Used to record payment made to providers for initial mammogram services as defined in the Patient Services Manual.

309 **Ultrasounds** – Used to record payments to contracted providers for the performance of the ultrasound procedure and payments to contracted physicians to interpret the results.

310 **Inpatient Hospital Services** – Used to record all payments made to a hospital as the result of an inpatient stay by a LHD patient. This includes x-ray, lab, other tests, drugs, supplies, and daily room charges. When an ancillary service is provided by a hospital to a LHD patient on an outpatient basis, these expenditures shall not be charged to 310 Inpatient Hospital Services, but shall be charged to the appropriate contract expenditure account, such as 250 Laboratory Services or 245 X-ray/other testing services.

311 **Observation/Outpatient Hospital Services** – Record payments made to a hospital as a result of observations or other Outpatient Service. Does **not** include physician services. Includes X-ray, lab, other tests, drugs, supplies, and observation/outpatient charges.

312 **Sterilization Services** – Used to record payments made to all providers for male or female sterilization services.

580 **Space Occupancy Expenditures**

335 **Building Maintenance and Repair** – Does not include capital improvements to the building. For assistance determining if an expense is a capital improvement or maintenance and repair, contact the AFM.

581 **Office Operating Expenditures**

340 **Printing and Duplicating** - Used to record all expenditures for in-house or outside printing and duplicating. This includes leases and maintenance agreements for copy machines and duplicating supplies including copy paper.

343 **Office Supplies – Stock Items** - Items not directly identifiable to a specific program area should be charged to an indirect Cost Center.

345 **Computer Services** - Includes payments to service bureaus, communications charges, lease payments, maintenance on CRTs, printers, etc., and supplies such as diskettes, printer supplies, and paper.

349 **Office Supplies – Non-Stock Items** – Items that can be directly associated or identified to a specific program area should be charged to a Direct Cost Center.

583 **Medical Supply Expenditures**
358 Prescription Drugs from Pharmacies / Pharmacist Consulting Services  - Should not be charged to the 700 Cost Center.

359 Consumable Medical Supplies for Multiple Project Use - Should be charged to an Indirect Cost Center.

363 Consumable Medical Supplies for Single Project - Should be charged to a Direct Cost Center.

366 Laboratory Supplies - Used to charge all items associated with the performance of in-house laboratory tests. Services provided by outside laboratories are charged to the Laboratory Services contract account (250). Used primarily in the 718 Cost Center.

LOCAL HEALTH DEPARTMENT - CHART OF ACCOUNTS

FUNCTION CODES

110 Clinic, Dental, or Rad/Lab/Path Services - Used to charge all allowable expenditures made in providing evaluation and management visits, anesthesia, surgery, radiology, laboratory, and medicine services for the prevention, diagnosis, treatment, and rehabilitation of illness or injury. Excluded from this function is time spent by RNs or LPNs assisting a physician, physician’s assistant, nurse practitioner, or other mid-level provider (see function code 115).

115 Higher Provider Assistance (Clinic or Rad/Lab/Path) - Used to charge all time spent by RNs or LPNs assisting a physician, physician’s assistant, nurse practitioner, or other mid-level provider in providing clinic, dental, or Rad/Lab/Path Services.

117 Clinic or Rad/Lab/Path Abnormal Follow-up Coordination - Used to charge all allowable expenditures made in providing the coordination of follow-up services for patients who have abnormal results from tests or procedures. Does not include follow-up for services that will be provided at the health department clinic.

118 Travel Time - Used to charge all allowable expenditures related to travel expense incurred by clinic staff and environmental staff in traveling from their home base clinic/county to another clinic/county to support like functions. For clinic staff, this function should only be utilized when time related to the travel purpose will be coded to either function codes 110, 115, or 117. For environmental staff, this function should only be used when traveling to another county to provide a direct environmental function. This function is not to be utilized for travel for any other purpose such as training, HANDS visits, etc.

120 Supplemental Services - Used to charge all allowable expenditures made in providing services reported in the LHD Supplemental Services Reporting system. The following are excluded from this function code: expenditures in the HANDS program (see function codes 135-137), expenditures for breastfeeding nutrition
education (see function code 139), and expenditures for other nutrition education (see function code 138).

125 Community Services – Used to charge all allowable expenditures made in the preparation for or the provision of services reported in the LHD Community Services Reporting system. The following are excluded from this function code: expenditures for breastfeeding nutrition education (see function code 139) and expenditures for other nutrition education (see function code 138).

129 Program General – Used to charge all allowable expenditures made in a program and not included in a more specific function code. Cost centers which will always use this function code are 830 Community Cancer Coalitions, 836 Tobacco Cessation, 848 Healthy Start, and 900 Other Medical Indirect.

130 Patient Transportation – Used to charge all allowable expenditures made in providing transportation for patients of the clinic.

135 HANDS Family Assessment/Professional Service – Used to charge all allowable expenditures made in providing assessments and professional visits in the HANDS program.

136 HANDS Paraprofessional Service – Used to charge all allowable expenditures made in providing paraprofessional visits in the HANDS program.

137 HANDS General – Used to charge all allowable expenditures made in the HANDS program and not included in a more specific function code.

138 Other Nutrition Education – Used to charge all allowable expenditures made in providing nutrition education services (other than breast-feeding) that are reported in the LHD Supplemental Services Reporting system or made in the preparation for or the provision of nutrition education services (other than breastfeeding) reported in the LHD Community Services Reporting system.

139 Breast-feeding Nutrition Education – Used to charge all allowable expenditures made in providing breastfeeding nutrition education services that are reported in the LHD Supplemental Services Reporting system or made in the preparation for or the provision of breastfeeding nutrition education services reported in the LHD Community Services Reporting system.

110 Home Health Skilled Nursing Visits – Used to charge all allowable expenditures made in providing skilled nursing visits in the patient’s home.

140 Home Health Physical Therapy Visits – Used to charge all allowable expenditures made in providing physical therapy visits in the patient’s home.

141 Home Health Speech Therapy Visits – Used to charge all allowable expenditures made in providing speech therapy visits in the patient’s home.

142 Home Health Occupational Therapy Visits – Used to charge all allowable expenditures made in providing occupational therapy visits in the patient’s home.
143 Home Health Aide Visits – Used to charge all allowable expenditures made in providing home health aide visits in the patient’s home. Includes the nursing participation required by federal or state regulations.

144 Waiver Respite Care – Used to charge all allowable expenditures made in providing Waiver Respite Care in the patient’s home.

145 Home Health Supplies – Used to charge all allowable expenditures made in providing home health supplies to home health patients.

146 Home Health General – Used to charge all allowable expenditures made in the Home Health Cost Center that are not included in a more specific function.

147 Secondary Third-Party Payer – Used to charge all expenditures made to independent contractors for patient services when the LHD does not have primary responsibility for payment. If the patient’s private third-party payer is responsible for any part of the payment for the services, then any remaining amount properly owed by the department is to be charged to this function. No entry of the services is to be made in the Patient Services Reporting System. If the patient’s private third-party payer is not responsible for any part of the payment for the services, then the services are reported in the PSRS and this function is not used.

148 Waiver Attendant Care – Used to charge all allowable expenditures made in providing Waiver Attendant Care in the patient’s home.

149 Home Health Social Work Visits – Used to charge all allowable expenditures made in providing social work visits in the patient’s home.

150 Environmental Activities – Used to charge all allowable expenditures made to provide service types 7, 8, and 10 as reported in the Environmental Health Management Information System (EHMIS).

153 Environmental Services – Used to charge all allowable expenditures made to provide service types 1-6, 9, and 11 as reported in the Environmental Health Management Information System (EHMIS).

152 Investigation, Data Entry, Surveillance – Used to charge all allowable expenditures made to provide investigation, data entry, and/or surveillance of reportable disease, food borne illness, etc. Used in cost centers 800 and 810.

154 Waiver Assessment and Reassessment – Used to charge all allowable expenditures made in providing Waiver Assessment and Reassessment.

155 Waiver Case Management – Used to charge all allowable expenditures made in providing Waived Case Management services.

156 Waiver Homemaker – Used to charge all allowable expenditures made in providing Waiver Homemaker services in the patient’s home.
157 Waiver Personal Care – Used to charge all allowable expenditures made in providing Waiver Personal Care in the patient’s home.

158 Waiver General – Used to charge all allowable expenditures made in the Waiver Cost Center that are not included in any more specific function.

160 Departmental Administration/Facility – Used in 898 Departmental Indirect to charge all allowable expenditures made to provide the administration activities of the health department. Also used in 897 Space Indirect to charge all allowable expenditures made for the use and maintenance of the physical plant of the health department including housekeeping and maintenance, security, utilities, and rental.

165 Environmental General – Used in Environmental Cost Centers to charge all allowable expenditures not included in a more specific function.

170 Assessment – Used to charge all allowable expenditures made in providing the assessment activities of the health department that are not included in a more specific function. Assessment is the collection, analysis, and dissemination of information on the health and health related factors of the area served by the department.

173 Policy Development – Used to charge all allowable expenditures made in providing the policy development activities of the health department that are not included in a more specific function. Policy development is the use of scientific knowledge of disease and health risks to develop comprehensive plans for the improvement of health in the area served by the department.

175 Assurance – Used to charge all allowable expenditures made in providing the assurance activities of the health department that are not included in a more specific function. Assurance is the carrying out of activities to meet goals and plans developed in the policy development function.

180 Employee Training – Used to charge all allowable expenditures made in providing training to the employees and other staff of the department. Excludes expenditures made for on the job training to bring new employees up to the minimum expected level of job performance.

181 Bioterrorism Training Coordinator – Used to charge allowable expenditures made in coordinator training to the employees and other staff of the department.

185 Leave Pay/Fringe Benefits – Used to charge all allowable expenditures made for any type of employee leave pay and employee fringe benefits.

200 Safe to Sleep for Child Care Providers – Used to charge allowable expenditures for time, activities, or supplies needed for education of child care providers, or child care partners about safe sleep practice, or development of child care policies/protocols related to safe sleep practices in an effort to reduce infant mortality. Used in Cost Center 766.
201 Safe to Sleep for Community Partners – Used to charge allowable expenditures for time, activities, or supplies needed for education or collaboration with community partners, or for community education and outreach related to safe sleep practices in an effort to reduce infant mortality. Used in Cost Center 766.

202 Prevention of Abusive Head Trauma – Used to charge allowable expenditures for time, activities, or supplies needed to educate families, community partners, and health care providers on ways to prevent abusive head trauma to prevent near fatalities or fatalities of infants and children due to abuse head trauma. Used in Cost Center 766.

203 Cribs for Kids for Community Partners – Used to charge allowable expenditures for time, activities, educational supplies, or Cribs for Kids kits, used for identified families who are unable to provide a safe sleep environment for infant(s) in an effort to reduce infant mortality. NOTE: Purchase of crib kits requires a match of funds from a community partner. Used in Cost Center 766.

204 Prenatal Referrals – Used to charge allowable expenditures for time, activities, or supplies spent for interactions with the LHDs pregnant population providing education of local resources, referral to resources such as payor source for prenatal care, prenatal provider, smoking cessation, substance use treatment programs, 17-OHP, etc. Expenditures include time spent on follow-up activities to ensure ongoing engagement of programs to promote a healthy pregnancy and delivery. Used in Cost Center 766.

205 Healthy Babies are Worth the Wait – Used to charge allowable expenditures for time, activities, or supplies spent with community partners, birthing hospitals and pregnant women promoting reduction of early elective deliveries, and/or developing hard stop policies. Used in Cost Center 766.

206 100% Tobacco Free Schools – Used to charge allowable expenditures for time, activities, or supplies spent promoting tobacco free school policies in an effort to make all Kentucky schools 100% tobacco free. Used in Cost Center 766.

207 Bullying & Suicide Prevention for Schools & Communities – Used to charge allowable expenditures for time, activities, or supplies needed to promote school-wide bullying and suicide prevention programming in all Kentucky schools. Used in Cost Center 766.

208 Coordinated School Health – Used to charge allowable expenditures for time, activities, or supplies needed for collaboration with Kentucky schools to enhance wellness policies related to the Whole School, Whole Community, Whole Child Model (WSCC) that supports increased physical activity and access to healthy eating in the school setting. Used in Cost Center 766.

209 Fluoride Varnish for Children thru Fifth Grade – Used to charge allowable expenditures for time, activities, or supplies needed for support activities evaluating and providing fluoride varnish applications to children through the fifth grade.
Note: Varnish activity should be coded to 712 Dental Services. Used in cost center 766.

210 **Healthy People, Active Communities** – Used to charge allowable expenditures for time, activities, or supplies needed to collaborate with community partners and residents promoting healthy eating, physical activity, and finding ways to remove barriers to meeting the 5-2-1-0 healthy behaviors. Used in Cost Center 766.

211 **State MCH Designated Special Programs** – Used to charge allowable expenditures for time, activities, or supplies needed to promote pilot projects as agreed upon with state MCH leadership. This code may only be used as directed to those LHDs participating in the defined pilot program. Used in Cost Center 766.

**LOCAL HEALTH DEPARTMENT - CHART OF ACCOUNTS**

**RECEIPTS**

**STATE**

422 **STATE RESTRICTED** – Receipts from state appropriations made by the General Assembly that must only be used for a designated project.

423 **STATE RESTRICTED CARRY OVER** – Receipts from a LHD’s Restricted Fund Balance - State used for current year purposes.

424 **STATE ENVIRONMENTAL** – Receipts from DPH that must be used only for environmental projects.

425 **FOUNDATIONAL FUNDING** – These funds will be allocated and paid to 895. Funds may be used for Accreditation (750), Core Public Health Services (refer to the Public Health Block Grant cost centers listed in the Administrative Reference) and indirectly for IT infrastructure that supports an electronic health record system. Any funding not used in a fiscal year will remain in cost center 895, and restricted to 172 895 on the balance sheet. IT Infrastructure expenses should be coded to cost center 899.

426 **RETIREMENT** – Receipts from state appropriation made by the General Assembly that must only be used for Retirement.

428 **STATE CORE PUBLIC HEALTH BLOCK GRANT** – General Fund receipts from appropriations made by the General Assembly to LHDs. Shall only be used in the following cost centers: 500, 520, 540, 560, 722, 723, 800, 802-807, 809-811, 813, 821 – 825, 832, 836, 842, 853, 856, 883 and 890.

**FEDERAL**
TITLE V MCH BLOCK GRANT – Federal receipts received under Title V that must be used only to operate a project under federal guidelines.

TITLE X FAMILY PLANNING – Federal receipts received under Title X that must be used only to operate a family planning project under federal guidelines.

PREVENTIVE SERVICES BLOCK GRANT – Federal receipts received under this grant that must be used only for a designated project.

FEDERAL GRANT - DPH – Federal receipts, listed in this section, received from DPH to operate a designated project. Funds are available for use on total project operation and expenditures. Payments on a per-service basis that result from individual patient billings and include individual patient accounts receivables (service fees) must not be included in this account.

FEDERAL GRANTS - DIRECT – Federal receipts, except the ones specifically listed, received to operate a specific project and received directly by the local health department from the Federal Government. Funds are available for use on total project operation and cost. Payments on a per service basis that result from individual patient billings and include individual patient accounts receivables (service fees) must not be included in this account.

FEDERAL RESTRICTED CARRY OVER – Receipts from a LHD’s Restricted Fund Balance - Federal used for current year purposes.

LOCAL

TAX APPROPRIATIONS – Receipts that come from a Public Health Taxing District to support the health department.

COUNTY APPROPRIATIONS – Receipts that come from the general funds of a county government to support the health department.

CITY APPROPRIATIONS – Receipts that come from the general fund of a city government to support the health department.

DONATIONS – Receipts received from any private source that is of an altruistic nature and has no relationship to any services provided to the donor.

SERVICE FEES

SCHOOL BOARD CONTRACTS – Receipts from local school boards for public health services related to schools.

PROGRAM ADMINISTRATION CONTRACTS – Money received as payment for services rendered under the terms of a program administration contract.

FEDERAL – Federal money from sources other than those listed below that is received on a fee-for-services basis. Final payment may be contingent upon the costs of the services. Federal bills paid by Federal money. (CHAMPUS [VA])
462 **TITLE XVIII** – Federal money received as payment for services rendered to Medicare eligible patients.

463 **TITLE XIX** – Federal money received by a LHD for services rendered to Medicaid eligible patients. Includes cost report settlement payments.

- 000 EPSDT
- 001 Preventive Medicaid
- 002 Passport – Clinic/Primary Care
- 003 Home Health
- 036 Home Health Prior-Year Cost Settlement
- 004 Passport – Home Health
- 046 Passport Home Health Prior-year Cost Settlement
- 006 HANDS Prior-Year Cost Settlement
- 007 HANDS
- 501 Anthem – Preventive
- 601 Aetna/Coventry – Preventive
- 701 KY Spirit – Preventive
- 801 Well Care – Preventive
- 901 Humana – Preventive
- 503 Anthem – Home Health
- 603 Aetna/Coventry – Home Health
- 703 KY Spirit – Home Health
- 803 Well Care – Home Health
- 903 Humana – Home Health
- 506 Anthem – Prior Year Cost Settlement
- 606 Aetna/Coventry – Prior Year Cost Settlement
- 706 KY Spirit – Prior Year Cost Settlement
- 806 Well Care – Prior Year Cost Settlement

464 **PROGRAM INCOME CARRY OVER** – Receipts from a LHD’s Restricted Fund Balance - Service Fees used for current year purposes.
465 **SELF-PAY COINSURANCE AND DEDUCTIBLES** – Payments received from individuals for Coinsurance and Deductibles related to Medicare covered services.

466 **SELF-PAY - OTHER** – Money received from individuals or companies/corporations (non-insurance) as payment for services rendered.

467 **INSURANCE** – Money received from private insurers as payment for services rendered to individual patients. Actual payment may be made by the patient if assignment of insurance benefits was not obtained.

468 **OTHER HEALTH DEPARTMENTS** – Any money received by one LHD from another LHD for services rendered.

469 **OTHER** – Any other money not classified above received as a fee for service or received from the sale of surplus assets.

480 **INTEREST RECEIVED** – Interest received by a LHD from money invested in federally insured institutions or other authorized investments.

490 **DEPARTMENT CARRY-OVER** – Receipts from the LHD’s undesignated fund balance used for current year purposes.

**LOCAL HEALTH DEPARTMENT - IDENTIFICATION CODES**

<table>
<thead>
<tr>
<th>LOCAL HEALTH DEPARTMENT:</th>
<th>HID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen County</td>
<td>102</td>
</tr>
<tr>
<td>Anderson County</td>
<td>103</td>
</tr>
<tr>
<td>Bell County</td>
<td>107</td>
</tr>
<tr>
<td>Bourbon County</td>
<td>109</td>
</tr>
<tr>
<td>Boyd County (Ashland-Boyd)</td>
<td>110</td>
</tr>
<tr>
<td>Boyle County</td>
<td>111</td>
</tr>
<tr>
<td>Bracken County</td>
<td>112</td>
</tr>
<tr>
<td>Breathitt County</td>
<td>113</td>
</tr>
<tr>
<td>Breckinridge County</td>
<td>114</td>
</tr>
<tr>
<td>Bullitt County</td>
<td>115</td>
</tr>
<tr>
<td>Calloway County</td>
<td>118</td>
</tr>
<tr>
<td>Carter County</td>
<td>122</td>
</tr>
<tr>
<td>LOCAL HEALTH DEPARTMENT:</td>
<td>HID:</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Christian County</td>
<td>124</td>
</tr>
<tr>
<td>Clark County</td>
<td>125</td>
</tr>
<tr>
<td>Estill County</td>
<td>133</td>
</tr>
<tr>
<td>Fayette County (Lexington-Fayette)</td>
<td>134</td>
</tr>
<tr>
<td>Fleming County</td>
<td>135</td>
</tr>
<tr>
<td>Floyd County</td>
<td>136</td>
</tr>
<tr>
<td>Franklin County</td>
<td>137</td>
</tr>
<tr>
<td>Garrard County</td>
<td>140</td>
</tr>
<tr>
<td>Graves County</td>
<td>142</td>
</tr>
<tr>
<td>Grayson County</td>
<td>143</td>
</tr>
<tr>
<td>Greenup County</td>
<td>145</td>
</tr>
<tr>
<td>Harlan County</td>
<td>148</td>
</tr>
<tr>
<td>Hopkins County</td>
<td>154</td>
</tr>
<tr>
<td>Jefferson County (Louisville Metro)</td>
<td>156</td>
</tr>
<tr>
<td>Jessamine County</td>
<td>157</td>
</tr>
<tr>
<td>Johnson County</td>
<td>158</td>
</tr>
<tr>
<td>Knox County</td>
<td>161</td>
</tr>
<tr>
<td>Laurel County</td>
<td>163</td>
</tr>
<tr>
<td>Lawrence County</td>
<td>164</td>
</tr>
<tr>
<td>Lewis County</td>
<td>168</td>
</tr>
<tr>
<td>Lincoln County</td>
<td>169</td>
</tr>
<tr>
<td>Madison County</td>
<td>176</td>
</tr>
<tr>
<td>Magoffin County</td>
<td>177</td>
</tr>
<tr>
<td>Marshall County</td>
<td>179</td>
</tr>
<tr>
<td>Martin County</td>
<td>180</td>
</tr>
<tr>
<td>Mercer County</td>
<td>184</td>
</tr>
<tr>
<td>LOCAL HEALTH DEPARTMENT:</td>
<td>HID:</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Monroe County</td>
<td>186</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>187</td>
</tr>
<tr>
<td>Muhlenberg County</td>
<td>189</td>
</tr>
<tr>
<td>Oldham County</td>
<td>193</td>
</tr>
<tr>
<td>Pike County</td>
<td>198</td>
</tr>
<tr>
<td>Powell County</td>
<td>199</td>
</tr>
<tr>
<td>Todd County</td>
<td>210</td>
</tr>
<tr>
<td>Whitley County</td>
<td>218</td>
</tr>
<tr>
<td>Woodford County</td>
<td>220</td>
</tr>
<tr>
<td>Lincoln Trail District</td>
<td>302</td>
</tr>
<tr>
<td>Barren River District</td>
<td>303</td>
</tr>
<tr>
<td>Purchase District</td>
<td>304</td>
</tr>
<tr>
<td>North Central District</td>
<td>305</td>
</tr>
<tr>
<td>Lake Cumberland District</td>
<td>309</td>
</tr>
<tr>
<td>Northern Kentucky District</td>
<td>310</td>
</tr>
<tr>
<td>Kentucky River District</td>
<td>312</td>
</tr>
<tr>
<td>Cumberland Valley District</td>
<td>313</td>
</tr>
<tr>
<td>Green River District</td>
<td>314</td>
</tr>
<tr>
<td>WEDCO District</td>
<td>315</td>
</tr>
<tr>
<td>Gateway District</td>
<td>316</td>
</tr>
<tr>
<td>Three Rivers District</td>
<td>317</td>
</tr>
<tr>
<td>Pennyrile District</td>
<td>318</td>
</tr>
<tr>
<td>Buffalo Trace District</td>
<td>321</td>
</tr>
</tbody>
</table>
COMPLIANCE REVIEWS

DPH shall have and maintain a strong LHD compliance review program. This program is managed by AFM.

PURPOSE:

The purpose of the compliance reviews is to carry out DPH clinic medical coding and fiscal oversight and monitoring responsibilities imposed by state and federal regulations, comply with the joint DPH and Women, Infants & Children (WIC) plan requirements, and assist LHDs with clinic medical coding and fiscal issues.

CLINIC MEDICAL CODING COMPLIANCE REVIEW PROCEDURE:

The LHO Branch of AFM will perform clinic medical coding compliance review of all LHDs over a two-year period. During the medical clinic coding compliance review, LHO staff will review original printed and/or electronic source documentation to determine the accuracy and compliance of:

- Clinic service authorization and verification that contracted services were provided
- Level of evaluation and management (E & M) visits reported
- Patient Services Reporting System (PSRS) Patient Encounter Form and any other DPH approved patient encounter entry/reporting system.

CLINIC MEDICAL CODING COMPLIANCE REVIEW NOTIFICATION:

The LHD Director and, if known, other appropriate LHD staff will be contacted by an LHO Branch Coding Specialist to determine an agreed upon date for the clinic medical coding compliance review. Flexibility and scheduling conflicts will be considered when determining date of the review. Requests for dates may be up to sixty (60) calendar days in advance. Also, clinic medical coding compliance reviews may be conducted without an onsite visit. When a compliance review is not conducted onsite, a telephone and/or Go to Meeting/Webinar exit review conference should be held within five (5) business days following completion of the clinic medical coding compliance review. LHO staff will coordinate the exit review conference date/time with the LHD Director and/or other appropriate LHD staff.

When an onsite visit is determined as needed, each LHD Director and, when known, other appropriate LHD staff will be notified of the information required to perform the clinic medical coding onsite compliance review up to three (3) business days prior to the onsite visit. **It is expected that the LHD Director will ensure all requested information is available and ready for review prior to the arrival of LHO staff.**

AFM’s Division Office will be included in email communication concerning the need to reschedule onsite medical coding compliance review visits.
CONDUCTING THE CLINIC MEDICAL CODING COMPLIANCE REVIEW CONFERENCE:

When an onsite visit is determined as needed an exit conference with the LHD Director and/or designee will be conducted by LHO staff performing the onsite clinic medical coding compliance review.

Following the completion of the medical coding compliance review, preliminary findings will be discussed during the exit review conference and submitted to management as appropriate. **It will be the responsibility of the LHD Director to ensure appropriate LHD staff is present during the exit review conference.**

CLINIC MEDICAL CODING COMPLIANCE REVIEW WRITTEN REPORT:

The LHO Branch will provide an electronic report to the LHD Director within 30 business days of the completion of the Clinic Medical Coding Compliance Review. As appropriate, the LHD Director would provide the electronic report and findings spreadsheet to their Board of Health Chair. If a corrective action plan (CAP) is required, the LHD Director must submit the CAP to the LHO Branch within 30 days of the date shown on the electronic report. If there are any significant problems noted during the clinic medical coding compliance review, a Go to Webinar or if determined necessary an onsite training may be requested.

LHO may follow-up on significant issues and/or conduct focused coding reviews at any time.

FISCAL COMPLIANCE DESK REVIEW PROCEDURE:

The Budget Branch, Local Health Budget (LHB) Section, of AFM will perform a fiscal compliance desk review of all LHDs over a two-year period. During the fiscal compliance desk review, LHB staff will review source documentation to determine the accuracy and compliance of:

- Cash reconciliation procedures and daily cash balance tracking procedures
- Time and travel reporting of employees to determine compliance with the indirect cost allocation policies and procedures required by the DPH Administrative Reference for LHDs
- Indirect cost allocation procedures required in instances of charges to both direct and indirect cost centers for the same items of expense

902 KAR 8:170 requires LHDs to follow policies and procedures contained in [OMB 2CFR Part 200 Subpart E](#).

FISCAL COMPLIANCE DESK REVIEW NOTIFICATION:

Each LHD Director and, when known, other appropriate LHD staff will be notified of the date their desk review is requested.
Each LHD Director and, when known, other appropriate LHD staff will be notified of the information required to perform the fiscal compliance desk review at least five (5) business days prior to submission deadline. It is expected that the LHD will have all requested fiscal information delivered to the appropriate LHB Section staff by fax, email or US Postal Service by the designated deadline.

AFM’s Division Office will be notified of rescheduled desk reviews.

**CONDUCTING THE FISCAL COMPLIANCE DESK REVIEW EXIT CONFERENCE:**

An exit conference with the LHD Director and/or designee will be conducted by the AFM review team via phone conference. Preliminary findings will be discussed and submitted to management as appropriate.

**FISCAL COMPLIANCE DESK REVIEW WRITTEN REPORTS:**

A written report will be sent to the LHD Director within 30 business days of the completion of the fiscal compliance desk review. If a corrective action plan (CAP) is required, the LHD Director must submit the CAP within 30 calendar days of the date shown on the written report using the template provided by DPH.

If there are any significant problems noted during the fiscal desk review, an onsite review may be conducted. AFM may follow-up on significant issues at any time.
Table of Contents

(\textit{ctrl+click on text to go directly to section})

Function/Purpose ........................................................................................................................................ 1
When to Report ........................................................................................................................................ 1
OSHA Recordkeeping Requirements ........................................................................................................ 1
Who Should Report .................................................................................................................................. 2
Employee Responsibility .......................................................................................................................... 2
Supervisor Responsibility .......................................................................................................................... 2
Tips for Reporting Incidents ..................................................................................................................... 3
INCIDENT REPORTS

Function/Purpose

An incident report is not part of the patient’s chart, but it may be used later in litigation. A report has two functions:

1. It informs the administration of the incident so management can prevent similar incidents in the future.
2. It alerts administration and the facility’s insurance company to a potential claim and the need for investigation.

Regulations issued under OSHA require all employers with more than ten employees at any time during the previous calendar year to maintain records of recordable occupational injuries and illnesses.

Review the DPH Administrative Reference (AR) sections on OSHA Bloodborne Pathogens Exposure Control Plan; and Local Health Personnel section on OSHA Compliance as well as the US Department of Labor, OSHA Guidelines Section 1910.1030 Bloodborne Pathogens Occupational Control Plan for additional information.

When to Report

Incidents that must be reported and documented include:

1. Exposure Incidents: skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.
2. Accident, Injury: patient, visitor, employee slips or falls, or other incident, which results or may result in injury.
3. Event, Behaviors, or Actions: incidents that are unusual, contrary to agency policy or procedure or which may result in injury.
4. Vaccine Adverse Event Reporting System: reaction to vaccine administered at agency (use VAERS form, instructions and sample in Immunization section).
5. Medication reaction: reaction to any drug administered at or provided by health department. Complete Adverse Drug Reaction Form. For more information, call 1-800-332-1088.
6. Property damage or missing articles.
7. Administration of wrong medication or vaccine.
8. Improper administration of medication or vaccine.

OSHA Recordkeeping Requirements:

OSHA 300 Log-recordable and non-recordable injuries are distinguished by the treatment provided; i.e., if the injury required medical treatment, it is recordable; if only first aid was required, it is not required, it is not recordable. However,
medical treatment is only one of several criteria for determining recordability. Regardless of treatment, if the injury involved loss of consciousness, restriction of work or motion, transfer to another job or termination of employment, the injury is recordable. An explanation, with examples, is included on the backside of the OSHA 300 Form. Review the OSHA Guidelines, Section 1904.7 General Recording Criteria.

(a) You must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. You must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

Who Should Report
Only people who witness the incident should fill out and sign the incident report. Each witness should file a separate report. Once the report is filed, the nursing supervisor, department heads, administration, the facility’s attorney, and the insurance company may review it.

Because incident reports will be read by many people and may even turn up in court, you must follow strict guidelines when completing them. If an incident report form does not leave enough space to fully describe an incident, attach an additional page of comments.

Document the incident as it occurred in the patient’s medical record, “Incident Report Completed” should never appear in the patient’s record. The incident report should never be referred to in any way in the medical record.

Employee Responsibility
All employees are responsible for preparing an incident report as soon as possible and reporting immediately to their supervisor or in the supervisors absence report to the administration any incident or injury including near misses. Recommendations and appropriate changes shall be discussed with the supervisor and necessary corrections implemented to prevent further accidents.

Supervisor Responsibility
Upon receiving a report of an incident, written or oral, the supervisor shall conduct an investigation. Following the investigation, supervisors are to review and complete the Incident Report and initiate Worker Compensation Report if indicated for the LHDs insurance carrier. The supervisor shall take action to implement corrective measures immediately when the investigation reveals such actions are necessary.
The supervisor shall provide a copy of the Incident Report and the Worker’s Compensation Report (if necessary) to the LHDs Safety Officer within five working days of the accident.

Reports of all incidents and near misses should be discussed during meetings with employees of the work unit to prevent problems of the same nature in the future.

**Tips for Reporting Incidents:**

1. Include essential information, such as identity of the person involved in the incident, the exact time and place of the incident and the name of the doctor you notified.
2. Document any unusual occurrences that you witnessed.
3. Record the events and the consequences for the patient in enough detail that administrators can decide whether or not to investigate further.
4. Write objectively, avoiding opinions, judgments, conclusions, or assumptions about who or what caused the incident. Tell your opinions to your supervisor later.
5. Describe only what you saw and heard and the actions you took to provide care at the scene. Unless you saw a patient fall, write “found patient lying on the floor”.
6. Do not admit that you are at fault or blame someone else. Steer clear of statements like “better staffing would have prevented this incident”.
7. Do not offer suggestions about how to prevent the incident from happening again.
8. Do not include detailed statements from witnesses and descriptions of remedial action; these are normally part of an investigative follow-up.
9. Do not put the report in the medical record. Send it to the person designated to review it according to your facility’s policy.

Sample copies of “Incident/Complaint Report”, “Laboratory Incident Report”, Employee Consent for Blood Testing-Post Exposure”, and “Patient Consent for Blood Testing-Post Exposure” are available on the LHD Forms webpage. Some agencies may use incident reports supplied or recommended by their insurance carrier.
Table of Contents

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

DUTIES ................................................................................................................. 1
   POSTING ........................................................................................................... 1
   COMPLIANCE/INFORMATION ...................................................................... 1
   CONTACTS ...................................................................................................... 2

Kentucky LHD Bloodborne Pathogens Exposure Control Compliance Plan ....... 2
   Introduction and Summary .............................................................................. 2
   Exposure Determination .................................................................................. 2

Schedule and Method of Implementation of Occupational Exposure Plan ....... 4

Procedure for Reporting and Managing Exposure Incidents ......................... 19

Information Concerning Bloodborne Pathogen Standards ............................. 23

Respiratory Plan and Personal Protective Equipment (PPE) Guidelines
DUTIES:

Each employer shall:

A. Furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
B. Comply with occupational safety and health standards promulgated under this Act.

Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued pursuant to the Act, which are applicable to his own actions and conduct.

POSTING:

Post the 300-A summary page form February 1 to April 30 of the year following the year covered by the form.

The Standard Industrial Code (SIC) used by all Local Health Departments on the 300-A summary page is 9431. You will receive notification of code change when applicable. Revision/update of this document is listed on page 19 in bold type.

COMPLIANCE/INFORMATION:

OSHA information may be obtained at no cost from the Labor Cabinet’s website: Standard Forms, Documents, Reports and Publications.

Kentucky Labor Department: (502) 564-4102
Education and Training
1047 US 127 South, Suite 4
Frankfort, Kentucky 40601

US OSHA Publications and US Department of Labor Federal are available at:

US Department of Labor – OHSA Publications
US Department of Labor – Compliance Forms
US Department of Labor – OSHA Free Workplace Poster

OSHA information is also addressed in the Administrative Reference for Local Health Departments in Kentucky, Local Health Personnel Section.
KENTUCKY LHD BLOODBORNE PATHOGENS EXPOSURE CONTROL COMPLIANCE PLAN

I. Introduction and Summary

Hepatitis B (HBV) has long been recognized as a hazard for health care workers who are exposed to blood. In the mid-1980’s reports documenting the transmission of Human Immunodeficiency Virus (HIV) to health care workers were published. Several other diseases carry varying risks. In response to these concerns, the Occupational Safety and Health Administration, U.S. Department of Labor, on December 6, 1991, published a final standard on the prevention of occupational exposure to Bloodborne pathogens.


II. Exposure Determination

A. For the following LHD job classification series, all employees have occupational exposure as part of their normal work routine:

**Nursing Series Classifications with the exception of:**
2170-Epidemiologist
2171-Senior Epidemiologist

**Medical Services Support Series to include:**
2210-Clinical Assistant
2302-Home Health Aide
2111-Senior Clinical Assistant
2303-Senior Home Health Aide

**Laboratory Support Series to include:**
2701-Laboratory Supervisor
2703-Laboratory Technician
2702-Medical Technologist
2704-Laboratory Assistant
Physician/Health Officer Series to include:
- 4001-Public Health Clinician
- 4002-Health Officer
- 4003-Medical Director

Personal Service Contracts to include:
- K1 General Practitioners and Family Practitioners
- K2 Obstetricians/Gynecologists (board certified)
- K3 Pediatricians
- K4 Other Physician Specialists
- L1 Dentists
- L2 Dental Hygienists
- M1 Nurse Practitioners/Physician Assistants
- M2 Public Health Nurses
- M3 Other Registered Nurses
- M4 Licensed Practical Nurse (LPN) and Licensed Vocational Nurse (LVN)

B. For the following job classification series, some employees have limited occupational exposure:

Medical Services Support Series to include:
- 2220-Family Support Worker I/Home Visitor
- 2221-Family Support Worker II/Home Visitor

Program Management Series (all classifications)

Nursing Series to include:
- 2170-Epidemiologist
- 2171-Senior Epidemiologist

Medical Services Support Series (all classifications)

Nutrition Services Series (all classifications)

Environmental Services Series (all classifications)

Maintenance Series (all classifications)

Personal Services Contracts to include:
- N4 Occupational Therapists
- N6 Audiologist
- N7 Speech Therapist
- N8 Physical Therapist
- N9 Respiratory Therapist
- S1 Other

C. For the following job classifications, employees do not have occupational exposure:

Public Health Director Series (all classifications)

Administrative Support Series (all classifications)

Accounting Financial Series (all classifications)

Secretarial/Office Coordinator Series (all classifications)
Social Services Series (all classifications)
Health Education Series (all classifications)
Medical Support - Administrative Series (all classifications)

In all three classifications, the individual responsibilities of each employee must still be reviewed to determine the potential for exposure to Bloodborne pathogens.

Review the US Department of Labor, OSHA SIC Groupings for additional information:
OSHA Major Group 94: Administration of Human Resources Programs
OSHA Major Group 80: Health Services

D. The following examples are groups of closely related tasks and procedures that are performed by employees where their job classifications have occupational exposure or where some employees have limited occupational exposure as part of their normal work routine, and may result in occupational exposure to Bloodborne pathogens:

1. The performance of venipunctures, heel sticks or finger sticks.
2. The performance of intravenous, intramuscular, intrathecal, subcutaneous, or intradermal administration of vaccines or medications.
3. The use and handling of needles, sharp instruments, scalpels or similar devices during routine clinical procedures or diagnostic examinations. The cleaning of used instruments, and the disposal of needles, blades, and other sharps.
4. The collection and handling of all smears, cultures and specimens of the following fluids: blood and all body fluids, except sweat, whether or not they contain visible blood; and any other fluid. The collection and handling of unfixed tissue from a human, living or deceased.
5. The physical examination of the pelvis, rectum, and genitalia; contact with all mucous membranes, including the nose and mouth.
6. The performance of invasive procedures: the manipulation, cutting or removal of any oral tissue including tooth structures: the handling of intra-oral devices; contraceptive implant and insertion.
7. The performance or assistance in vaginal delivery; and in handling the placenta or newborn infant's skin.
8. The performance of wound care, tracheostomy or enterostomy care, dressing changes, enemas, removing of impactions, or catheter care.

III. Schedule and Method of Implementation of Occupational Exposure Prevention Plan

A. Methods of Compliance, Standard Precautions

Universal precautions are OSHA’s required methods of control to protect employees from exposure to all human blood and other potentially infectious materials. The term “universal precautions” refers to a concept of Bloodborne disease control which requires that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, Hepatitis C Virus
(HCV) or other Bloodborne pathogens, regardless of the perceived low risk status of a patient or patient population.

Alternative concepts in infection control, such as Standard Precautions, are acceptable alternatives to universal precautions, provided that facilities utilizing them adhere to all other provisions of the OSHA standard. Based upon the Centers for Disease Control and Prevention (CDC), “(2007) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” the Department for Public Health (DPH) recommends that LHDs use Standard Precautions for all patients. These precautions are applied to blood, vaginal secretions, semen, all other body fluids, (except sweat), whether or not they contain visible blood, and non-intact skin and mucous membranes. Therefore, the use of protective barrier precautions are recommended when performing tasks involving contact with blood, body fluids, non-intact skin and mucous membranes.

Standard Precautions is an approach to infection control in which all human blood and human body fluids (review examples above) are always treated as if they contain HIV, HBV, HCV and other Bloodborne pathogens.

Standard precautions for health care workers may be summarized by the following principles:

- Treat all blood and body fluids as being potentially infectious.
- Use a barrier appropriate for the interaction. Protective barriers must be appropriate for the type of exposure anticipated and may include latex vinyl gloves, gowns, masks, and protective eyewear.
- References and examples of tasks requiring the use of Standard Precautions are also contained in the Core Clinical Service Guide.
- Do not bend, break, shear, or recap needles. Needles must not be removed from disposable syringes. Disposable needles, syringes and other sharp’s items must be placed in puncture-resistant containers for disposal. The containers are to be located as close as practical to the area in which the items were used.
- Wash hands thoroughly before and after patient care, and between patients or sites on the same patient.
- Clean up blood spills immediately.
- Follow nationally published guidelines for sterilization, disinfection, housekeeping, and waste disposal.
- Keep mouthpieces and resuscitation equipment readily available if use is likely.
- Refrain from patient care when the caregiver has weeping dermatitis or exudative lesions.

Additional isolation precautions may be necessary for patients with an infection transmissible by the airborne route (such as tuberculosis, varicella and measles), droplet, or contact. Transmission-based Precautions is the second tier of the CDC, “(2007) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings”. DPH recommends that LHDs use Transmission-based Precautions. These precautions should be used in addition to Standard Precautions.
B. Engineering/Work Practice Controls for Health Departments and Home Health Employees

The revision of the Bloodborne Pathogens, Needle-sticks and other Sharps Injuries standard requires the employer to institute engineering and work practice controls as the primary means of eliminating or minimizing employee exposures. “Engineering controls” has been modified to include “safer medical devices, such as sharps with engineered sharps injury protections and needleless systems”.

The revised standard adds two additional terms to the definition section “Engineering controls” mean controls that isolate or remove the Bloodborne pathogens hazard from the workplace. Examples include needleless devices, shielded needle devices, blunt needles, and plastic capillary tubes.

A “Needleless System,” is defined as “a device that does not use needles for collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; the administration of medications or fluids; or any other procedure involving the potential for occupational exposure to Bloodborne pathogens due to percutaneous injuries from contaminated sharps”.

The Bloodborne pathogens standard reflects how employers implement new developments in control technology; requires employers to solicit input from non-managerial (e.g., frontline) health care workers that identifies, evaluates, selects safety-engineered sharp devices (e.g., needleless devices, shielded needle devices, and plastic capillary tubes) and identifies proper work practices (e.g., no-hand procedures in handling contaminated sharps).

Employee input shall be documented in an “Exposure Control Plan” developed by the LHD. Methods for soliciting employee input are not prescribed. The engineering controls must be incorporated in the exposure control plan to be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure.

The revised standard must reflect changes in technology that eliminate or reduce exposure to Bloodborne pathogens; and consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The plan must reflect new or revised employee positions with occupational exposure. This information must be documented annually in the plan. The exposure plan must document the engineering controls put into place by the employer and must document engineering controls effectiveness to eliminate or minimize Needle-sticks and other sharp injuries. The exposure plan must demonstrate the procedure used to decrease or eliminate exposures.

The LHD must assign an employee to be responsible for assuring the exposure plan is reviewed and updated as needed and must at a minimum,
annually, establish and maintain a log of percutaneous injuries from contaminated sharps. The primary agents of concern in the current occupational settings are HIV, HBV, and HCV.

DPH determined that the following engineering controls and/medical devices would be used to reduce the likelihood of Needle-stick and other sharps injuries:

**The effectiveness/usefulness of these controls was evaluated in the following manner:**

- With the exception of the Bloodborne pathogens standards revisions effective April 18, 2001, the specifications of this subsection will be observed by LHD staff and will be reviewed as part of the annual program/service planning process.

- The LHD will provide hand washing facilities which are readily accessible to employees.

- When conducting clinics or performing services at sites in the home or outside a health center where hand washing is not available, the health department will provide either antiseptic towelettes or an appropriate antiseptic hand cleanser along with clean cloth/paper towels. When antiseptic hand cleansers or towelettes are used, hands will be washed with soap and running water when the employee returns to a place where hand washing facilities are available.

- The LHD will instruct employees to wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

- The LHD will ensure that employees wash hands, and any other skin with soap water, or flush mucous membranes with water immediately, or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

- Contaminated needles and other contaminated sharps will not be bent, recapped, or removed from an attached device unless the employee can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited. Employees giving care in the home should instruct patients and/or caregivers the need to use puncture resistant containers for the disposal of contaminated needles or other contaminated sharps.

- LHDs should also evaluate the safety of using glass capillary tubes. Food and Drug Administration (FDA), National Institute of Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) recommend blood collection devices less prone to accidental
breakage *including*:

1. Capillary tubes that are not made of glass (but made of plastic)
2. Glass capillary tubes wrapped in puncture – resistant film
3. Products that use a method of sealing that does not require manually pushing one end of the tube into putty to form a plug or
4. Products that allow the hematocrit to be measured without centrifugation.

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited for employees while in the health center or while giving care in a patient’s home, where there is a reasonable likelihood of occupational exposure to potentially infectious materials.

- Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, on countertops or bench tops, or in portable insulated coolers where blood or other potentially infectious materials are present.

- All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.

- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

- Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or transporting and will be decontaminated as necessary unless the LHD can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

- A readily observable label as described in this AR Section, DPH Guidelines for LHD Bloodborne Pathogens Exposure Control Plan for OSHA Compliance, Schedule and Method of Implementation of Occupational Exposure Preventive Plan, [Communication of Hazards, Warning Signs/Labels](#) will be attached to the equipment stating which portions remain contaminated.

- The LHD will ensure through training and education of staff that appropriate precautions are taken prior to use of or contact with the equipment by employees, the servicing representative, and/or the manufacturer, prior to handling, servicing or shipping.

- Specimens of potentially infectious materials will be placed in a container which prevents leakage. Special care shall also be given to the transport of the capillary tubes to prevent leakage.

*An "Exposure Control Plan" needs to include the following:*
• Allow for the LHD to solicit input from at least three employees representing clinical and laboratory staff.
• Include the date the input was obtained.
• Identify the employee that is designated to annually review the exposure control plan and recommend necessary updates/revision.

C. Personal Protective Equipment

The provisions of this subsection will be observed as requirements of the (2000) Needlestick Safety and Prevention Act.

a. Provision:
For the employees listed in II A. and B. of this section concerning “exposure determinations”, the LHD will provide, at no cost to the employee, personal protective equipment appropriate for the services provided and accessible on-site at the location of use. Examples of protective equipment include gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes. Barrier protection should be used when coming in contact with blood and all body fluids, except sweat, whether or not there is visible blood.

b. Utilization:
LHD employees will use the equipment as specified below. In a rare and extraordinary circumstance an employee may decline to use the equipment if, in that particular instance, its use would have prevented the delivery of a service to the patient or would have posed an increased hazard to the safety of the worker or co-worker.

When an employee declines to use the protective equipment, the employee will document the instance in writing and the LHD Director, Director’s designee, or the Director of Nursing of the LHD will investigate to determine whether failure to use the equipment was appropriate, and if not, what changes can be instituted to prevent future occurrences.

c. Accessibility:
The LHD will ensure that personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued directly to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

d. Cleaning, Laundering, and Disposal:
The LHD will clean, launder, and dispose of personal protective equipment at no cost to the employee.
1. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as possible.

2. All personal protective equipment will be removed prior to leaving the LHD. Home Health personnel will remove the personal protective equipment prior to leaving the patient’s home.

3. When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

e. Repair and Replacement:
   The LHD will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

f. Gloves:
   Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph b (Use) above; and when handling or touching contaminated items or surfaces. These include procedures outlined above.

   1. Disposable (single use) gloves, such as surgical or examination gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or whenever their ability to function as a barrier is compromised.
   2. Disposable (single use) gloves will not be washed or decontaminated for re-use.
   3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or whenever their ability to function as a barrier is compromised.
   4. Health Care Workers should always wear gloves when:
      • Touching blood and body fluids.
      • Touching mucous membranes (e.g. inside mouth, rectum, vagina).
      • Touching non-intact skin of all patients (or when the health care worker’s skin is not intact). Health care workers with exudative skin lesions or weeping dermatitis should refrain from direct patient contact, or handling patient care equipment, until the skin condition resolves.
      • Handling items or surfaces soiled by blood or other body fluids when processing blood or body fluid specimen.
      • Hands should be washed before gloving.
      • Gloves must be changed after contact with each patient and hands
must be thoroughly washed with soap and water.

- Change gloves between tasks and procedures on the same patient after contact with materials that may contain a high concentration of microorganisms.

g. Hands or other skin must be immediately and thoroughly washed if contaminated with blood or body fluids: Hands must always be washed before and after the examination and before leaving the examination room. Hand washing should be with soap (preferably liquid, not bar) and warm water (not hot). Rub hands together using friction creating lather for 10–15 seconds. Rinse and pat dry with a disposable towel. Waterless antiseptic solutions may be used for cleaning hands, if necessary. However, hands should be washed with clean water and soap as soon as it is available.

h. Masks, Eye Protection, and Face Shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated, such as tracheostomy care. Most LHDs do not perform these procedures. (Those that do will add a specific list of procedures to this paragraph.) The list for home health agencies will include tracheostomy care, wound irrigation, enema, or any care for a patient with infectious tuberculosis.

i. Gowns, Aprons, and Other Protective Body Clothing: Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in occupational exposure situations that are likely to generate splashes of blood or other body fluids. The type and characteristics will depend upon the task and degree of exposure anticipated.

j. Resuscitation/ Ventilation Devices: Although saliva has not been implicated in the transmission of HIV, to minimize risks during emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be available for use in areas where the need for resuscitation might arise. This includes health department settings where anaphylaxis may develop as a result of parenteral penicillin or other drug therapy.

D. Infectious Waste Management

a. Definitions:

Regulated waste is defined to be consistent with the published OSHA standard, as follows:

1. The body fluids listed in section II, Exposure Determination, D. 4.
(Blood and cervical/vaginal fluids are the most likely fluids to be encountered in the health department setting.)

2. Used disposable sharp items (such as needles, blades, and broken tubes.)

3. Microbiologic laboratory waste -- this consists of viral, bacterial, fungal, or parasitic cultures in which the biologics have multiplied to higher levels than would be seen in a person; bacterial culture dishes are the major item of this category seen in health departments.

4. Pathological waste -- any unfixed tissue or organ, other than intact skin, from a human, living or dead.

5. The primary agents of concern in current occupational settings are HIV, HBV, and HCV.

6. Contaminated items that would release blood or other liquids enumerated in Exposure Determination, D. 4. above if compressed.

7. Items that are caked with dried blood or other liquids - enumerated in Exposure Determination, D. 4. above and are “capable of releasing these materials during handling” (this means, enough caked blood to cause a dusty aerosol if shaken, NOT an item like a gauze pad which has been used to cover a finger stick or antecubital venipunctures).

8. Regulation Waste Items as outlined above in 1 through 4 are defined as infectious by CDC and by Kentucky infectious waste regulations for hospitals, nursing homes, and special clinics. These are referred to as “Class A infectious wastes.” Regulated Waste Items in 5 through 8 above are referred to as “Class B infectious wastes.”

b. Plan of Treatment and Disposal:

Class A:

Sharps will be placed in puncture-resistant containers which will be located in each room of the health department where venipunctures or injections are performed, or other places where sharps are expected to be used. The containers will be labeled as outlined below within the Schedule and Method of Implementation of Occupational Exposure Preventive Plan, item H. 1. of this section.

Containers will be maintained upright during use and will not be allowed to overfill. They will be constructed so as to prevent leakage during handling, storage, transport, or shipping and must be closed prior to transport.

A contract or arrangement, filed with this plan, will be executed with a hospital, medical facility, or waste transporter to take the sharps containers to a site where they will be incinerated or treated by one of the approved alternative technologies.

Blood and other fluids outlined in Exposure Determinations, D. 4, will be carefully poured down the sanitary sewers. Microbiologic wastes will be
placed in bags which are closeable and prevent leakage, labeled as outlined below within the Schedule and Method of Implementation of Occupational Exposure Preventive Plan, item H. 1. of this section, and either autoclaved within the health department, or an arrangement made for transport as for sharps. Pathologic wastes (if any) will be placed in bags that are properly labeled and closeable, prevent leakage, and transported to incineration.

When Class A infectious wastes are generated in a home setting during a visit by a home health agency employee, the same standards for storage, labeling, transport, treatment and disposal will be observed as if the wastes were generated in a clinic setting. The employee will be responsible to transport the waste containers, when filled, to the health department or a medical facility for treatment or pickup.

Receptacles may be left in the home between visits if not yet filled, provided residents of the home are instructed regarding potential hazards. For liquids, sewer disposal in the home is permitted if the home is connected to a municipal or community sewer system, or to on-site sewage disposal which meets the standards described in 902 KAR 10:085.

When Class A infectious wastes are generated in a setting (such as a correctional facility) where sharps containers cannot safely be left, one will be carried by the employee for immediate use and removed when the employee leaves the site.

Class B:

Infectious wastes must be placed in closeable and leak proof containers and will be labeled as outlined below in the Schedule and Method of Implementation of Occupational Exposure Preventive Plan, item H. 1. of this section. They will be transported (as described for class A) at the option of the individual health department, or will be grouped with ordinary solid waste. They are not required to receive special treatment prior to disposal.

Infectious wastes generated in the home setting must be bagged and labeled as if generated in the clinic setting. However, no special requirements for transport, treatment, or disposal apply. This plan applies to wastes generated in the home only if generated by the activities of a home health care provider or other health department staff person.

E. General Housekeeping

The LHD will ensure that the work site is maintained in a clean and sanitary condition. A written schedule for cleaning and decontaminating the work site will be observed based on the following criteria:
a. Location within the department
b. Type of surface to be cleaned
c. Type of soil present
d. Tasks and procedures being performed in the area

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces will be decontaminated with an appropriate disinfectant, as follows:

a. After completion of procedures.
b. Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials.
c. At the end of the work day if the surface may have become contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workday if they may have become contaminated during the day.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be:

a. Inspected and decontaminated on a regularly scheduled basis;
b. Cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

Reusable sharps that are contaminated with blood or other potentially infectious materials will NOT be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

F. Laundry

Contaminated laundry will be handled as little as possible with a minimum of agitation and will be bagged or placed in a leak proof container at the location where it was used. It will NOT be sorted or rinsed in the location of use.

Contaminated laundry will be placed and transported in bags or containers labeled or color-coded as described below in the Schedule and Method of Implementation of Occupational Exposure Preventive Plan, item C.1. When the LHD utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it
communicates the information that the containers require compliance with universal precautions.

When contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak through and/or leakage of fluids to the exterior. The LHD will perform the following:

a. Ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment, i.e., gown or apron.

c. When shipping contaminated laundry off-site, the LHD will place the laundry in bags or containers which are labeled or color-coded as described below within the Schedule and Method of Implementation of Occupational Exposure Preventive Plan, item H.1.

d. When the LHD has a contract/agreement with a company to provide laundry services; the contract/agreement will include the required cleaning schedule and which facility will be responsible for transporting the items.

G. Hepatitis B Control

The provisions of this section will be observed as of July 1, 1992.

1. Vaccination

Each employee in job classes enumerated within Exposure Determinations A. and B. above will, within 10 days of employment or assignment, be scheduled an appointment with the nursing director or nurse supervisor of the LHD (or designee) and will either:

a. Provide evidence of having received three doses of hepatitis B vaccine; or
b. Provide evidence of a positive Antibody to Hepatitis B Surface Antigen (anti-HBs) laboratory marker; or
c. Sign a form consenting to be vaccinated or to finish an incomplete vaccination series; or
d. Specifically decline vaccination by signing the Declination for Hepatitis B Vaccine form located on the LHD Forms webpage.

For those who do not have an immunocompromised medical condition, booster doses of vaccine are not currently recommended except when there is exposure to a Hepatitis B Surface Antigen (HBsAg)-positive source. Thus dates and results of anti-HBs testing should be recorded as well as dates of vaccine doses, for use in case exposure. A positive anti-HBs in a person never having received vaccine is due to natural infection and is considered permanent.
It is the responsibility of the employer/local health department to purchase Hepatitis B Vaccine for its employees. If the employee consents to be vaccinated, he will be evaluated to ascertain that there are no medical contraindications to vaccination. These include hypersensitivity to yeast or an adverse reaction to a previous dose of hepatitis B vaccine. If no contraindications exist, then the employee will receive three (or the remaining) doses of hepatitis B vaccine at 0, 1, and 6 months.

Two months following the last dose, a test for anti-HBs will be ordered to determine immune status. It is the responsibility of the employer/local health department to arrange and pay for this testing. The Division of Laboratory Services will provide testing free of charge for local health department employees, as resources allow.

If the employee declines vaccination, he must sign a Declination for Hepatitis B Vaccine form located on the LHD Forms webpage and employee will be informed quarterly for one year that if their decision changes to return and consent to receive vaccination at any time.

2. Post-exposure evaluation

When an LHD employee experiences an incident involving parenteral contact or contact of eye, mouth, other mucous membrane, or non-intact skin with a body fluid defined above within the Exposure Determination, item D. 4. a report will be made as described in IV. below. The source blood (two, 7 ml red-top tubes) will then be sent to the Division of Laboratory Services (attention-serology section) for testing for HIV and HBV, accompanied by forms LAB-197 ("mark Needlestick injury") and form LAB-213 ("Check HBsAg").

The General Consent for Health Services form CH-5 must also be obtained. The laboratory will notify the designated person at the LHD of the result (by telephone if positive, in writing if negative).

Post-exposure evaluation for Hepatitis C (HCV) is also required by OSHA however, the Department for Public Health, Division of Laboratory Services does not provide this particular testing. It is the responsibility of the employer/local health departments to arrange for HCV testing.

Current references may be found on the CDC website: "Morbidity and Mortality Weekly Report [MMWR], November 25, 2011 / 60(RR07);1-45

H. Communication of Hazards

1. Warning Signs/Labels

Standard Orange Fluorescent Biohazard warning labels (available from the Division of Laboratory Services, Technical Services, Container Room; or private vendors) must be affixed to all regulated waste containers,
Administrative Reference
DPH Guidelines for LHD Bloodborne Pathogens Exposure Control Plan for OSHA Compliance
September 1, 2018

refrigerators containing blood or other potentially infectious material and any other containers used to store, transport or ship blood or other potentially infectious materials.

Containers or vacutainers of blood or blood products that are labeled as to their contents and are being clinically tested within the facility are exempt from the labeling requirements. Red bags or red containers may be substituted for labels. Individual containers that are placed in a larger labeled container for storage, transport, or shipment need not be individually labeled.

The labels on regulated waste will have an “A” or “B” underneath the biohazard symbol indicating the class of infectious waste. If the container has a mixture of types, the letter “A” will be used. Labels must be affixed as closely as feasible to containers by string, wire, adhesive, or another method to assure that labels are not lost or unintentionally removed. Labels are also required for any contaminated laboratory equipment and must state which portion(s) of the equipment is contaminated. Regulated waste that has been decontaminated does not need to be labeled.

2. Information and Training of Staff

LHDs must ensure that all employees identified as having the potential for an occupational exposure participate in an annual training program provided at no cost to the employee and during working hours. To comply with federal regulations, the initial training program for staff must occur prior to August 15, 1992. An initial training program to assure compliance with the new Needlestick Safety and Prevention Act must be provided by the LHD within a reasonable time frame after receiving these guidelines (but prior to August 15, 2001).

New staff identified as having the potential for exposure must receive training during the orientation period or prior to undertaking tasks where exposure may take place. LHDs are obligated to provide additional training if an employee’s change in duties increases the chance of exposure. An instructor familiar with infection control theory and practice should be responsible for providing the training and for assessing the effectiveness of the training. Initial and annual training programs must contain (at a minimum) the following components:

a. A general explanation of the epidemiology, modes of transmission, and symptoms of infection with Bloodborne pathogens.

b. An explanation of the LHD’s exposure control plan, the location of the plan, and how the employee can obtain a copy.

c. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

d. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering
controls, work practices, and personal protective equipment.
e. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
f. An explanation of the basis for selection of personal protective equipment.
g. The review of the Respiratory Plan and Personal Protective Equipment (PPE) guidelines located on the LHD Information webpage.
h. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
j. An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available. Please note that the blood of the source patient may be sent for testing immediately after an exposure incident if the patient signed the General Consent for Health Services form CH-5.
k. Information on the post-exposure evaluation and follow-up that the LHD provides for an employee following an exposure incident.
l. An explanation of the signs and labels and/or color-coding in use by the LHD.
m. Ample opportunity for questions and answers. Copies of federal OSHA regulations (29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens) outlining the requirements for employers and the LHD’s exposure control compliance plan must be available and easily accessible to each trainee.

I. Recordkeeping

Employee Medical Records:
The LHD must include in the medical file of each employee with potential exposure, documentation of an up-to-date hepatitis B vaccination. If the employee has no documentation to this effect, that fact must be noted in the employee’s medical file. Follow the guidelines outlined in the Medical Records Management Section of the AR.

If the employee is vaccinated by LHD staff, an immunization record must be initiated and filed as a medical record with a copy filed in the employee’s medical record. The date of each vaccination must be included as well as any allergic reaction to the vaccine. Should an employee have an exposure incident, a copy of the incident report and all results of post exposure testing and follow-up must be filed in the employee’s medical record including a copy of the physician’s written opinion and a copy of any written information provided to
the employee.

In accordance with local health policy, these records are confidential and cannot be disclosed without the employee’s express written consent. Records must be retained for 30 years following termination of employment in accordance with 29 CFR 1910.20. Employee medical files must be kept separate from the personnel records.

In order to account for the Hepatitis B vaccine distributed, a patient encounter form (PEF) will be initiated on each employee receiving HBV. The PEF code of 361 for Hepatitis B #1, 362 for Hepatitis B #2 and 363 for Hepatitis B #3 will be used. The payor code will be overridden to payor code 4 (non-assigned).

Records of Training Received by Employees:

Information on employee training on occupational exposure must be contained on the Record of Training on Exposure Guidelines and Requirements form located on the LHD Forms webpage. The form is to be completed by the trainer(s) and a copy must be filed in a general training file with a copy in each employee’s personnel file. This form contains the following information:

- The dates of each training session.
- Content-specific syllabus and any information distributed to employees.
- The name(s) and qualifications of the person conducting the training.
- Names and job titles of all persons attending the training.

Records will be retained for three years from the date of training. Records shall be made available to state agency staff and OSHA representatives upon request. A CH-23, Authorization for Release of Patient Information, located within the LHD Forms webpage must be completed should an employee terminate employment with the LHD and wish to have his records transferred to another employer.

IV. Procedure for Reporting and Managing Exposure Incidents

In the event of any applicable exposure to blood or other potentially infectious material, the health department employee will report the date, time and type of exposure to the immediate supervisor; and initiate an Unusual Occurrence/Incident Report Exposure to Blood or other Potentially Infectious Materials form located on the LHD Forms webpage to include, but not be limited to:

a. Employee activity at the time of exposure;

b. Extent to which appropriate work practices and protective equipment were used; and

c. Description of the source of the exposure.

Report the incident to the LHD director or director’s designee. Initiate a General Consent for Health Services form (CH-5), if indicated, and based on the type of exposure, initiate the Physician Treatment Related to Unintentional
Exposure to Blood or Other Potentially Infectious Substances form. Adhere to follow-up treatment regimen and/or testing as prescribed by the physician.

Reporting/Recording of Needlestick and Sharps Injuries:

All work-related Needlestick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material (human body fluids, tissues, and organs); or other materials infected with HIV, HBV or HCV such as laboratory cultures or tissues must be recorded on the OSHA 300 (Log of Work-Related Injuries and Illnesses) and the OSHA 301 (Injury and Illness Incident Report) as an injury.

If an employee is splashed or exposed to blood or other potentially infectious materials without being cut or scratched, the incident is recorded on the OSHA 300 Log as an illness.

If the incident results in the diagnosis of a Bloodborne illness (HIV, Hepatitis B, or Hepatitis C) or it meets one or more of the following criteria, do not record the employee’s name on the OSHA 300 Log:

a. days away from work;
b. restricted work;
c. transfer to another job;
d. medical treatment beyond first aid;
e. loss of consciousness;
f. death or it involves a significant injury or illness diagnosed by a physician or other licensed health care professional even if it does not meet one or more of the criteria previously listed.

In these instances, enter “privacy case” in the space for the employee’s name. The following injuries and illnesses are designated “privacy concern cases”:

a. An injury or illness to an intimate body part or the reproductive system;
b. An injury or illness resulting from a sexual assault;
c. Mental illnesses;
d. HIV infection, hepatitis, or tuberculosis;
e. Needlestick injuries or cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material;
f. Other illnesses, if the employee independently and voluntarily requests that his/her name not be entered on the Log.

For these “privacy concern cases,” the LHD must keep a separate, confidential list of the case numbers and employee names so the cases can be updated and the LHD can provide federal and/or state government appropriate information if requested.

The “classification of the case” contained on the Log must be updated if the injury later results in days off work, restricted work, job transfer, or death. The description
of the case must also be updated to identify the infectious disease and to change the case classification from an injury to an illness. Information must be entered on the OSHA 300 Log and OSHA 301 Incident Report within seven (7) calendar days of receiving information that a recordable injury or illness has occurred.

Retention and Updating:

The LHD must retain the OSHA 300 Log, the privacy case list, the Annual Summary (OSHA 300-A) and the OSHA 301 Incident Report for five (5) years following the end of the calendar year.

The OSHA 300 Logs must be updated over the five year period to include any newly discovered recordable injuries or illnesses and to show any changes that have occurred in the classification of previously recorded injuries and illnesses. If the description or outcome of a case changes, the LHD must remove or line out the original entry and enter the new information. Updating the OSHA 300-A (Annual Summary) and the OSHA 301 Incident Report is voluntary (there is no requirement to update these two documents).

The employer or designee will:

1. Report the incident to the Department for Public Health, Division of Epidemiology and Health Planning, if a reportable condition is involved. File and retain the reports in his medical record.
2. Provide the following information to the evaluating physician:
   a. A copy of this regulation and its appendices and
   b. Description of the affected employee’s duties as they relate to the employee’s occupational exposure.
3. Physician’s written opinion. For each evaluation under this section, the employer shall obtain and provide the employee with a copy of the evaluating physician’s written opinion within 15 working days of the completion of the evaluation. The written opinion will be limited to the following information:
   a. The physician’s recommended limitations upon the employee’s ability to receive Hepatitis B vaccination.
   b. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.
   c. Specific findings or diagnoses, which are related to the employee’s ability to receive Hepatitis B vaccination. Any other findings and diagnoses shall remain confidential.

In the event the employee refuses to be treated according to the guidelines for treatment of an exposure incident the employee’s supervisor will:

a. Complete the Unusual Occurrence/Incident Report, located on
the LHD Forms webpage, based on the oral report of the employee and have the employee sign the report.

b. Have the employee indicate on the Incident Report his/her refusal for care.

c. Report the incident and refusal of the employee to the appropriate personnel in the LHD.

d. Report the incident to the Department for Public Health, Division of Epidemiology and Health Planning, if a reportable condition is involved.

e. File and retain the reports in his medical record.

Department for Public Health OSHA Online Trainings

Part One: Kentucky Department for Public Health (DPH) / Local Health Department (LHD) Occupational Health and Safety (OSHA) Online Training Program Two-Part TRAIN Module: 1074371

Course Description: This course is designed to review OSHA Bloodborne Pathogen Standards. The module identifies the three most commonly encountered bloodborne pathogens, discussed their symptoms, and how the pathogens can be transmitted. This course stresses the importance of Standard Precautions and outlines the work practice controls that are in place to protect Local Health Department (LHD) employees.

Part Two: DPH Occupational Safety Health Administration (OSHA) Bloodborne Pathogen

Course Description: This course will discuss the appropriate use of personal protective equipment and how to properly handle blood and other potential infectious materials. It will include housekeeping procedures to reduce the risk of exposure and the steps to take if an exposure occurs.
INFORMATION CONCERNING BLOODBORNE PATHOGENS STANDARDS:

The National Institute for Occupational Safety and Health (NIOSH) - ALERT DOCUMENT 84

Tips for Improving Your Bloodborne Pathogens Exposure Control Plan


US Department of Labor: KENTUCKY OSHA STATE PLAN

US Department of Labor: OSHA STANDARDS INTERPRETATION AND COMPLIANCE LETTERS 12.15/2000 ENGINEERING CONTROLS MUST BE USED TO PREVENT NEEDLE-STICKS WHERE FEASIBLE.


OSHA Fact Sheet – OSHA Bloodborne Pathogens Standard

OSHA Office located at: Kentucky Labor Cabinet
Education and Training
1047 U.S. Highway 127 South, Suite #4
Frankfort, Kentucky 40601

PH: (502) 564-3070 Direct # to Labor Cabinet

Federal OSHA inquiries: (502) 227-7024
Publications and federal posters can be downloaded from federal OSHA website.
LHD FACILITIES AND EQUIPMENT

Table of Contents

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

FACILITY OWNERSHIP ................................................................. 1
FACILITY STRUCTURAL REQUIREMENTS .................................. 1
CAPITAL CONTRUCTION REQUIREMENTS ............................... 2
CAPITAL EXPENDITURES .............................................................. 2
FACILITY DESIGN AND LAYOUT .............................................. 2
FACILITY SAFETY ........................................................................ 3
USE OF FACILITIES ..................................................................... 3
INSURANCE REQUIREMENTS .................................................... 4
LHD FACILITIES AND EQUIPMENT

FACILITY OWNERSHIP

Requirements for Local Health Departments’ (LHDs’) facilities that are owned by fiscal courts are found in Administrative Regulation Title 902 KAR 8:160, Section 7.

When necessary and expedient, health departments may rent space using standard lease agreements reviewed and approved by the Department for Public Health (DPH), Administration and Financial Management Division, prior to implementation.

DPH shall be contacted for guidance and assistance should a health department build a facility or lease space from or in conjunction with other public agencies, non-profit agencies, and/or health care providers. This shall be done to assure that the assets and interests of the health department are protected and that the LHD complies with provisions of OMB 2CFR Subpart E.

When incurring a building or facility debt, the LHD may make use of other funds with the approval of their board of health and DPH. To retire a building or facility debt in excess of the annual anticipated revenue of the health department less annual expenses, the board of health shall comply with Section 158 of the Kentucky Constitution that limits such indebtedness to 2% of the value of the taxable property of the county.

For requirements for disposition of assets, surplus, or excess property, see Administrative Regulation title 902 KAR 8:170, Section 8.

FACILITY STRUCTURAL REQUIREMENTS

Facility structural requirements for all LHDs’ facilities, whether owned or leased by the LHD are:

- Compliance with applicable state and local building, fire, and safety codes and ordinances as stated in 902 KAR 8:160, Section 8 (2);
- Compliance with federal HIPAA statutes;
- Accessibility for the disabled and compliance with the Americans With Disabilities Act (ADA) if patients or the public are seen in the facilities;
- Compliance with Occupational Safety and Health Administration (OSHA) by having developed plans which address emergency evacuation procedures and fire prevention and control for each facility;
- Compliance with federal mandates that all local health department clinic sites be smoke free.

The Administrative Regulation Title 902 KAR 8:160, Section 8 (3), addresses construction or modification requirements for an X-ray room.
CAPITAL CONSTRUCTION REQUIREMENTS

Administrative Regulation Title 902 KAR 8:160, Section 8, outlines construction requirements for new construction, building expansion, or renovation projects that are funded by the cabinet.

Prior to implementation, plans and specifications for the project as well as contracts and agreements for architects and contractors shall be submitted to the DPH for review and approval. Written assurances regarding construction and cost overruns shall also be submitted. Quarterly status and progress reports are required along with a closing report upon completion of the project.

CAPITAL EXPENDITURES

The Administrative Regulation Title 902 KAR 8:170, Section 4, governs expenditure policies.

If a LHD has funding for capital items available in a local restricted fund, the LHD may budget and expend the funds as approved by the DPH in the written plan establishing the fund, 902 KAR 8:170 Section 3 (3)(c).

The plan shall comply with OMB 2CFR Subpart E (referenced in Administrative Regulation Title 902 KAR 8:170, Section 4), that may be viewed at the US Office of Management and Budget website. For additional guidelines on Capital Expenditures, “Financial Planning and Budget Preparation”, review the Financial Management Section of the AR.

FACILITY DESIGN AND LAYOUT

Newly constructed local health department service sites and LHDs being renovated shall be designed in such a manner as to promote patient flow and convenience, accessibility, privacy and comfort. LHDs shall consider federal Health Insurance Portability and Accountability Act (HIPAA) privacy and confidentiality requirements and Communicable Disease requirements as part of design planning. Safety and convenience of staff and accommodation of future growth shall also be important design considerations.

Plans and specifications for each cabinet funded project must be submitted to the DPH for review and approval, per 902 KAR 8:160.

The LHD must involve DPH, Division of Administration and Financial Management, in the planning process for new construction or expansion of local health departments.
FACILITY SAFETY

LHD Facility Safety Guidelines are:

- Each local health department (LHD) must, in accordance with federal guidelines, have posted throughout the facility a floor plan depicting emergency exits and escape routes;
- Each LHD facility must ensure that emergency equipment (e.g. fire extinguishers, emergency exit signs, automated defibrillators, emergency lighting, etc.) is checked and maintained in good working order at all times. Review the Core Clinical Service Guide (CCSG), Emergencies Section, for more detailed information;
- Each LHD is strongly encouraged to schedule periodic inspections by local fire, police, and emergency management officials to identify fire and safety hazards and take appropriate measures to correct them;
- Each LHD facility must have an appointed individual who shall ensure compliance with all facility safety guidelines as well as life and safety codes.

USE OF FACILITIES

LHD facilities shall be used for:

- Patient oriented health services;
- Group or community education and health promotion services;
- Administrative, clinical and environmental health department staff working space;
- Medical contractors performing services for the health department;
- Services or meetings of nonprofit agencies for the purpose of furthering the mission of public health; and
- Office space for district plumbing inspector, in accordance with KRS 211.365, if requested, however, phone expenses and office supplies, etc., are not part of the state requirement.

LHD facilities may be used for any community activity/service, which makes a positive contribution to improving the health and safety of the community on a continuing or temporary basis with board approval. LHD staff should ensure the board is aware of any potential liability issues prior to decision-making.

LHD facilities, quarters, or personnel may not be used by contracted physicians providing clinical services or acting as medical consultants in pursuit of their private practices (except when approved by the Board of Health in public health disaster/emergency conditions or other community crisis situations with a foreseeable endpoint). LHD may allow the use of space to another nonprofit agency for its operations or as meeting space if the purpose of use furthers the mission of the LHD or public health. Rental contracts for the use of LHD facilities by another
agency must be reviewed by DPH, Division of Administration and Financial Management (AFM) and approved by the local Board of Health.

**INSURANCE REQUIREMENTS**

Insurance requirements for LHDs are found in Kentucky Administrative Regulation, Title 902 KAR 8:160, Section 9.
# Local Health Operations

## Table of Contents

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

### Appointment and Scheduling Requirements
- All Local Health Department Health Services ............................................. 1
- Appointments/Scheduling for WIC Applicants ........................................... 1
- Late Arrivals or Missed Appointments for WIC Services .......................... 1
- Walk-In Patient for Immunizations ......................................................... 2
- Making the Appointment System Functional ........................................... 2
- Notice of Privacy Practices Statement under HIPAA ............................... 2
- Confidential Communication Requirements ......................................... 2
- Appointment Reminder System ............................................................ 3

### Overview of Patient Fees & Services
- Patient Fees .......................................................................................... 3
- Income Assessment Determination ....................................................... 3
- Uniform Percentage Payment Schedule (patient’s ability to pay) ............ 4
- Nominal Fee (Flat Rate) Procedures ...................................................... 4
- Health Insurance .................................................................................. 4
- Underinsured (KY Immunization Program – KIP) ................................. 4
- Fully Insured (KIP) .............................................................................. 4
- Fixed-Full Charge (Immunizations purchased with LHD Funds) .......... 5
- Inability to Pay Patient Fees ................................................................. 5

### Standard Procedures for Interpretive Services
- Standards for Interpretive services ......................................................... 6

### Communication with the Public
- Keeping the Public Informed about Services Available .......................... 6

### Days and Hours of Operation
- Notice of Hours of Operation to the Public .......................................... 7
- Exceptions to the Hours of Operation ................................................... 7
- Extended Hours of Operation ................................................................. 8

### Information Technology
- Policies and Procedures ................................................................. 8
- Computer Use/Access ........................................................................ 8
- Support and Maintenance ................................................................. 9
- Minimum Internet Speed/Bandwidth .................................................. 10
- Technical Support and Security Access .............................................. 11
- LHO Branch Operating Hours and Contact Information ...................... 12
- COT/Commonwealth Service Desk–Operating Hours/Contact Information 12
- WIC Program Help Desk Operating Hours ...................................... 13
- Systems Planning ............................................................................. 13
- Web Development ............................................................................ 13
- Security ............................................................................................ 13
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures for Requesting Security Access from the LHO Branch</td>
<td>14</td>
</tr>
<tr>
<td>LHD Global Email Distribution Listings Procedures (@ky.gov domain)</td>
<td>15</td>
</tr>
<tr>
<td><strong>Computer Security Use of Passwords</strong></td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>16</td>
</tr>
<tr>
<td>Background</td>
<td>16</td>
</tr>
<tr>
<td>Password Procedures</td>
<td>17</td>
</tr>
<tr>
<td>Selecting a Password</td>
<td>18</td>
</tr>
<tr>
<td>Changing a Password</td>
<td>19</td>
</tr>
<tr>
<td>Computer/Network Security Policy on Compromised Passwords</td>
<td>19</td>
</tr>
<tr>
<td>Automated CMS/PORTAL Forgot Password Procedures</td>
<td>19</td>
</tr>
<tr>
<td><strong>Custom Data Processing (CDP)</strong></td>
<td></td>
</tr>
<tr>
<td>Extra Hours Procedures</td>
<td>20</td>
</tr>
<tr>
<td><strong>Open Records</strong></td>
<td></td>
</tr>
<tr>
<td>Definition of Public Record</td>
<td>21</td>
</tr>
<tr>
<td>Internal LHD Policy/Procedures for Official Record Custodian</td>
<td>21</td>
</tr>
<tr>
<td>Open Records Requests and Release of Information Process</td>
<td>21</td>
</tr>
<tr>
<td><strong>Administrative Hearings</strong></td>
<td></td>
</tr>
<tr>
<td>Eligibility for an Administrative Hearing Request</td>
<td>22</td>
</tr>
<tr>
<td>Exceptions to an Administrative Hearing Request</td>
<td>22</td>
</tr>
<tr>
<td>Action to take when an Administrative Hearing Request is Received</td>
<td>22</td>
</tr>
<tr>
<td>General Administrative Hearing Procedures and Timeframes</td>
<td>23</td>
</tr>
<tr>
<td><strong>Reporting and Reporting Systems</strong></td>
<td></td>
</tr>
<tr>
<td>Patient and Community Health Services Reporting and Billing System</td>
<td>23</td>
</tr>
<tr>
<td>Community Action on Tobacco Evaluation System (CATALYST)</td>
<td>24</td>
</tr>
<tr>
<td>Home Health Reporting</td>
<td>25</td>
</tr>
<tr>
<td>Environmental Reporting</td>
<td>25</td>
</tr>
<tr>
<td>Public Health Laboratory Reporting</td>
<td>25</td>
</tr>
<tr>
<td>HANDS Reporting</td>
<td>26</td>
</tr>
<tr>
<td>Kentucky Early Intervention System, First Steps Program Reporting</td>
<td>26</td>
</tr>
<tr>
<td>Healthy Start in Childcare</td>
<td>26</td>
</tr>
<tr>
<td>Birth and Death Reporting (Vital Statistics)</td>
<td>26</td>
</tr>
<tr>
<td>DiaWEB™ Reporting</td>
<td>27</td>
</tr>
<tr>
<td>Kentucky AIDS Drug Assistance Program (KADAP) and</td>
<td></td>
</tr>
<tr>
<td>Ryan White CARE Ware for the Kentucky HIV Care Coordinator Program (KHCCP)</td>
<td>27</td>
</tr>
<tr>
<td>HIV/AIDS Reporting System (eHARS) and EvaluationWeb</td>
<td>27</td>
</tr>
</tbody>
</table>
APPOINTMENT AND SCHEDULING REQUIREMENTS FOR HEALTH SERVICES

In consideration of the patient population needs and to promote efficiency in Local Health Department (LHD) 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 Health Services
Every effort shall be made to provide health services at the LHD within ten (10) calendar days from a patient’s request for an appointment. Appointments for services may exceed the ten (10) calendar days guideline when due to limited provider schedules. Subsequently, those appointments should be scheduled within reasonable time frames based on service availability.

LHDs may elect to operate utilizing appointments; same day scheduling; or some combination of the two according to program needs. The option(s) available to obtain an appointment should be clearly visible in the lobby, registration area of the LHD and on the LHD website.

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 and Nutrition Manual found on the DPH website for more explanation.
- Each LHD that does not routinely schedule appointments shall schedule appointments for employed adult individuals seeking to apply or reapply for participation in the WIC Program for themselves or on behalf of others so as to minimize the time such individuals are absent from the workplace due to such application. Reference federal regulation 7 CFR – 246.7(b)(4). The scheduled appointment should consist of a specific date and time.
- 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 and Nutrition Manual found on the DPH website for more explanation.

**Walk-In Patient for Immunizations**

- Based upon the terms of the LHD deputization agreement, “walk-in” VFC-eligible children should be provided services the day they present to the clinic or be scheduled for services as soon as possible.

**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.

**Notice of Privacy Practices statement under HIPAA**

A health care provider must provide a notice to the patient that explains how the provider may use and share the patient’s health information and how the patient can exercise their health privacy rights. Covered health care providers shall give the notice to their patients at the patient’s first service encounter (usually at the first appointment) and the patient can ask for a copy at any time. The provider cannot use or disclose information in a way that is not consistent with their notice. The law requires the provider to ask the patient to state in writing that the patient has received the notice that day. A covered entity must give a copy of the notice to anyone who asks for one. If a covered entity has a website for customers, it must post its notice in an obvious spot there. Specific requirements may be found at 45 CFR 164.520(b) and 164.520(c)(2)(iv).

**Confidential Communication Requirements:**

Covered health care providers must permit individuals to request an alternative means or location for receiving communications of protected health information by means other than those that the covered entity typically employs, 45 C.F.R. § 164.522(b). For example, an individual may request that the provider communicate with the individual through a designated address or phone number. Similarly, an individual may request that the provider send communications in a closed envelope rather than a post card. Review the Summary of the HIPAA Privacy Rule.
Appointment Reminder System:

- If a covered entity wants to contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to the individual, the Notice of Privacy Statement under HIPAA must include a separate statement that such information will be provided to the client without the client authorization, and a description and example must appear in the Privacy Notice. § 164.520 (b) (iii)(A).

- The Notice of Privacy shall also state that the individual will be provided this information electronically, but has the right to request alternative means of communications under § 164.522 (b) (1) (i). If the patient or individual requests another form of communication other than electronic, then the covered entity must accommodate the reasonable request. It would not be reasonable for the communication to be delivered by Federal Express, but would be reasonable to have it by mail if the person does not have the capability to receive a text or email.

OVERVIEW OF PATIENT FEES & SERVICES

Public health services benefit the entire population. The LHD shall make Core Public Health Services available to all persons within the appropriate guidelines prescribed by the Kentucky Department for Public Health (DPH). With the exception of communicable diseases, family planning services, and WIC; priority may be given to residents of the health department’s service area.

LHDs do not possess the discretionary authority to exclude aliens (non United States citizens) solely based on their alien status. Federal regulations require Family Planning Programs funded through Title X to provide services regardless of residency.

Patient Fees

Using income provided by the patient, the LHD may assess the patient a fee for health services provided (except Prenatal at or below 185% poverty; WIC; and HANDS) unless otherwise directed by law, regulation, or grantor requirements. Review 902 KAR 8:170, Section 3 [4] for specific requirements regarding patient fees. Additionally, the initial visit for Folic Acid Supplementation/Counseling is not charged, but subsequent visits may include a patient fee.

**Patient fees are determined through an income assessment** unless otherwise directed by law, regulation, or policy. (See Income Determination in Administrative Reference, [Patient Services Reporting System](#)).

Fees are assessed, on each service date, as follows:
- **Uniform Percentage Payment Schedule**, based on the annual Federal Poverty Level Guidelines, 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. Also review the *LHD Patient Self-Pay Fee Matrix* in Administrative Reference; [Patient Services Reporting System](#)

- **Nominal 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, when those services are the primary reason for the visit. Those communicable diseases, as allowed and determined by Department for Public Health through 902 KAR 8:170, Section 3(4)(b), are tuberculosis (TB), sexually transmitted diseases (STDs), and the human immunodeficiency virus (HIV).

- **Health Insurance**

A patient who has health insurance coverage shall be billed the full usual and customary charge for each service/procedure (CPT code) provided. A Medicaid “spend down” patient shall be billed at 100 percent of charges. A balance not covered by health insurance shall be charged to the patient, except that the amount charged shall not exceed the amount that a patient without health insurance coverage would be charged, using standard discounts as applied to total charges for services rendered, 902 KAR 8:170, Section 3(4)(e).

The following is only applicable to the Kentucky Immunization Program (KIP): **Underinsured:**

- A person who has health insurance, but the coverage does not include vaccines.

- A person whose insurance covers only selected vaccines. Children (individuals under 19 years of age) who are underinsured for selected vaccines are VFC-eligible for non-covered vaccines only.

- Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under a LHD with an approved deputization agreement.

**Fully Insured**

Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan’s deductible had not been met are not
eligible for the KY Immunization Program (KIP) vaccines unless special circumstance occur and guidance will be provided by KIP.

Fixed-Full Charge

- LHDs may option to apply Fixed-Full Charge patient fees for pediatric and adult immunizations that have been purchased with LHD funds without written request from the Department for Public Health.
- Rates for Fixed-Full Charge (FFC) fees will be maintained by DPH and listed on the 501 Service File in PSRS. The rates will be reviewed annually and based on the Medicare resource-based relative values geographically for Kentucky.
- If LHDs have questions about rates or if a particular service can be processed as a FFC, contact the Local Health Operations Branch. (Additional information may be found in the AR—Patient Services Reporting System section).

LHDs may not override patient fees assigned by the system, unless specifically authorized, in writing, by the Department for Public Health, Division of Administration and Financial Management (AFM). A DPH authorized override is only approved and valid through June 30 of each year. An LHD must submit another override request for DPH approval.

Inability to Pay Patient Fees

A patient’s percentage pay based on household size and household income should be an indicator of the patient’s ability to pay their percentage amount of the services delivered. 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.

The PSRS system will determine the appropriate charge amounts for services delivered based on the income entered at the time of service by the LHD. The LHO Branch updates the rates (fees), for each CPT code available in the 501 service file, annually during the first quarter of the calendar year using a web-based software approved by the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a federal government agency.

The LHDs ability to collect payments or determine write-offs will be based on LHD policy. LHDs 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 Federal Register.
STANDARD PROCEDURES FOR INTERPRETIVE SERVICES

This operational guideline addresses the standard procedures for interpreters either employed or contracted by LHDs. Review the Personnel Section of the Administrative Reference for additional information concerning Title VI, Civil Rights Act of 1964 and Limited English Proficiency (LEP) compliance requirements.

LHDs must make interpretive services available to all eligible persons benefiting from programs provided and funded by Federal monies. Failure to provide quality interpretive services may prevent eligible persons from receiving benefits to which they are entitled.

LHDs are responsible for assuring quality interpretive services are provided. There are standard procedures for interpretive services LHDs should adopt 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 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 LEP, LHDs, and their contracted providers, shall follow steps in the “Compliance with Title VI” of the Local Health Personnel section of the AR.

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. LHDs are to ensure their website is up to date with current information.

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 Environmental Health Services 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.
Notice of LHD Hours of Operation to the Public:

DPH determined that the Local Health Departments’ (LHDs) normal working hours are Monday through Friday from 8:00 AM to 4:30 PM and LHDs may offer extended hours as outlined below.

In accordance with 902 KAR 8:160, Section 11, the LHD shall post the hours of operation near the main entrance. This posting shall also include when the LHD will close for lunch, if applicable. The posting shall be plainly visible from the outside. During emergencies, the LHD shall post, in a location visible from the outside, an emergency contact/phone number. If the LHD has a website, this information should also be available on the LHD site’s main webpage.

A listing of current LHDs hours of operation may be found at the LHD Information webpage on the DPH website. Each LHD is responsible for making DPH aware of changes to their normal hours of operation and ensuring their LHD website is up to date.

Except for emergencies, the LHD shall publicize, in advance, if the department is to be closed during normal working hours. The notice shall be available on the LHD website and be prominently displayed at the main entrance and visible from the outside; indicate where and how staff may be reached; and indicate when the office(s) are expected to re-open.

LHDs are expected to be open on all days except those listed in 902 KAR 8:120, Section 18, Holidays. Review AR: Local Health Personnel Section. The actual day the holiday is observed is routinely established by the Kentucky Governor’s office or the Secretary of the Personnel Cabinet.

The following are exceptions to the hours of operation:

- Inclement weather that causes the LHD 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 be communicated, in writing, to the Department for Public Health. The written communication must be submitted in advance of the closure to the attention of the AFM Division Director and 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. Except for emergency or other unplanned situations, and to ensure sufficient advance notice is given, LHDs should attempt to provide the advance written notice to DPH at minimum two (2) business days before scheduled closure.
**Extended Hours**

In order to accommodate the working public, LHDs/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 the DPH designated normal working hours. Extended hours shall be a decision of the governing Board of Health with input from LHD 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 Patient Services Reporting System (PSRS) and the Clinic Management System (CMS) will be needed for the extended hours, prior arrangements must be made with the DPH Administration and Financial Management (AFM) Division, *Local Health Operations (LHO) Branch*. See “Custom Data Processing (CDP) Extra Hours Procedures” located in this section.

Employee work schedules need to be adjusted (in conjunction with LHD management) to ensure adequate office coverage during all times of service activities.

**INFORMATION TECHNOLOGY**

Public Health information technology uses high capacity computers linked through the Cabinet for Health and Family Services (CHFS) network. DPH and every LHD must adhere to the following:

**Policies And Procedures**

CHFS follows the Commonwealth Office of Technology (COT) policy and procedural guidance ([Enterprise IT Policies](#)) and [Security Policies, Standards and Procedures](#) related to information technology (IT) used in the CHFS network environment. Users connected to the CHFS network must comply with these COT policy and procedural guidelines. Although highly recommended and encouraged to follow COT guidelines, health department computers and other work-related technology devices not connected to the CHFS network need not comply with COT/state standards for hardware and software.

For those computers/devices that do connect to the CHFS network and/or utilize the [@ky.gov email](#) domain; state standards, Commonwealth Office of Technology (COT), 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.

**Computer Use/Access**

Local Health Departments (LHDs) must have a computer use/access policy and procedure for authorizing access to computer equipment. This policy and procedure is to be reviewed annually with authorized LHD users. Each user at a LHD must have a user specific security access authorization and security password assigned in order to
sign on and use LHD computer software and equipment. An LHD generic user account allowing multiple users to access the system(s) is not permissible.

Consult with the Local Health Personnel Branch to view a copy of the confidentiality agreement document pertaining to access as an employee. Users shall not share security access authorizations (e.g., PSRS KY #’s and other LHD network system assigned user names).

Each user is responsible for proper use and access to the software and equipment, and for helping safeguard the integrity of the network. Security breaches or compromises, including phishing emails, are to be reported immediately to supervisors. Failure to do so risks inappropriate access to patient health information, which is a violation of the federal Health Insurance Portability and Accountability Act (HIPAA).

It also creates the risk of improper access or manipulation of accounting and personnel data in the system. Each LHD shall have an IT Administrator who manages local access and coordinates support issues with CHFS and/or with COT.

LHD users needing access to a CHFS Network computer, receiving emailed phishing scams to their @ky.gov email address, or having other concerns/problems with or needing to reset their CHFS network password must contact the COT Commonwealth Service toll-free at (800) 372-7434 or by email.

The Local Health Operations (LHO) Branch only assists with security access issues related to the Patient Services Reporting System (PSRS) and the Clinic Management System (CMS) referenced as the LHD Network Systems.

Support and Maintenance

Computers and technology devices are the property of the local health department unless otherwise provided by an external agency such as WIC. Routine support and maintenance of those computers, technology devices, 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 LHDs. They are also specifically tagged as state property.

Health departments have agreed to abide by state standards, including those standards under the administrative authority of the Commonwealth Office of Technology(COT), for computers/devices and should check with DPH before purchasing new or replacement equipment if the computer/device will be used on the COT/CHFS Network. Health departments are also responsible for virus protection software to protect the COT/CHFS Network from compromise. The state has provided initial software support to create the working environment.
Health departments are encouraged to develop in-house support capability or enter into support agreements for the care and maintenance of their devices, equipment and website as a way of ensuring continuity and equipment availability. Larger health departments and district health departments may find that adding an IT administrator to permanent staff might be more cost effective. Health departments having a website are to ensure the content on that site is up-to-date. An IT administrator should be responsible for maintaining the content of the website.

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.

The current minimum and COT recommended standards for desktop and laptop computers, and internet/bandwidth speed are below. DPH recognizes there is developing tablet technology; however, at this time, COT has not made available standards for tablet computers/devices.

<table>
<thead>
<tr>
<th>STANDARD DESKTOP BASE SYSTEM</th>
<th>Minimum:</th>
<th>Recommended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processor</td>
<td>Intel Pentium G2020 Processor (Dual Core 2.90GHz)</td>
<td>Intel Pentium G2020 Processor (Dual Core 2.90GHz) or higher</td>
</tr>
<tr>
<td>Memory</td>
<td>4GB Single Channel DDR3 1600MHz (4GBx1)</td>
<td>4GB Single Channel DDR3 1600MHz (4GBx1) or higher</td>
</tr>
<tr>
<td>Hard Drive</td>
<td>250GB 3.5&quot; SATA 6Gb/s with 8MB DataBurst Cache</td>
<td>250GB 3.5&quot; SATA 6Gb/s with 8MB DataBurst Cache or higher</td>
</tr>
<tr>
<td>Operating System</td>
<td>Windows 7 Professional, Media, 32 bit</td>
<td>Windows 7 Professional, Media, 32-bit or higher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARD LAPTOP BASE SYSTEM</th>
<th>Minimum:</th>
<th>Recommended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processor</td>
<td>3rd gen Intel Core i3-3110M Processor (2.4GHz)</td>
<td>3rd gen Intel Core i3-3110M Processor (2.4GHz) or higher</td>
</tr>
<tr>
<td>Memory</td>
<td>4.0GB, DDR3-1600MHz SDRAM, 1 DIMM</td>
<td>4.0GB, DDR3-1600MHz SDRAM, 1 DIMM or higher</td>
</tr>
<tr>
<td>Hard Drive</td>
<td>320GB 5400rpm Hard Drive</td>
<td>320GB 5400rpm Hard Drive or higher</td>
</tr>
<tr>
<td>Operating System</td>
<td>Windows 7 Professional, 32-bit, No Media</td>
<td>Windows 7 Professional, 32-bit or higher</td>
</tr>
</tbody>
</table>

*Desktop and laptop minimum/recommended standards are as of April 15, 2014 via COT, Office of Infrastructure Services*

**Minimum Internet Speed/Bandwidth.** For health departments to get the desired results from web-based applications it is highly recommended a site have Point-to-Point T-1 access. The web-based software and other online media being used through the day and the number of computers/devices connected to the internet throughout the day will also affect the network performance. The following is the minimum internet speed/bandwidth:
• 1–10 concurrent users at site -- a minimum of 1.5M DSL;
• 1–25 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.

An information technology training program is necessary as a means of staff empowerment and effectiveness.

DPH has responsibility for maintaining operation of the LHD network systems. Custom Data Processing, Inc. (CDP) is the contracted vendor to provide support and resolution to all system-related issues with the **Patient Services Reporting System** (PSRS) and **Clinic Management System** (CMS); CDP's web-based **E-Report** software reporting issues and requests; and PSRS financial/accounting, personnel and payroll data for most health departments.

For direct system-related/technical support questions concerning PSRS and CMS, contact CDP customer support toll-free at (866) 237-4814 or by email. When contacting the LHO Branch, depending on the reported issue, the LHO Branch will either provide the support (e.g., reset password, unlock account) or initiate the action needed to assist with resolution of the reported issue (e.g., system-down, not working properly).

**Issues not related to password resets and unlocking accounts are to be submitted to the LHO Branch by the LHD IT Administrator.** COT will provide routine maintenance and assistance, as appropriate and where possible, for maintaining viability of the COT/CHFS network. For issues not under the scope of work for the LHO Branch, and depending on the problem/concern, the LHD IT Administrator or LHD Director will be responsible to communicate with CDP and/or COT if a network issue related to areas under COT control and authority is reported, detected or suspected.

**Technical Support and Security Access**

Each local health department (LHD) must have an assigned IT administrator who will serve as the main point of contact for IT related issues and maintain the LHD website and its content.

LHDs should use care in selecting the individual for the IT administrator position as this individual will need to be the most IT knowledgeable person.

**The LHD IT Administrator is the first local-level avenue of support** for LHD network users (staff) to contact and will:

a. Provide advice, guidance and hands-on support to local users.
b. Serve as the primary point of contact with the COT/Office of Infrastructure Services (desktop support).
c. Serve as the LHD Director’s authorized designee and primary point of contact with the LHO Branch concerning LHD Network (PSRS and CMS) security access requests and issues.

The **LHO Branch** will have and maintain normal operating hours of 8:00 AM to 4:30 PM (Eastern Time) each state-designated work day. The LHO Branch service desk contact information is **LocalHealth.HelpDesk@ky.gov** or (502) 564-6663, option 1.

The purpose of the LHO Branch is to:

a. Provide guidance to LHDs in the appropriate medical coding and related service/procedural documentation of medical records and management of DPH approved/authorized clinic health (CH) forms.

b. Provide guidance to LHDs on the appropriate completion of **Patient Encounter Form** (PEF) entries.

c. Provide guidance to LHDs on correcting **Medicaid and Managed Care Organizations** (MCO) billing errors for the Kentucky Preventive Health Services Program. **NOTE: LHO is not responsible for Medicare and private/commercial insurance billing issues.**

d. Review and authorize security access to the Patient Services Reporting System (PSRS) and the Clinic Management System (CMS) referred to as the LHD network systems.

e. Assist in the coordination of reviews for LHD contracts following the procedures outlined the Administrative Reference, **Financial Management Section.**

f. Maintain the **LHO webpage** and assist with maintaining the **AFM Division webpage**, the DPH intranet site and the LHD intranet site.

**COT/Office of Infrastructure Services** (desktop support) will have and maintain a permanent IT Service Desk capability. It will be manned from 8:00 AM (Eastern Time) until 4:30 PM (Eastern Time) each work day. The COT/Office of Infrastructure Services (desktop support) contact information is **CommonwealthServiceDesk@ky.gov** or toll-free at (800) 372-7434 or direct-toll at (502) 564-7576.

The purpose of the COT Service Desk is to:

a. Provide COT/CHFS network support to health departments.

b. Serve as liaison to work planning issues, network issues, and related technology issues as outlined in the COT **Enterprise IT Policies and Security Policies, Standards and Procedures.**

c. Provide limited CHFS network user support to health departments, within capability and scheduling.
The **WIC Program Help Desk** is available from 8:00 AM to 4:30 PM (Eastern Time) Monday through Friday. The purpose of this Help Desk is to provide *first line support* on WIC policy and procedures related to **WIC Systems** such as WIC CMS, eWIC (EBT), Breastfeeding Peer Counselor, and WIC security.

**Systems Planning**

LHDs 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 operating systems, equipment/devices and/or software. The COT is available to provide assistance with CHFS network systems planning. Use of information technology to create business solutions is encouraged. The Cabinet, through COT, 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 office hours and closures; as well as program updates, information, and ideas is encouraged. Health Departments should take full advantage of this media to communicate. *All LHD website content should be reviewed monthly* and must remain current to ensure appropriate communication is provided to patients, clients and the community. Making sure to follow the Cabinet’s Internet and Electronic Mail acceptable use policy found at the [COT Enterprise IT Policies](#).

**Security**

Health departments must create internal policies and procedures, using COT standards as a guideline, for access to computer equipment/devices, rules for day to day use, and purging and protecting the network when users (employees) no longer are granted access. Policies will include guidance for disposition of computer/device 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.

Security policy includes a security and confidentiality statement related to proper use of the equipment, safeguarding of information (including passwords), and monitoring of systems access.

The policy will outline uses of equipment, risk management to protect patient identifiable information, and how to participate in security management. CHFS has provided a password security policy and procedure for access to and use of equipment that accesses the CHFS network. Annually, 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 computers/devices for daily function. Training will be accomplished on system admission, at minimum, annually. The
following pages are the computer security and password policy.

**Procedures for Requesting Security Access from the LHO Branch**

1. The LHD Director or the director’s authorized designee (e.g., IT Administrator) *on file with the LHO Branch* obtains the appropriate security access request form(s) *from the LHD Forms Page*; then

2. Following procedures outlined on security request form(s), completes the security request form(s) by authorizing what access the user needs based on employee’s assigned duties and attaches the request form(s) to an email that is forwarded to the LHO Branch at LocalHealth.HelpDesk@ky.gov or by fax at (502) 564-4057. *When faxing a security request; each faxed request must be signed by the LHD Director or authorized designee to ensure authenticity of request*. Unsigned faxed security requests or any emailed requests not submitted from the LHD Director’s or authorized designee’s computer (work email) will not be processed by the LHO Branch.

**NOTE**: Due to HIPAA requirements: a user’s Social Security Number must not be emailed (*faxed only under the LHD’s cover page to ensure confidentiality/privacy*).

3. Once the security request form is received and correctly completed, the LHO Branch will issue the authorized access for the identified user within two (2) business days following date of receiving an accurately completed request. LHDs should consider this timeframe when submitting security access requests to ensure access for each user is available on the date needed.

4. Once the LHO Branch processes the requested and authorized the security access the LHD Director or their authorized designee will receive an email from the LHO Branch. The LHD Director or designee will notify the employee (user). If a KY# and *PEF logon ID* was requested *to access PSRS*, the KY# and PEF Logon ID as well as the default password will be provided in the email.

The LHD is responsible for maintaining a current listing of their employee’s assigned KY#s, authorized/assigned security groups, and PEF logon ID. The LHD is to ensure a user’s security credentials are not shared or used by other LHD employees. Each LHD employee (user) must have their own security access credentials. HIPAA, privacy and confidentiality guidelines must be followed.
LHD Global Email Distribution Listings Procedures for the @ky.gov domain

1. LHD employees having a @ky.gov email address; the LHD Director or their authorized designee on file with the LHO Branch shall follow the procedures for requesting security access from the LHO Branch as outlined above.

2. The LHD Director or authorized designee shall only use the current LHD Global Distribution Email Listing Request Form.

The LHO Branch cannot add an individual’s email address to any global email distribution listing that is NOT currently available on the ky.gov global email address book. It is the responsibility of the LHD Director or their authorized designee to submit requests to COT (CommonwealthServiceDesk@ky.gov) to have an email address added to the ky.gov global email address book. The LHO Branch does not assist with these requests.

The LHD Directors/director’s authorized designee should contact the LHO Branch for questions concerning KY #’s and other LHD security and global email distribution listing access issues under the purview of the LHO Branch. The LHD Director must notify the LHO Branch of any additions/changes/deletions to their authorized designee. Only the LHD Director or authorized designee on file with the LHO Branch is permitted to submit any security request action (add, update/modify, delete) and LHD Global Distribution Email Listing Request Form.

Only the current security access request forms maintained and provided on the LHD Forms Page will be accepted. Security access forms shall not be saved to a computer desktop for future use. These forms may be updated by LHO, as necessary, without advance notice. Old/obsolete versions of any security access request form will not be processed. It is permissible and recommended to save the URL (internet link) to the user’s favorites toolbar to the LHD Information webpage on the DPH website for easy access to the LHD Forms including security access request forms and other useful webpages and resources.
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, storage of confidential information and password policy, reference the COT Enterprise IT Policies.

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

Required considerations when selecting a password - reference CIO 072 with the Commonwealth Office of Technology (COT) Enterprise IT Policies.

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.
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: UrO@y4me
  - Use a phrase or song acronym: 2BoN0t2bTh@t!sThQ (to be or not to be, that is the question)

- Examples of BAD Passwords:
  - Any proper name (ex: Smith or John).
  - A place or proper noun (ex: 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 (ex: aaaa or AaAa).
  - Simple patterns of letters from the keyboard (ex: QWERTY or asdfg).
  - Any of the above spelled backward.
  - Any of the above followed by a single digit (ex: John! or Smith3).
  - Easily associated with the user or their interests (ex: UKbasketball).

- 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.

**Instructions for changing the password.**

Self-initiated change of password:
- Log onto the computer;
- Press Ctrl-Alt-Del
- 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.

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.

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 their 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.

**Automated CMS/PORTAL Forgot Password Procedures**
• On the CDP Portal LOGIN screen where the user enters the Username and Password; locate the “Forgot Password” tab in the upper left corner just under the CDP ehs logo; then
• Click on the “Forgot Password” tab and enter the Username and User’s Email Address; and
• Click Send.
• Once send is clicked; Portal will determine if the Username and User’s Email Address match what is stored within the CDP Portal database and if no errors will send an email to the user providing the user’s current Portal password.
• The user will then enter the Username and correct password provided in the email and follow the prompts to LOGIN to Portal.

Should the User continue having trouble logging into PSRS/Bridge and/or CMS/Portal or cannot remember the answers to their CMS/Portal security question(s); contact the **LHO BRANCH** to reset the password back to the default password. As a reminder, LHO does not know or maintain the user’s security question answers or their password. It is recommended users change their PSRS/Bridge and CMS/Portal password each time they update their network password. LHDs are also to maintain their own tracking spreadsheet of security permissions (per system) for each LHD employee/user.
CUSTOM DATA PROCESSING, INC (CDP) - EXTRA HOURS PROCEDURES

The LHD emails extra hours request form (located on the LHD Forms Page) to the Division of Administration and Financial Management’s (AFM), Local Health Operations (LHO) Branch – with the following information:

- Name of Health Department
- Date(s) requesting extra hours
- Hour(s) (include time zone)
- Reason extra hours requested
- Name, phone number and email of Person at Health Department submitting request

The LHO Branch will review, authorize, and email completed request form to CDP Customer Support. If the email system is unavailable, fax a request to the LHO Branch (502) 564-4057 and LHO will either email (if available) or fax the completed request form to CDP (Chicago Office) at 708-352-3177 to confirm if system can be up for specified time.

Once CDP Chicago confirms the extra hours request they will:

- Authorize the extra hours request form; and
- Forward the authorized request form to the LHO Branch at LocalHealth.HelpDesk@ky.gov.

The LHO Branch will:

- Update the Clinic Management System (CMS), Portal News Page, notifying all LHDs of the availability of the system; then
- Forward the authorized request form to the requesting Health Department as confirmation of submitted request.

All extra hours requests need to be submitted at minimum ten (10) business days in advance of the date extra hours are needed to ensure adequate notice is given and allow other health departments to plan their clinics, etc. during the same time the system is available. An extra hours request may not be honored if not submitted within the requested timeframe.
OPEN RECORDS - KRS 61.870 THROUGH KRS 61.884

In accordance with KRS 61.876 and 61.872 the local health department (LHD) 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 LHD 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

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 provides the Local Health Department Open Records Request Form available within the LHD HR Staff webpage on the LHP Branch webpage. 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 18:040 and 902 KAR 18:081.

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.
4. The request is not received within the time limits set by 902 KAR 1:400 or for the WIC Program 902 KAR 18:040 and 902 KAR 18:081.

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. WIC Program Fair Hearing procedures are governed by Program 902 KAR 18:040 and 902 KAR 18:081.

The following are general procedures and timeframes:

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

LHDs shall report services/activities in accordance with the following guidelines:

**Patient and Community Health Services Reporting and Billing System**

The DPH contractor for the Patient and Community Health Services Reporting and Billing System is Custom Data Processing, Inc. (CDP). Services reported through the CDP 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-10 codes or their successors.

The Patient Encounter Form (PEF) and Patient Services Supplemental Reporting Form are the data collection/billing forms used through the Patient Services Reporting System (PSRS). Review the PSRS section in AR for instructions on the Patient and Community Health Services Reporting and Billing System.
Community-based activities provided through the following Cost Centers may be reported using the **Community Health Services Report**:

<table>
<thead>
<tr>
<th>Division of Epidemiology</th>
<th>Division of Maternal and Child Health</th>
<th>Division of Women’s Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>801 Immunizations</td>
<td>736 Healthy Communities</td>
<td>756 PREP</td>
</tr>
<tr>
<td>806 TB</td>
<td>805 Nutrition</td>
<td>813 Breast &amp; Cervical Cancer - Community</td>
</tr>
<tr>
<td>807 STD</td>
<td>818 CH4 Community School-Based Services</td>
<td>818 CH111.1 Family Planning</td>
</tr>
<tr>
<td>843 HIV Prevention</td>
<td>818 CH5 LEAD</td>
<td>818 CH111.2 Teen Pregnancy Prevention</td>
</tr>
<tr>
<td></td>
<td>818 CH7 Injury &amp; Violence Prevention</td>
<td>830 Cancer Coalitions</td>
</tr>
<tr>
<td></td>
<td>818 CH9 Oral Health</td>
<td>837 Abstinence Education</td>
</tr>
<tr>
<td></td>
<td>818 CH12 Maternal, Infant &amp; Child Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>818 CH23 Mental Health</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Community Cost Centers Using CATALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Prevention &amp; Quality Improvement</td>
</tr>
<tr>
<td>809 Diabetes</td>
</tr>
<tr>
<td>836 Tobacco</td>
</tr>
<tr>
<td>841 Diabetes Today Coalition</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Home Health Reporting

Home Health Services provided by LHDs 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 February 2011, are reporting services through CDP Environmental Health Management Information System (CDP-EHMIS) a 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:

- Provide timely information to all users;
- Allow broad analysis across geographic boundaries;
- Promote interoperable systems via compliance with standards;
- Increase environmental public health capacity;
- Provide the means to enhance and improve data; and
- Provide extensive reporting through different means.

Public Health Laboratory Reporting

The DPH Division of Laboratory Services launched a new electronic lab ordering and reporting system, OUTREACH, which went live in March 2010 for Clinical (excluding Newborn Screening) and Environmental Sections. This internet-based system is designed to be more accessible to the Commonwealth’s health providers (LHDs, hospitals, and other providers).

This 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. Newborn Screening requests are electronically ordered through KY-Child and reported via fax, phone, and/or mail. 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
HANDS Reporting

HANDS billing and evaluation data is reported through HANDS 2.0. HANDS 2.0 is an online web-based system operated by the Cabinet for Health and Family Services. A user logon and password are required to sign on. To establish a user logon and password, contact the HANDS Program at 502-564-3756.

Kentucky Early Intervention System (KEIS), First Steps Program Reporting

First Steps Program is the state’s early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. First Steps offers comprehensive supports and 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. Access the Early Childhood Development Branch webpage for more information about KEIS and TOTS.

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 is reported through the Local Health Network, 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.

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 for responsibilities and procedures for Local Registrars and Deputy Registrars. For additional resource information and assistance; access the Office of Vital Statistics website.
DiaWEB™ Reporting

DiaWEB™ is a comprehensive diabetes management software specifically developed for diabetes education and support 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 Healthy Living with Diabetes sites and a select few others, coordinating software upgrades from the software developer (Chiron Data Systems/Healthways), 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

The Healthy Living with Diabetes, Kentucky Department for Public Health DEAP Accreditation Program uses this software, as well as sites that hold a separate DSMES Accreditation.

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 website.

HIV/AIDS Reporting System (eHARS) and EvaluationWeb

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 EvaluationWeb 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.
## Local Health Personnel

### Table of Contents

(\texttt{ctrl+click} on text to go directly to section)

### Personnel Program for Local Health Departments (LHDs) of Kentucky

- Purpose of the Personnel Program ................................................................. 1
- How the Personnel Program is Administered ............................................... 1
- Administrative Regulations Governing the Merit System ............................. 1
- LHD Personnel Legislation and Council ....................................................... 3
- LHD Personnel Support Services from DPH ................................................. 3
- LHD Procedural Instructions for Personnel Actions ..................................... 4
- LHDs’ Responsibilities Regarding Personnel ............................................. 4
- Recruiting ......................................................................................................... 4
- Furloughs, Layoffs, Travel and Budget Restrictions for WIC Full Use of Federal Funds ................................................................. 5
- Classification Plan for LHDs of Kentucky .................................................... 5

### Conflict of Interest and work outside the Local Health Department

- Work Outside the LHD ................................................................................... 5
- Conflict of Interest .......................................................................................... 5
- Guidelines to Prevent Conflict of Interest ..................................................... 6
- Employee Ethics Considerations ..................................................................... 6
- Ethical Considerations for Acceptance of Gifts ......................................... 7
- Employment of Relatives .............................................................................. 9
- Appointment of Dog Wardens ....................................................................... 9
- Promotion, Transfer and Demotion of Employees ....................................... 9
- Political Activities ............................................................................................ 10

### Employee Information

- Proof of Active Driver’s License .................................................................... 12
- Development of LHD Policy .......................................................................... 12
- Verification of Valid Driver’s License ............................................................. 12
- Scope of Practice ............................................................................................. 12
- Documentation Requirements for Licensure and/or Certification ............... 12
- Nurse Licensure Compact ............................................................................. 13
- Statutes Requiring Licensure and/or Certification of LHD Staff .................. 13
- Other Staff Requirements .............................................................................. 14
- Medical Director Qualifications, Roles & Responsibilities ........................ 14
APRN Requirements and Training .................................................. 15
Licensed Practical Nurse ................................................................ 16
Family Planning Expanded Role Registered Nurse (ERRN) ............ 17
Staff Training .............................................................................. 18
New Employee Orientation ......................................................... 19
Identification Cards for LHD Employees ..................................... 19
Drug-Free Workplace Anti-Drug Abuse Act ................................. 20
Drug-Free Workplace Act Requirements .................................... 21
Sexual Harassment ...................................................................... 21
Violence in the Workplace .......................................................... 22
Home Visiting Safety Guidelines ................................................. 23
Family and Medical Leave Act .................................................... 24
Privacy, Security of Protected Health, Confidentiality, and
Sensitive Information Guidelines ................................................ 26
HIPAA ....................................................................................... 30
OSHA Compliance .................................................................... 31
Tuition Assistance and Educational Leave ................................. 31
Inability/Reluctance to Perform Duties ...................................... 31
Grievance/Complaint Procedures for Public or Patient .............. 33
Employee Grievances and Complaints .................................... 33
Personnel Files .......................................................................... 34

**Deficit Reduction Act**

Federal Civil False Claims Act .................................................. 36
Federal Program Fraud Civil Remedies Act ............................... 37
State Medicaid False Claims Act ............................................. 38
State Administrative Sanctions against Medicaid Providers ........ 39
State Insurance Fraud and Reporting Immunity Act .................. 40
State Employment Protection Act ............................................ 41
State Computer Crime Act ....................................................... 42

**Fair Hearings** ....................................................................... 42

**Civil Rights** ......................................................................... 44

**Compliance with Title VI** ....................................................... 46

Ensuring Appropriate Assistance ............................................ 46
PERSONNEL PROGRAM FOR LOCAL HEALTH DEPARTMENTS

Purpose of the Personnel Program
The Department for Public Health (DPH) administers a personnel program for local health departments (LHDs) in Kentucky. The purpose of the personnel program is to promote the recruitment of qualified individuals for the public health workforce, retain employees with a program of benefits and compensation, and protect the rights of employees during their service.

How the Personnel Program Is Administered
Administrative Regulations 902 KAR 8:040 through 902 KAR 8:140 have been promulgated to provide for the various aspects of the personnel program for fifty-eight (58) of Kentucky’s sixty-one (61) health departments. The Louisville Metro Health Department, the Lexington-Fayette County Health Department, and the Northern Kentucky District Health Department have a separate personnel program based on their respective authorizing legislation.

Administrative Regulations Governing the Merit System
The LHD personnel program is governed by administrative regulations. A brief description of each of the major administrative regulations is summarized below. The full administrative regulations can be accessed on the internet by clicking on the listings, which are active links.

902 KAR 8:040*
DEFINITION FOR TERMS APPLICABLE FOR THE PERSONNEL PROGRAM FOR LOCAL HEALTH DEPARTMENTS. This administrative regulation provides definitions of the various terms that are used to describe the personnel actions.

902 KAR 8:060
SALARY ADJUSTMENTS FOR LOCAL HEALTH DEPARTMENTS. The department with the advice of the LHD Employment Personnel Council and the LHDs has established a comprehensive position Classification Plan. This administrative regulation sets forth the policies and procedures for establishing the classification and compensation plans for LHDs. The Classification Plan establishes for each class of positions:
(a) A title;
(b) A description of the duties and responsibilities;
(c) The minimum requirements of training and experience; and
(d) Other qualifications necessary or desirable for the satisfactory performance of the duties of the class.

902 KAR 8:070
RECRUITMENT, EXAMINATION, AND CERTIFICATION OF ELIGIBLE APPLICANTS FOR LOCAL HEALTH DEPARTMENTS. This administrative regulation provides for a recruitment program and establishes procedures and standards for the
recruitment examination and certification of individuals for potential employment by LHDs.

**902 KAR 8:080**
INITIAL APPOINTMENT, PROBATIONARY PERIOD, LAYOFFS, PERFORMANCE EVALUATION, AND THE RESIGNATION OF EMPLOYEES OF LOCAL HEALTH DEPARTMENTS. This administrative regulation establishes employment categories of permissible appointments and employment probationary periods, and the employee evaluation process.

**902 KAR 8:090**
PROMOTION, TRANSFER, AND DEMOTION OF LOCAL HEALTH DEPARTMENT EMPLOYEES. This administrative regulation describes the provisions and requirements for promotions, transfers, and demotions of LHD employees.

**902 KAR 8:096**
LOCAL HEALTH DEPARTMENT EMPLOYEE PERFORMANCE EVALUATION PROGRAM. This administrative regulation establishes the requirements and the procedures for the evaluation of LHD employee performance. All LHDs that are currently utilizing 902 KAR 8:080 may initiate the change to the process as provided for in 902 KAR 8:096 by notifying the Local Health Personnel Branch by the beginning of the next fiscal year.

**902 KAR 8:100**
DISCIPLINARY PROCEDURES APPLICABLE FOR LOCAL HEALTH DEPARTMENT EMPLOYEES. This administrative regulation establishes separations and disciplinary procedures applicable to LHD employees. These include:

1. employee behavior for which an appointing authority may take disciplinary action,
2. the progressive nature of disciplinary action, and
3. steps to be taken when the disciplinary action is demotion, suspension and/or dismissal.

**902 KAR 8:110**
DISCIPLINARY APPEAL PROCESS APPLICABLE FOR LOCAL HEALTH DEPARTMENT EMPLOYEES. KRS 211.1752 provides for an appeal process for employees who are disciplined, or for applicants or employees who allege discrimination in personnel actions. This administrative regulation provides for the specific appeal process.

**902 KAR 8:120**
LEAVE PROVISIONS APPLICABLE TO EMPLOYEES OF LOCAL HEALTH DEPARTMENTS. This administrative regulation establishes work hours, leave and compensatory time provisions for employees of LHDs.
902 KAR 8:130
PARTICIPATION OF LOCAL HEALTH DEPARTMENT EMPLOYEES IN POLITICAL ACTIVITIES. This administration regulation establishes guidelines for employee political activity.

902 KAR 8:140
APPOINTMENT OF A HEALTH OFFICER OR A HEALTH DEPARTMENT DIRECTOR OF A LOCAL HEALTH DEPARTMENT. This administrative regulation details the procedures for appointment or removal of a health department director or officer.

Local Health Department Personnel Legislation and Council
The enabling legislation KRS 211.1752 established the LHD Employment Personnel Council. The Local Health Personnel Merit System is advised by the Council, which is composed of five (5) members appointed by the Secretary of the Cabinet for Health and Family Services. Members of the council serve for a term of three (3) years.

The Council is administratively attached to DPH and has the following responsibilities:

1. Advise the Cabinet on administration of the LHD Personnel Program pursuant to KRS Chapter 211;
2. Hear appeals in accordance with 902 KAR 8:110, Sections 1 and 2 or designate a hearing officer:
3. Applicants for positions for which examinations are being or have been conducted:
   a. Eligible applicants on registers;
   b. Classified employees who have been dismissed, demoted, or suspended for cause.
   c. Hear appeals regarding discrimination in a personnel action involving an agency employee or an applicant for employment, and
4. Consider and act upon matters that may be referred to the Council by the Department.

Local Health Department Personnel Support Services from DPH
The Local Health Personnel Branch (LHP) is the administrative unit within DPH, under the Division of Administration and Financial Management (AFM) that carries out the daily administrative support for LHDs. This includes interpreting the administrative regulations regarding personnel actions, reviewing applications to determine if applicants meet the minimum requirements for a particular position, approving salary adjustments, serve as a liaison with issues relating to the statewide computerized personnel system referred to as Bridge, Human Resources related issues pertaining to LHDs, and providing training for supervisory and management staff.
Local Health Department Procedural Instructions for Personnel Actions
The DPH, Local Health Personnel Branch maintains a personnel management information system through Custom Data Processing. The personnel management information system connects each LHD with the Local Personnel Branch. An instructional manual “The LHD Personnel System Reference for Personnel Actions” has been prepared to assist in data entry for the various computer screens. The computer screens provide for the appointment of employees and maintains a permanent record of all personnel actions that occur during employment.

Local Health Departments’ Responsibilities Regarding Personnel

- **Access to the “Administrative Regulations applicable to county and district health departments of Kentucky”** - A current copy shall be available at each LHD and every employee shall have access to a copy by accessing the [Local Health Personnel Branch webpage](#).
- **Other personnel policies and procedures developed by local boards** - Boards of health may develop other personnel policies and procedures as are necessary to carry out an effective personnel administration program providing such policies and procedures are consistent with the LHD Merit System Administrative Regulations.
- **Maintenance of file of current personnel policies** - All LHDs shall maintain a file of current personnel policies and procedures under which they operate.

Local Health Personnel (LHP) Branch Webpage on the DPH Website
The [LHP Branch webpage](#) provides classification information, administrative regulations applicable to LHDs, forms, memos, advertising templates, vacancy listings, Personnel Council meeting minutes, compensation plan, employment information, the application for employment, Civil Rights, and links to other personnel/human resources related sites.

**Recruiting**
There are two (2) ways to recruit at the LHD level.

1. Continuous open recruitment - the LHD has requested to continuously accept applications for a certain position, and can do so at all times.
2. Closed recruitment - the LHD advertises for a position during a specified timeframe for the receipt of applications. Once reviewed, applications are reviewed by LHP, and the names of those applicants meeting the requirements are placed on a register from which the LHD may make an offer of employment.

*NOTE: Applications for that position will only be accepted during the time of the advertising. Once the advertising end date has expired, applications for that position are no longer accepted.*
**Furloughs, Layoffs, Travel and Budget Restrictions for WIC (Full Use of Federal Funds)**

*Section 361 of the Healthy, Hunger –Free Kids Act of 2010* addresses the full use of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) federal funds. State agencies are required to exclude from budget restrictions or limitations including at a minimum, hiring freezes, work furloughs, and travel restrictions.

The funding is intended to support activities such as certification of participants, outreach, nutrition education and breastfeeding support, health care referrals, as well as other participant benefits. This law applies to staff that fully and partially federally funded.

For local agencies, federal funds retain their integrity as federal funds and are subject to the restrictions. In cases where the staff positions are partially federally funded, the budgetary restrictions should be prorated. If a local agency is in a furlough or layoff situation, in order to prorate, the agency would review timesheets and the Encounter Summary Report to determine the amount of time/time equivalent to ensure continuation of the appropriate amount of time equivalent is provided for WIC services.

This also applies in cases where the local agency has an existing union agreement.

**CLASSIFICATIONS AND COMPENSATION PLAN FOR LOCAL HEALTH DEPARTMENTS OF KENTUCKY**

The Administrative Regulation 902 KAR 8:060 establishes the LHD Classifications and the Compensation Plan.

**CONFLICT OF INTEREST AND WORK OUTSIDE THE LOCAL HEALTH DEPARTMENT**

LHD employees are expected to devote their work activities primarily to functions of the LHD. Staff may, however, engage in extramural activities provided that such activities do not detract from the performance of their duties and responsibilities to the LHD and/or create conflict of interest or the appearance of a conflict of interest with their assigned LHD responsibilities. Extramural activities means any work not performed as a LHD employee, whether or not compensated. It is expected, that such extramural activities will take place outside of the employee’s designated work time.

**Conflict Of Interest**

The Administrative Regulation 902 KAR 8:160, Section 3 defines conflict of interests for LHD employment.
Staff shall not engage in any activities or outside employment that may result in a conflict of interest. A conflict of interest exists if financial interests or other opportunities for personal benefit may exert a substantial and improper influence upon an employee's professional judgment in exercising any LHD duty or responsibility.

Staff shall not use their positions to secure anything of value, financial gain, or personal benefit that would not ordinarily accrue to them in the performance of their official duties. Nor shall they accept any compensation from any other agency or individual for work performed in the course of their employment at the LHD, except under the limited circumstances permitted in a formal conflict of interest management agreement. In addition, the following shall not be allowed:

1. A LHD employee who is employed by or related to a WIC vendor shall not process the WIC vendor application, monitor, or revalidate food instruments for that vendor.
2. Procedures must be in place to provide WIC services to employees, relatives and household members of employees without conflict. See the WIC and Nutrition Manual, Certification and Management Section, Conflict of Interest.

Guidelines to Prevent Conflict Of Interest

1. **Extramural activities** - Staff engaging in extramural activities must avoid the use of information or procedures that may involve a conflict of interest with assigned LHD responsibilities. Failure to adequately perform LHD responsibilities due to involvement in extramural activities is considered a neglect of duty and may result in disciplinary action up to and including termination, regardless of whether the activity is approved.
2. **Prior approval** - Requests to engage in extramural activities during a time normally designated as schedule work time must have the prior approval of the appointing authority. Extramural activities conducted outside of designated work time, which present a potential conflict of interest, must be reported.
3. **Use of LHD name** - Staff members engaging in extramural activities shall not use the name of the LHD, its units, or any other LHD service in such a manner as to suggest institutional endorsement or support of a non-LHD enterprise, product, or service. Neither business cards bearing the LHD name, address, telephone numbers nor LHD stationery is to be used in such a manner as to suggest institutional endorsement or support of a non-LHD enterprise, product, or service.

**EMPLOYEE ETHIC CONSIDERATIONS**

The following employee ethical considerations/guidelines were developed by the Kentucky Registered Sanitarian Examining Committee for Kentucky Registered Sanitarian Ethics. These guidelines are generally applicable to all employees of the LHD.
ETHICAL CONSIDERATIONS FOR ACCEPTANCE OF GIFTS

The following are guidelines developed by the Executive Branch Ethics Commission concerning the acceptance of gifts by state employees. Even though these guidelines were developed for state employees, they are applicable to all public health governmental employees. It is extremely important that all employees are aware of the law in this sensitive area.

1. **The basic rule**: An employee, his spouse and his dependent children are prohibited from accepting gifts totaling a value of more than $25 in a single calendar year; or travel expenses, meals, alcoholic beverages, lodging or honoraria of any value, from any person or business that does business with, is regulated by, is seeking grants from, is involved in litigation against, or is lobbying or attempting to influence the actions of the state agency for which the employee works.

2. **Gifts to an agency**: Gifts that may not be accepted by an employee also may not be accepted by a state agency if the agency has a business, regulatory, or influential relationship with the gift giver.

3. **In-house gift policies**: Some agencies within the executive branch may have in-house policies regarding the acceptance of gifts. Such agencies must, at a minimum, comply with the gifts law in KRS 11A, but are not prohibited from implementing more restrictive policies in addition to the gifts law.

**Gifts Which Are Permitted**

The following items are exceptions to the basic rule and may be accepted by an employee, spouse, or a dependent child:

- Coffee, soft drinks, pastries or similar refreshments;
- Food consumed at a public event to which 25 or more individuals are in attendance if the event is also open to participants other than members of the donor’s industry;
- Meals, beverages and free admission to an event, if the employee, as part of his official duty, is a speaker or has a significant role in the program;
- A campaign contribution to an employee’s own campaign if in compliance with the campaign finance laws;
- A gift from a family member who is not acting as intermediary for a person from whom the gift would otherwise be prohibited;
- Food, clothing and shelter in times of natural disaster or other emergency;
- Door prizes, if open to other than state employees and members of the donor’s industry and all participants have an equal chance of receiving the prize;
- Gifts that are modest, reasonable and customary, received on special occasions such as marriage or retirement;
- Awards of modest and reasonable value, such as plaques, that are publicly presented in recognition of public or charitable service;
- Prizes awarded based solely on skill, such as in golf or tennis tournaments, if such tournaments are open to participants other than state employees and members of the donor’s industry;
- Meals at conferences or seminars which are included as part of the dues paid or the registration fee and are available to all attendees;
- A single copy of a textbook received by an educator for review;
- A gift or gratuity received by an employee working directly on an economic incentive package or seeking to bring tourism to the state that was not solicited by the employee and was accepted in the performance of the employee’s official duty.
DEFINITIONS

“Does business with” or “doing business with”
Means contracting, entering into an agreement, leasing, or otherwise exchanging services or goods with a state agency in return for payment by the state, including accepting a grant, but not including accepting a state entitlement fund disbursement. KRS 11A.010 (14)

“Gift”
Means a payment, loan, subscription, advance, deposit of money, services, or anything of value, unless consideration of equal or greater value is received. KRS 11A.010 (5)

KRS 11A is from the statutes governing the executive branch of state government. While not specifically applicable to LHDs, these guidelines reflect the department’s position for conduct and ethical considerations of LHD employees. For additional information, visit the Executive Branch Ethics Commission website.

What to Do With Gifts That Cannot Be Accepted
An employee who has received a gift that cannot be accepted shall return the item to the gift-giver or pay the gift-giver the market value of the gift. When it is not practical to return an item (something perishable), the item may be donated to charity or destroyed, and the disposal should be documented in writing and included in the employee’s personnel file.

EMPLOYMENT OF RELATIVES

The Administrative Regulation 902 KAR 8:160 Section 6 defines and lists restrictions in regards to the employment of relatives.

APPOINTMENT OF DOG WARDENS

In accordance with KRS 258.195 the Fiscal Court shall employ a Dog Warden. A LHD employee shall not accept appointment or be employed as a Dog Warden.

LHD personnel, however, are encouraged to cooperate with other local officials, including Dog Wardens, in controlling stray dogs, confining dogs suspected of being rabid, or otherwise carrying out the provisions of KRS 258.005 – KRS 258.085. Reference – 902 KAR 8:160, Section 3.

PROMOTION, TRANSFER AND DEMOTION OF EMPLOYEES

The Administrative Regulation 902 KAR 8:090 describes the provision and requirements for promotion, transfer, and demotion of LHD employees.
POLITICAL ACTIVITIES

The Administrative Regulation, 902 KAR 8:130, lists the prohibited political activities by classified service employees.

- LHD employees are encouraged to register and vote. Since it is each citizen's responsibility to be informed about the issues affecting society, KRS 118.035 (2), the LHD allows no less than four hours of paid leave to eligible employees to vote during work hours.
- It would be a violation of the statute to encourage or coerce an employee in any manner not to exercise his/her right to take four (4) hours paid leave to vote.
- If the employee, on his/her own, decides to take less than four (4) hours paid leave to vote, this should be documented in writing and signed by the employee.
- If a LHD, because of significant difficulty in providing needed services during this time, chooses to close the agency, then the following considerations should be addressed:
  - All employees must have requested the right to vote.
  - For employees not registered or choosing not to vote, the agency shall not require the employee to use accumulated leave, if the health department chooses to close.
  - If the agency closes, the employee that did not request voting leave can be placed on special leave with pay during that time.
  - As protection from political pressures in the job, certain restrictions apply to political activities.

Discrimination and Political Activities Prohibited

No person shall be appointed or promoted to, or demoted or dismissed from, any position in the classified service, or in any way favored or discriminated against with respect to employment in the classified service because of his/her political or religious opinions or affiliations, or ethnic origin, sex, or disability or age.

The use or promise of political influence based upon an official position, whether actual or anticipated, of favorable or retaliatory treatment of an employee or position is a violation of law.

Employees may not be solicited to make contributions of money or services to political parties or candidates.

Employees may not be actively involved in partisan political campaigns or candidates for elective political office but may run for non-partisan office if no salary other than a per diem payment is involved.
The following guidelines are taken from ‘political’ Opinions of the Attorney General (Kentucky), which interpret the political activities law.

**Registration and voting:** Classified employees may register and vote in any election.

**Expression of opinions:** All persons subject to the personnel rules have a right to privately express their opinions on all political subjects and candidates, but they may not take an active part in political management or political campaigns.

**Contributions:** It is lawful for classified employees to make voluntary cash contributions to political parties, candidates, or organizations. However, it is unlawful for classified employees to make contributions of goods, services, or labor.

**Membership in political clubs:** Classified employees may join a political club and attend its meetings but may not hold office or serve on committees of the club. Attendance at political rallies, conventions, etc. are permitted and classified employees may participate in the selection of committeemen and committeewomen. Classified employees may vote at the lowest level of the selection process for delegates to the party conventions.

**Political pictures and signs:** It is lawful for classified employees to display political pictures or signs on their property.

**Badges, buttons and stickers:** It is lawful for classified employees to wear political badges or buttons and voluntarily display political stickers on their private automobiles, however, no political badges, buttons or other designations may be worn while on official duty or while the employee is conducting official business for the Commonwealth.

**Precinct election officers:** Classified employees may serve as precinct election officers at the polls.

**Constitutional amendments, referenda, etc.:** Classified employees may work actively for or against constitutional amendments, referenda or municipal ordinances in which they are interested, provided that LHD working time and resources are not used for this purpose.

**Transporting voters:** Classified employees on their own time may transport friends or relatives to the polls as a civic gesture, but may not transport voters to the polls as part of an organized service to a political party, faction, or candidate.
EMPLOYEE INFORMATION, PROOF OF ACTIVE DRIVER’S LICENSE

Certain positions that LHDs have in their agency require that the employee operate a motor vehicle and possess a valid operator’s license. In those instances, it is imperative that the LHDs ensure that the employee’s driver’s license be in “active status.” Per Administrative Regulation 902 KAR 8:100, Section 1 Item (1) “an appointing authority may discipline an employee for: (f) failure to obtain or maintain a current license or certificate or other qualifications required by law or rule as a condition of continual employment.”

Development of LHD Policy

LHDs should develop a policy that requires each employee who operates a motor vehicle as an official part of their job to report to their supervisor or appointing authority any changes that may occur regarding their license, following receipt of the initial driving record. If the LHD discovers the employee’s license has been suspended, revoked or for some reason taken away, immediate disciplinary procedures may be initiated. The employee with a suspended license may be moved to a position that does not require driving until the status of the license is obtained and a determination made of whether it can be reinstated within a reasonable time period.

Verification of Valid Driver’s License

If an employee has had his/her license suspended, he/she may still have the license, however, it may not be valid. In order to verify that all employees, who are required to operate a motor vehicle in order to perform the duties, have a valid driver’s license, an agency may want to obtain a copy of the employee’s driving record. Driving records of LHD employees may be obtained by contacting the local Circuit Court Clerk’s Office or through the Department of Transportation.

SCOPE OF PRACTICE

All employees of the LHD shall perform services according to current state and local protocols, standing orders, state laws or regulations and policies and procedures.

Documentation Requirements for Licensure and/or Certification

Professionally trained staff shall provide a copy of current appropriate license and/or certification upon employment and following each licensure and/or certification period. If a license and/or certification is not required but documentation of education and/or experience is, such documentation shall be produced as required by the Department for Public Health Classification Plan for LHDs. The LHD shall maintain a photocopy of the current license, certification and/or documented education and/or experience that can be verified at the Kentucky Board of Nursing website.
**Nurse Licensure Compact**

As part of the Nurse Licensure Compact, (NLC), “a nurse whose primary state of residence is a compact state (home state) is issued a license by that state and no longer needs an additional license to practice in other compact states (remote states). By virtue of the compact, the licensee is granted the “multi-state privilege to practice” in other compact states.” Thus a nurse residing in Kentucky will continue to apply for or maintain their nursing license in Kentucky and will continue to comply with Kentucky licensure deadline dates and continuing education requirements, etc.

If a nurse living in another compact state, such as Tennessee, desires to work in Kentucky the Tennessee license will be accepted in Kentucky and therefore the nurse will not have to obtain a Kentucky license. The only exception is for APRN’s, who must maintain licensure in each state in which he/she works. If a nurse lives in a non-compact state, such as West Virginia, Ohio, Indiana or Illinois, but wishes to practice nursing in Kentucky, the nurse will have to obtain a Kentucky license. For further information, visit the [Kentucky Board of Nursing website](http://kbond.ky.gov).

**Statutes Requiring Licensure and/or Certification of LHD Staff**

Professionally trained staff shall carry out activities and services appropriate and consistent with educational preparation and/or certification. Individuals with dual licensure are responsible for identifying and documenting the appropriate level of service and licensure. See the following Kentucky Revised Statutes for licensure and certification information:

- **Kentucky Nursing Practice**
- KRS 314.011(8); 314.042(8); and 201 KAR 20:057
- KY Board of Nursing - Scope of Practice Determination Guidelines
- KBN Advisory Opinion Statement #15 - Role of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel
- KBN Advisory Opinion Statement #14 - Roles of Nurses in the Implementation of Patient Care Orders

**Licensure** | **Statutes**
---|---
Advanced Practice Registered Nurse | KRS 314.00
Registered Nurse | KRS 314.00
Licensed Practical Nurse | KRS 314.00
Registered Dietitian | KRS 310.021
Certified Nutritionist | KRS 310.031
Social Worker | KRS 335.090 & KRS 335.100
Speech Therapist | KRS 334a
Occupational Therapist | KRS 319A.080
Physical Therapist | KRS 327.050
Physician | KRS 311.571
Physician Assistant  KRS 311.844  
Environmentalist  KRS 223.030  
Dental Hygienist  KRS 313.00  
Dentist  KRS 313.00

**Other Staff Requirements**

Certain professional staff such as laboratory technicians, dental assistants, and medical technicians have educational requirements that are addressed in the [Classification Plan for LHDs](#). In addition to the entry level educational requirements, the classifications have certification requirements. The LHD shall maintain documentation of certification, education, specialized training and on the job training as appropriate.

Support staff directly involved with patient services, such as community health workers, support services associates, clinical assistants, outreach workers and resource persons shall carry out those activities and services for which they have received formal or on-the-job training consistent with their job description. Documentation of appropriate training and assessment of competency shall be maintained in the employee’s personnel file.

**Medical Director Qualifications, Roles and Responsibilities with LHDs**

Pursuant to [KRS 212.180](#), every LHD medical director shall be a duly licensed physician and shall possess such other qualifications that are prescribed by the Cabinet for Health and Family Services.

The LHD medical director shall be licensed to practice medicine in the Commonwealth ([KRS 311.571](#), [311.560](#) and [311.580](#)).

The role of the LHD medical director may vary according to the needs of the agency. This guidance represents the minimum expectations of a LHD Medical Director. A LHD may enhance the Medical Director’s responsibilities with the approval of the agency’s Board of Health.

The LHD medical director shall review and sign the [Core Clinical Services Guide](#) (CCSG) and internal control clinical protocols as well as provide technical assistance, consultation, and guidance to LHD leadership and clinical staff.

The LHD medical director may have immediate charge of a specific program involving specialization in a particular field of medicine, which requires previous professional training.

Ideally, the LHD medical director serves as the physician of a LHD multidisciplinary team, which includes mid-level clinicians, nurses, nutritionists, ancillary and support staff and administrative leadership to provide preventive health services to improve population health.
ADVANCED PRACTICE REGISTERED NURSE (APRN) REQUIREMENTS AND TRAINING

Services provided by the LHD are to be provided by appropriately trained staff within the scope of their professional practice guidelines, educational preparation, certification, and licensure. All advanced practice nurses must complete a course of didactic and clinical studies affiliated with an institution of higher learning that is accredited by a recognized accrediting agency. The Kentucky Board of Nursing as a Registered Nurse must first license advanced Practice Nurses; then obtain additional education and licensure for advanced practice.

Nurse practitioners are responsible for seeking and maintaining continuing education, keeping informed of standards of care, and are bound by Kentucky law to have a written collaborative agreement with a physician for the prescription of nonscheduled drugs.

Some Advanced Practice Nurses also function as Registered Nurses in some health department programs. Advanced Practice Registered Nurses shall diagnose, prescribe and treat only those persons falling within their specialty areas and educational preparation. When an APRN provides a service outside the area of advanced certification and is acting as a Registered Nurse, the PEF should reflect an “RN” service for coding and billing.

For example, a Pediatric Practitioner may provide services in the pediatric/adolescent population or a Women’s Health Nurse Practitioner may provide nursing services for men or children, but those services must be documented as being provided by a Registered Nurse. These services should be documented and billed according to the level of care provided, and according to state funding source, Medicare, Medicaid and private insurance guidelines. For additional information, review the APRN Prescriptive Authority for Nonscheduled Legend Drugs.

201 KAR 20:057 incorporates by reference the various scopes and standards for advanced nursing practice published by the various national nursing organizations thereby giving the incorporated scopes and standards of advanced nursing practice the force and effect of law.

If an APRN doubts his/her ability to appropriately and safely prescribe a particular medication for a patient, then the APRN should not prescribe the medication. The APRN should consult with a collaborating physician concerning the appropriate medication or refer the patient to the appropriate health care provider for further evaluation and treatment. In addition, the APRN has a legal responsibility to acquire the necessary education and supervised clinical practice that would validate his/her competence in prescribing medications in the future. APRNs should only prescribe medications that are within their "scope of practice" and for which they have the knowledge and competence to prescribe.
LICENSED PRACTICAL NURSE SCOPE OF PRACTICE GUIDELINES

Licensed Practical Nurses (LPNs) can practice under the direction of a registered nurse, physician, or dentist. They may also function under direction in other areas, including but not limited to administrative and management areas, and quality assurance and peer review programs; however, LPNs are not licensed for independent practice. It is not within the legal scope of an LPN to direct and supervise the practice of an RN.

Licensed Practical Nurses are highly valued nurses and while the training and licensing of LPNs does not allow them to perform all of the same duties as Registered Nurses, their work is critical in the assurance that patients receive proper medical treatment. With appropriate planning, training and oversight the delegation of certain responsibilities to LPNs will better enable RNs to perform other clinical duties.

Licensed Practical Nurses are meant to work as part of a team. The main part of a LPNs job is to accept and implement orders from the qualified professionals on the team who are authorized to independently diagnose and treat patients.

Licensed Practical Nurses scope of practice can include many different duties and tasks. There is not a complete list of tasks/skills that an LPN can perform because the Scope of practice is a fluid concept and it changes as knowledge and technology expand. LPNs must possess the knowledge, skill, and ability to perform their duties; therefore, the scope of practice is directly related to the competency of the individual Licensed Practical Nurse.

Typically, Licensed Practical Nurse responsibilities may include:

- Participating in the development and implementation of the plan of treatment;
- Gathering pertinent information about the individual and family, past and current physical, mental, and development status; records data, making a note of any specific problems related by the patient or recognized by the LPN.
- Initiating appropriate teaching and demonstration of care to patients and families.
- Observing and caring for the ill, injured, or infirmed under the direction of a registered nurse, a licensed physician, or a dentist.
- Administrating medication or treatment as authorized by a Physician, Physician Assistant, Dentist, Advanced Practice Registered Nurse, or Registered Nurse.
- Taking vital signs; performing laboratory procedures as directed; preparing samples for testing; reading and recording results of basic tests; sending other samples to appropriate laboratory for testing; recording results as reported by the laboratory on the patient chart.
- Maintains and documents patient information in medical records and reports according to program standards (i.e. patient medical records, tuberculin skin test (TST) records, and immunization record).
- Administering basic screening tests, under the supervision of a registered professional nurse, to identify health problems and carry out approved treatment.
- Preparing and administering routine injections.
- Making proper referrals to supervisor, registered nurse and/or physician for situations requiring further intervention.
- Participating in drills in preparation for health department or county emergencies.
- Performing other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses’ Standards of Practice or with Standards of Practice established by nationally-accepted organizations of licensed practical nurses.

The Kentucky Board of Nursing is authorized by KRS 314.011 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that nurses provide safe and effective nursing care to the citizens of the Commonwealth. For additional guidelines, see references below:

Kentucky Revised Statute, Chapter 314 – RNs and LPNs
Kentucky Administrative Regulation, 201 KAR 20:400
Kentucky Administrative Regulation, 907 KAR 1:715
Kentucky Board of Nursing
Licensed Practical Nursing (LPN) Scope of Practice in Kentucky
Scope of Practice Determination Guidelines
AOS #14 – Roles for Nurses in the Implementation of Patient care Orders
AOS #15 – Supervision and Delegation of Nursing Acts to Unlicensed Personnel
AOS #27 – Components of a Licensed Practical Nursing (LPN) Practice

FAMILY PLANNING EXPANDED ROLE REGISTERED NURSE REQUIREMENTS AND TRAINING

Information and requirements related to the Expanded Role RN for Family Planning is located in the AR, Program Descriptions section, Family Planning. All current Family Planning Expanded Role Registered Nurses (ERRN) must have successfully completed a course of didactic and clinical studies, in addition to, the required preceptorship through the KY Department for Public Health Family Planning Program.

ERRNs must first be licensed by the Kentucky Board of Nursing as a Registered Nurse. ERRNs are responsible for seeking and maintaining continuing education and keeping informed of standards of care related to women’s reproductive health. Family Planning ERRNs are to assure ongoing high quality family planning, including contraceptive methods, and relative preventive health services that not only will
improve the overall health of individuals, but also assure access to breast and cervical cancer screening and prevention that corresponds with nationally recognized standards of care. As part of the employment process, the LHD develops a “Family Planning Expanded Role Registered Nurse Collaborative Agreement” that is signed and retained on file at each agency.

**STAFF TRAINING (Including Annual Required Trainings)**

All new LHD staff shall receive orientation regarding the organization and function of LHDs, as well as training and instruction on their specific job duties. At a minimum, a core-training program for all staff shall consist of the following elements:

1. Review of LHD policies, handbook by supervisory, personnel, and management staff.
2. **Review of Health Insurance Portability and Accountability Act (HIPAA) requirements** pertaining to LHDs, confidentiality requirements and Employee Agreement; *(All employees, including contractors, janitors, etc., are required to review the requirements annually.)*
3. Explanation of job duties by supervisory staff;
4. Observation of job duties performed by staff in the same job position within the health department, or when not available within the organization, observation at another health department;
5. Discussion of the LHD’s role, function, and responsibilities within the community by supervisory and/or management staff; brief overview of basic manuals/references in use by the LHD and location of these manuals/references;
6. Observation of the job duties of other service providers when appropriate, in order to provide the new employee with an understanding of the job responsibilities and functions of other staff and an understanding of the organization; and
7. Participation in professional training mandated by the Cabinet for Health and Family Services (CHFS). LHDs have the opportunity for input as to the effectiveness of these training programs and may make suggestions to the Cabinet for improving such programs. Click on this link to go to the Appendix where the trainings are listed.
9. Feedback from supervisory staff on the employee’s progress. Feedback/discussion shall be both verbal, which shall be intermittent as needed, and written which shall occur at a minimum of six months as reflected in the probationary evaluation; the employee shall also have the opportunity to discuss any questions or concerns he/she may have about the job or the LHD.
NEW EMPLOYEE ORIENTATION

Each new employee should receive an extensive orientation acquainting the employee with the general operation of the LHD and the specific job responsibilities and duties of the position. New employee orientation is a critical component in the overall staff training process. The major goal of orientation is to help the new employee learn about their job responsibilities and to prepare them to be competent members of the health department.

Employee Handbook

A part of the orientation process should include the employee receiving a handbook pertaining to the LHD operational procedures and guidelines. The “Checklist for New Employee Orientation,” a sample orientation form may be used to assist the health department and employee. This form may be altered to fit the needs of the LHD or the LHD may develop and use their own orientation form.

Each area of the orientation form is to be checked and signed by the appropriate staff and the new employee and placed in the employee’s file. The orientation may be conducted by staff of the LHD Personnel Office, by the supervisor of the incoming employee or by different staff covering specific areas.

IDENTIFICATION CARDS FOR LHD EMPLOYEES

All LHD employees shall wear identification (ID) cards that identify employees as official representatives of the health department.

Employees on Extended Leave or Terminated

When employment is terminated or when an employee is placed on an extended leave of absence, the ID card shall be collected and/or destroyed by the LHD Director. An employee’s lump sum payment for accumulated annual leave may be held by the LHD until the employee who has resigned, retired, or been dismissed, returns his/her ID card, agency credit cards, keys to buildings and automobiles, or other agency property in the possession of the employee, in accordance with 902 KAR 8:080, Section 11 (3).

Staff Providing Services within the Health Department

ID cards worn by employees providing services within the health department facility shall contain at a minimum the first name and professional discipline of the employee.

Staff Providing Services outside the LHD Facility

ID cards worn by staff who provide services outside the facility shall contain at a minimum the name and professional discipline of the employee, the name of the LHD, and a recent photograph of the employee on the front of the card.

Personal Data
Personal data, as appropriate, may also be contained on the card.

**Cost**

The cost of the photograph and encasing the ID card in plastic shall be borne by the LHD.

**DRUG-FREE WORKPLACE ANTI-DRUG ABUSE ACT**

In compliance with the Anti-Drug Abuse Act, LHD employees are notified that: “the unlawful manufacture, distribution, dispensation, possession or use of any controlled substance is strictly prohibited in the workplace and any employee found to be in violation will be subject to disciplinary action by the Appointing Authority for misconduct which may include sanctions up to and including dismissal from LHD service, in accordance with administrative regulation.”

**Drug-Free Awareness Programs/Health Insurance Coverage**

Each agency will continue to improve drug-free awareness programs through cooperation with local and/or state agencies to eradicate the dangers that drugs in the workplace create for employees. Health insurance programs provide coverage for employees referred to or seeking treatment for drug and alcohol related problems.

**Reporting Convictions Of Drug Statute Violations Occurring In Workplace**

Employees are notified that compliance with drug-free workplace requirements is a condition of continued employment with an agency. Each employee is obligated to report any conviction he/she receives as a result of a violation of any criminal drug statute violation occurring in the workplace within five (5) days of such conviction. Failure to report a conviction may result in disciplinary action. Such a report is to be made to the employee’s Appointing Authority and is required by federal law and the agency is obligated to report such conviction to the federal grantor within ten (10) days after it receives notice.

**Violation Penalties**

Employees found to be in violation of drug-free workplace requirements may face disciplinary action up to and including dismissal or may be required to satisfactorily participate in a drug abuse assistance or treatment program.

Employees who have questions concerning this directive are encouraged to contact their supervisor or appointing authority.
DRUG-FREE WORKPLACE ACT REQUIREMENTS

LHDs shall comply with the “Drug-Free Workplace Act of 1988” by taking the following steps:

1. Publish and give a policy statement (eLaws - Drug-Free Workplace Advisor) to all covered employees informing them that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the covered workplace and specifying the actions that will be taken against employees who violate the policy.

2. Establish a drug-free awareness program to make employees aware of:
   - The dangers of drug abuse in the workplace;
   - The policy of maintaining a drug-free workplace;
   - Any available drug counseling, rehabilitation, and employee assistance programs; and
   - The penalties that may be imposed upon employees for drug abuse violations.

3. Notify employees that as a condition of employment, the employee must:
   - Abide by the terms of the policy statement; and
   - Notify the employer, within five calendar days, if he or she is convicted of a criminal drug violation in the workplace.

4. Notify DPH within 10 days after receiving notice that a covered employee has been convicted of a criminal drug violation in the workplace.

5. Impose a penalty on — or require satisfactory participation in a drug abuse assistance or rehabilitation program by — any employee who is convicted of a reportable workplace drug conviction.

6. Make an ongoing, good faith effort to maintain a drug-free workplace by meeting the requirements of the Act.

Certification Of Compliance

The annual MOA with DPH must include a certification of compliance with the above stated requirements of the “Drug-Free Workplace Act of 1988.”

SEXUAL HARASSMENT

Federal and state laws prohibit unwelcome sexual advances, requests for sexual acts or favors (with or without accompanying promises, threats, or reciprocal favors or actions), or other verbal or physical conduct of a sexual nature that has the purpose of or creates a hostile or offensive working environment. Examples of prohibited conduct include, but are not limited to, lewd or sexually suggestive comments; obscenity or suggestive language or jokes of a sexual nature; slurs and other verbal, graphic or physical conduct relating to an individual’s gender; or any display of sexually explicit pictures, greeting cards, articles, books, magazines, photographs or cartoons. Employees are strictly prohibited from using agency equipment to view and distribute sexually offensive material.
Filing a Sexual Harassment Complaint

Any employee who has a complaint of sexual harassment at work by anyone, including supervisors, co-workers, visitors, clients or customers should immediately bring the problem to the attention of agency management personnel. Employees may notify another supervisor if the complaint involves the employee’s immediate supervisor. Sexual harassment complaints may also be filed with the Equal Employment Opportunity Commission.

Responsibility of Management

Management personnel will promptly and carefully investigate all complaints of sexual harassment. Employees shall be assured that they will be free from any and all reprisal or retaliation from filing such complaints. Supervisors may face legal action in both their professional and personal capacities should retaliation occur.

VIOLENCE IN THE WORKPLACE

No Tolerance Policy

The LHD does not tolerate any actions that threaten its employees. Management personnel will deal with any such action immediately. This includes verbal and physical harassment, verbal and physical threats and any actions that may cause others to feel unsafe in the workplace.

Responsibility Of Management

Management personnel are responsible for protecting staff from what could be a dangerous situation in the workplace. Emergency procedures are to be developed and staff trained on how to deal with violent situations.

If a violent act should occur, management personnel will investigate and take appropriate action. Also, it is important for the LHD to provide employees affected, supportive and/or counseling services.

If an employee is the responsible party, the appointing authority may place the employee on leave using accumulated leave credit or immediately suspend the employee without pay.

Employee’s Responsibility for Reporting

All employees are responsible for reporting to management any threatening actions whenever they occur.
HOME VISITING & SAFETY GUIDELINES

Home visiting services should be available through all LHDs throughout Kentucky. Home visits may be performed for specific programmatic reasons OR they may be performed due to referrals from private physicians and/or hospitals. All home visits must meet 907 KAR 3:130 and may be performed by various LHD professionals, including but not limited to registered nurses, family support workers and environmentalists.

Several programs, such as lead and tuberculosis, have specific guidance regarding home visiting in the Core Clinical Service Guide. LHD staff should contact DPH program staff if they have a question regarding a specific program including if home visits are allowable for a specific program.

All LHD should have a policy and/or training plan for employees who may provide home visits. These documents should ensure that employees are aware of safety precautions when making home visits to clients in your community. Refer to Kentucky statutes that address your right to protect yourself (KRS 503.050) and another (KRS 503.070).

When making home visits, please consider the following:

- Always be aware of your surroundings.
- Dress conservatively and carry ID.
- Park your car as close as possible to the client’s home.
- Attempt to make home visits with a partner if possible, and always inform your agency of your scheduled visits.
- Carry a cell phone for your safety.
- If you suspect illegal activity prior to a home visit, ask a law enforcement official to either accompany you, or drive by during the visit.

Please pay special attention to the following, which may indicate use or production of methamphetamine:

- Unusual strong odor like cat urine, ammonia, acetone, or other chemicals
- Windows blacked out
- Excessive traffic – pedestrian and vehicle
- **Excessive trash including large amounts of items such as:**
  - Antifreeze containers
  - Lantern fuel cans
  - Red chemically stained coffee filters
  - Drain cleaner
  - Propane tanks that have been altered
  - Batteries that are shredded
  - Cans of DRANO
  - Cold tablet containers
NOTE: Do not attempt to inspect the trash bags on the premises. If you are in the process of the home visit and the members of the household exhibit unsafe behavior, or if you identify any of the above, leave immediately.

**FAMILY AND MEDICAL LEAVE**

The Family Medical Leave Act (FMLA) is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interests in preserving family integrity. It was intended that the Act accomplish these purposes in a manner that accommodates the legitimate interests of the employers, as well as minimize the potential for employment discrimination on the basis of sex, while promoting equal employment opportunity for men and women.

**Employee Eligibility Criteria**

To be eligible for FMLA benefits, an employee must:

- Have worked for an agency for a total of at least 12 months; and
- Have worked or been on paid leave at least 1,250 hours in the 12 months immediately preceding the first day of Family Medical Leave (FML).

**Leave Entitlement**

A covered employer must grant an eligible employee up to a total of 12 workweeks of leave during any 12-month period for one or more of the following reasons:

- For the birth or placement of a child for adoption or foster care. Federal regulations state that a combined total of up to twelve 12 weeks shall be granted to an eligible husband and wife who work for the same employer.
- To care for an immediate family member (spouse, child, or parent) with a serious health condition;
- To take medical leave when the employee is unable to work because of a serious health condition.
- For any “qualifying exigency” which arises out of a covered service-member’s (the employee’s eligible family member) active duty status or impending call to active duty.

Additionally, an eligible employee may be granted up to a total of 26 workweeks of leave during any 12-month period to care for an eligible family member that is a covered service-member, and who has suffered a serious injury or illness incurred in the line of duty. This leave extends protection to additional family members (i.e. next of kin) beyond those who may take FML for other qualifying reasons.

An employee may elect not to use FML until that employee has utilized all of his accrued sick and annual leave (with the exception that an employee may request, in writing, to retain up to 10 sick days). If an employee uses paid leave for a qualifying
condition, the up to 12 weeks of FML is not taken from that employee's FML availability until the leave is designated as FML.

During this time, however, the employee is afforded the rights and protections of the FMLA. It is important to note that an employee may request qualifying leave to be designated FML at any time (even if the employee is still using paid leave). The employer is responsible for designating if an employee's use of paid leave counts as FMLA leave, based on information provided from the employee.

**Intermittent Leave**

Under certain circumstances, employees may take leave in blocks of time, or by reducing their normal daily or weekly work schedule. Intermittent leave for the birth or placement of a child for adoption or foster care is subject to the employer's approval. Leave due to an employee's own medical condition, or that of a family member, may be taken on an intermittent basis when deemed medically necessary to do so.

**Advance Notice And Medical Certification**

The employee may be required to provide advance leave notice and medical certification or other supporting documentation. Request for leave may be denied if requirements are not met.

- The employee ordinarily must provide advance notice when the leave is “foreseeable.”
- A LHD may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report in order to return to work.
- A LHD may require certification of a covered service member’s active duty status or impending call to active duty to support a request for leave because of any “qualifying exigency.”

**Job Benefits And Protection**

A covered employer is required to maintain the employer’s contribution for health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken and on the same terms as if the employee had continued to work. LHD employees are provided group life insurance while on FML. If applicable, arrangements will need to be made for employees to pay their share of health insurance premiums above the employer’s while on leave.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

**Unlawful Acts By Employers**

FMLA makes it unlawful for any employer to:
• Interfere with, restrain, or deny the exercise of any right provided under FMLA; or
• Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

PRIVACY AND SECURITY OF PROTECTED HEALTH, CONFIDENTIAL AND SENSITIVE INFORMATION GUIDELINES

The LHD, in each of its organizational components, and by each of its organizational components, and by each of its agents or employees, will act as a responsible steward of all information. The LHD will take reasonable and prudent measures to insure the privacy and security of protected health, confidential and sensitive information. All medical information will be handled in accordance with applicable law, this includes but is not limited to “The Health Insurance Portability and Accountability Act of 1996,” other applicable Federal Law, the Kentucky Revised Statutes and the regulations promulgated thereunder. Medical information will only be collected, used, distributed or disclosed for the betterment of public or individual health and in support of the payment, integrity, accountability, reliability, quality and delivery of health services.

At all times, every employee will strive to protect the confidentiality, integrity and accuracy of all information maintained by the LHD in any form. It is the responsibility of every employee of the LHD, whether or not they may be a classified or non-classified employee, a personal service contracted employee, a volunteer, a co-op, an intern, or a contractual entity or its employees, to diligently safeguard protected health, confidential and sensitive information, which includes a patient’s record. Each person engaged in the duties of the LHD shall be deemed charged with the obligation to comply fully with their assigned tasks but to do so while limiting their access to, and knowledge of, protected health, confidential and sensitive information to the minimum necessary for the accurate and timely completion of their duties.

Protected health, confidential and sensitive information is information that is either protected by law or is of such personal or private nature that it is normally not treated as public record. Neither the LHD, nor any of its agents or employees will obtain, maintain, release, use, disclose or distribute any information in any form in contravention of currently applicable State or Federal law and the regulations promulgated thereunder. Employees who violate these standards may be subject to progressively severe disciplinary action up to and including dismissal.
The Privacy and Security Agreement lists and briefly describes many of the major laws and regulations pertaining to confidential information. There is information not covered specifically by these laws, which is also sensitive and must be safeguarded because of the potential for its misuse. Examples include, but are not limited to the following: social security number, home address, home telephone number, date of birth, height, weight, race, gender, political affiliation, employment history and any other information of a purely personal nature. In addition, a LHD or office may also have additional requirements necessary to protect information relative to that organizational unit’s necessary functions.

Responsibility

An employee’s responsibility extends to all situations where employees are accessing, using, circulating, maintaining, disclosing and disposing of reports or documents, or is given information through conversations or observations that contain protected confidential or sensitive information.

Specifically:

- Employees shall not release protected health, confidential and sensitive information to themselves or to other persons, entities or employees outside the scope of their duties. Such information may be in any form, e.g. verbal (discussions/conversations), paper or electronic.
- Employees shall not seek access to, or inquire about protected health, confidential and sensitive information in excess of the minimum necessary to efficiently discharge the documented responsibilities within the scope of their duties.
- At no time will employees allow the use of their USER ID and Password by another person to access computer data. Allowing access includes, but it is not limited to leaving a written notation of a USER ID or Password on or near a computer terminal. Follow the computer use/access and security guidelines and procedures outlined in the LHO Section of the Administrative Reference.
- Employees shall familiarize themselves with the HIPAA laws pertaining to Privacy and Security of Protected Health, Confidential and Sensitive Information” in order to comply with those restrictions and take an annual refresher course. This information should be available from your LHD Director or their designee. Annually, a Privacy and Security of Protected Health, Confidential and Sensitive Information document must be reviewed and signed.
- Employees shall familiarize themselves with what types of information are considered protected health, confidential, personal or sensitive information and do their utmost to protect it. For an example, when documents or reports are circulated that contain such information, the sender will alert the receiver(s) to ensure the confidentiality of the data.
- Employees are not to include protected health, confidential, personal or sensitive information on site visit or other administrative reports/records or documents. If there is a need to address specific patient records, these records are to be addressed by code with specific identification provided separately via phone or
via a separate key/listing, which is to be destroyed upon completion of the investigation.

- Employees, when sending mail, faxes or other correspondence containing protected health, confidential, personal or sensitive information to any person, the sender will indicate “Personal and Confidential” on the envelope or fax cover page to ensure that only the addressee opens/reads it. Extreme caution shall be taken when mailing identifying information to assure that the envelopes or other mailing containers are securely closed and that the information is mailed to the correct location/address and addressed to the appropriate individual.

- **Unless using encryption software approved by COT**, protected health, confidential, personal or sensitive information must not be included in e-mails.

- In cases when it is necessary to fax protected health, confidential, personal or sensitive information, employees are to take extreme caution to assure:
  - The correct fax number is entered;
  - The message or cover page includes a confidentiality notice indicating the faxed material is for the sole use of the intended recipient and may contain confidential information; and
  - That only an authorized person is available to receive the information.

- Interviews with patients or family members where information of a personal and confidential nature such as medical histories, medical treatments, family income, etc. is discussed must be conducted in areas where patient privacy can be expected and maintained.

- Computer screens with person specific data are not to be visible to unauthorized personnel or public areas.

- When it is necessary to leave the computer/computer monitor, even for a short period, during the workday the computer shall be locked.

- The computer shall be locked or logged off before leaving at the close of the workday.

- Printouts or any hard copy records with person specific information shall be covered to prevent the identifying information from being exposed and accessible to unauthorized personnel.

- Originals, copies, or excerpts from patient medical records shall be maintained in locked cabinets or locked storage areas when unattended.

- Person specific data shall be discussed only with authorized personnel and then only within the context of providing patient care/services, assisting with a reporting, billing, record keeping, or specific health care management problem and should be discussed in a private location.

- Person specific/patient information obtained through conversation or observation by employees of the LHD is confidential and such info shall not be disclosed without the individual’s written consent, except as required by law.

- Permission shall be obtained from the patient as to how and/or if the patient may be notified or reminded regarding appointments, billings or any other message regarding health department services.
Employees will take reasonable and appropriate measures to protect identifying numbers. Of particular concern is the social security number and date of birth. Because it appears on a myriad of documents and reports, it is one of the most difficult pieces of data to protect, but all employees should do their utmost to safeguard it.

When no specific guidance is provided regarding responding to requests for information and a written request for information is received, only release the information with the written authorization of the affected party.

When no specific guidance is provided regarding responding to an oral or unwritten request for information, where no written request for information is received, only release the information after verifying and documenting the authorization of the affected party. Verification includes, but is not limited to: obtaining the patient’s full name; date of birth; state issued ID (e.g., Driver’s License); last 4-digits of Social Security Number; and physical/mailing address. Contact the Local Health Personnel Branch for further clarification.

All employees shall dispose of documents that contain protected, health, confidential, personal or sensitive information. Paper documents or reports shall be placed in a “shred” box that is removed from the work site and destroyed prior to disposal or recycling, rather than placing the documents in a regular solid waste or recycling receptacle. All protected, health, confidential, personal or sensitive information in electronic form must be erased or destroyed in a manner that prevents reconstruction prior to disposal.

All electronic or paper records with protected health, confidential or sensitive data shall be accessible only to authorized personnel; indexed; maintained in a secure location, and retained for only the period deemed necessary by the Records Retention Schedule. The retention period shall not be permanent unless authorized by Federal or State Law.

Employees should understand there may be other information that must be protected that is not specifically listed in this procedure or on the “LHD Employee Privacy and Security of Protected Health, Confidential and Sensitive Information Agreement.” When in doubt, the employees should consult with their supervisor/health department director.

Employees shall not disclose protected health, confidential, personal or sensitive information even after their employment with the Health Department ceases. State and Federal law regarding protected health, confidential, personal or sensitive information also applies OUTSIDE the employment relationship and criminal or civil penalties including fines and imprisonment could apply.

Employees shall be informed that disregard of the privacy and security of protected health, confidential, personal or sensitive information might result in disciplinary action, up to and including dismissal. Additionally, employees may subject themselves to civil and criminal liability for the disclosure of confidential information to unauthorized persons. (See the following information for further guidelines on the employee and agency responsibilities regarding the Health Insurance Portability and Accountability Act of 1996.)
**Procedure For “New” LHD Employees***

All new LHD employees shall be given a copy of these guidelines and the “LHD Employee Privacy and Security of Protected Health, Confidential and Sensitive Information Agreement” at orientation to sign and take an annual refresher course. By signing the agreement, the employee is acknowledging he or she has read the agreement, understands the agreement, and agrees to abide by the terms of the agreement. The signed Agreement will be placed in the employee’s folder in the LHD Personnel File.

**Procedure For “Current” LHD Employees***

All current employees will be provided a copy of this procedure and required to sign the “LHD Employee Privacy and Security of Protected Health, Confidential and Sensitive Information Agreement”, which will be placed in their personnel file. This agreement should be signed annually to ensure current understanding.

* Includes all persons. For example: contracted employees, students, co-ops, interns, volunteers, etc., who may have access to protected health, confidential, or sensitive information and also utilize LHD network computer systems.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

**Agency Responsibility**

HIPAA addresses the following five (5) areas:

- Standardization & Code Sets
- Privacy – The basic requirements of the privacy regulation apply to protect health information and individually identifiable health information, whether said information is oral or recorded in any form or medium – electronic or paper, (past, present and future. A HIPAA Privacy notice must be posted in plain view in the LHD building(s), and copies shall be provided to patients.
- Security
- Unique Identifiers
- Electronic Signatures

Each LHD is a covered entity and must follow HIPAA guidelines. As a covered entity, LHDs must have policies and procedures in place to comply with the HIPAA statute, and will provide guidance for employees, temporary staff and volunteers. Through contractual agreement, business associate agreement or confirmation of statutory role, each agency will ensure business partners are also HIPAA compliant.

**Agency and Employee Responsibility**

The following statement should be included in each employee’s performance plan, starting with the 2003 Plan:
“The employee shall be familiar with the HIPAA statute and safeguard protected health information (PHI) and other personal or sensitive information within their trust in the course of LHD (LHD) business by applying appropriate safeguards. You will share only the information required to deliver health department services. Personal or sensitive information overheard or seen by the employees will be kept confidential by not sharing it with others, on or off the work-site grounds.”

All employees, contracted employees, volunteers, co-ops, students, and interns will sign a confidentiality agreement that includes HIPAA compliance as part of the condition of employment. The HIPAA compliance should be reviewed annually with another agreement signed by employee. The appointing authority shall take appropriate action to investigate allegations of HIPAA violation. A memo must be created for the record that states: “This health department will use the state merit system as the basis for inquiry into HIPAA complaints related to staff.” A sample EMPLOYEE PRIVACY AND SECURITY OF PROTECTED HEALTH, CONFIDENTIAL AND SENSITIVE INFORMATION AGREEMENT that is HIPAA compliant is located on the LHD Forms webpage for LHD use.

OSHA COMPLIANCE

All LHDs shall comply with applicable Occupational Safety and Health Administration (OSHA) laws and regulations. Health departments shall be required to follow all OSHA guidance provided in the Administrative Reference (e.g., Incident Reporting and Bloodborne Pathogen sections).

TUITION ASSISTANCE AND EDUCATIONAL LEAVE

The Administrative Regulation 902 KAR 8:160 Sections 4 and 5 outline Tuition Assistance and Education Leave. The contract and forms can be found on the Local Health Personnel webpage under Forms located in the LHD HR Staff subheading.

WORK ASSIGNMENT – INABILITY/RELUCTANCE TO PERFORM

The Local Health Personnel Branch is frequently asked about the ramifications when an employee refuses to accept an assignment. The employee’s decision regarding accepting or making work assignments is based on his or her moral, ethical and professional obligation to assume individual responsibility for his or her judgment and action. These refusals must not be taken lightly since it is the health department’s obligation to ensure that patients are given safe, competent health care and that all customers receive good customer service. We recommend the following procedure to ensure that all potential employees and current employees understand the agency’s expectations.

APPLICANTS

- Clearly state the job duties on the job description. We recommend you distribute the job description with applications. During the interview, duties
should be discussed and a copy of the job description given to the applicant.

- Ask the applicant if there are any job duties listed that he/she may not be able to perform. If the applicant identifies such duties, rationale with supporting documentation should be requested.

- The agency may negotiate an alternate plan including reassignment to an area in which these assignments are least likely to be needed if a vacancy exists. In making the decision to negotiate an alternative plan, the agency must consider such issues as: Is there a job available in an area where this assignment is least likely to be needed? Are there other employees in the agency who can perform these job duties? Is this duty a large percentage of the essential functions of the job?

- Both parties should understand that the employee will retain responsibility for carrying out the alternate plan and/or assuring that the service is provided. Failure to do so may result in disciplinary action, up to and including dismissal.

- If an alternate plan cannot be negotiated, the applicant may be determined to be ineligible due to inability to carry out the required job responsibilities.

**CURRENT EMPLOYEES**

- An employee’s inability/reluctance to accept a work assignment should be submitted to the supervisor in writing, with supporting documentation including a request and suggestions for an alternate plan that assures services will be provided.

- Management staff must review the request and determine whether the agency can develop an alternate plan that assures services will be provided. It is imperative that requests be submitted in advance rather than at the time the service is needed whenever possible.

- The agency may negotiate an alternate plan that may include reassignment to an area in which these assignments are least likely to be needed if a vacancy exists. In making the decision to honor the request, the agency must consider such issues as: Is there a job available in an area where this assignment is least likely to be needed? Are there other employees in the agency who can perform these job duties? Is this duty a large percentage of the essential functions of the job?

- Both parties should understand that the employee will retain responsibility for carrying out the alternate plan and/or assuring that the service is provided. Failure to do so may result in disciplinary action, up to and including dismissal.
Refusal to follow a previously negotiated alternative plan or to carry out assignment may be grounds for disciplinary action up to and including dismissal.

**EXAMPLE:** A family planning nurse refuses to dispense an Emergency Contraceptive Pill (ECP) when a patient presents for treatment. There was no prior written agreement between the employee and the agency. Assuming that the employee was fully aware of the job duties and had filed no written request for refusal, the appointing authority may initiate disciplinary action.

**GRIEVANCE/COMPLAINT PROCEDURES FOR ANY MEMBER OF THE PUBLIC OR PATIENT**

All LHDs shall establish an internal grievance procedure to assure prompt and equitable resolution of complaints alleging discrimination, unfair or inappropriate treatment of any member of the public or any patient(s). These procedures shall be sufficiently broad to address complaints concerning medical/clinical and environmental health services and shall be in accordance with 902 KAR 8:160, Section 12.

Complaint procedures shall be developed to protect the rights of the complainant, to meet due process requirements, and assure compliance with federal laws and regulations governing equal opportunity, Americans with Disabilities Act (ADA), and participation in certain federal grant programs.

In addition, the following elements shall be included in the complaint procedure:

Complaints may be written, verbal, or anonymous. Complaints shall contain the name and address of the person filing the complaint, if the complaint is not anonymous. The following information shall be obtained on all complaints:

- The date(s) the alleged incident occurred;
- The location at which the alleged incident occurred;
- The employee or contracted agent against which the complaint is filed; and
- A description of the alleged incident.

A complaint shall be filed within 60 days of the alleged incident. However, Civil Rights and ADA grievances allow 180 days after the complainant becomes aware of the alleged violation.

**EMPLOYEE GRIEVANCES AND COMPLAINTS**

Occasionally employees are faced with situations that cannot be resolved through informal complaint processes. In such cases the employee may wish to file a formal grievance with his/her agency. The employee grievance procedure allows many matters to be resolved in-house through a formal structure designed to save employees and their agencies both time and unnecessary effort. All LHDs shall establish an internal grievance policy per 902 KAR 8:160, Section 12.
**Definition Of A Grievance**
A grievance is a complaint filed by an employee which concerns some aspect of his/her conditions of employment over which the agency has control and which has been alleged to have occurred or which the employee has become aware of, through the exercise of due diligence, within 30 days prior to filing.

**Rights**
Any employee in the classified service who believes that he/she has been subjected to unfair or unjust treatment concerning his/her conditions of employment may file a grievance.

An employee utilizing this procedure is entitled to file a grievance without interference, coercion, discrimination, or reprisal.

**Actions Not Appropriate For Grievance Procedures**
Actions which are appealable under Administrative Regulation 902 KAR 8:110 would not proceed through the grievance process but would be appealed directly to the LHD Employment Personnel Council.

**Procedures Should Include Provisions For:**
- A grievance to be filed with an employee's immediate supervisor within 30 days following alleged occurrence or the employee becoming aware, through the exercise of due diligence, of the action that is the subject of the grievance. If the action or conduct of the first line supervisor is the basis of an employee's grievance, the grievance may be filed with the second line supervisor.
- An employee to state in writing the basis of the grievance or complaint together with the corrective action desired. If an employee wishes to submit additional information or documentation, it should be attached to the grievance.
- Interviews by management/administrative staff/appropriate committee to evaluate or investigate the grievance outside of normal work hours. Compensatory time/paid overtime (as applicable to the position) for the grievant or for other employees.
- Interviews by management/administrative staff/appropriate committee to evaluate or investigate the grievance held with the grievant or other employees that do not require the use of leave time.
- Grievant to have a representative present during interviews with the grievant at each step of the grievance procedure.
- A grievance template is available on the Local Health Personnel Branch webpage under Forms for HR Staff. Modify the template to fit your agency per regulation 902 KAR 8:160, Section 12.

**PERSONNEL FILES**
The LHD is the primary custodian of all employee personnel files. These files are subject to state and federal audit. They must be retained in accordance with the Records Retention Schedule.
The current schedule, approved June 13, 2013, stipulates that these files may be destroyed 60 years from the date the individual was first employed. See Medical Records Management Section for the Records Retention Schedule.

Generally, personnel files are maintained by the Human Resources (HR) Department. The files are to be secured at all times. While employees may review their own personnel files, an employee may view information in the file of another employee only on a “justifiable need-to-know basis.” HIPAA privacy requirements apply to employee files.

**General Personnel Files**

General personnel files are accessible to an employee (for his/her own file), appointing authority, and immediate supervisor. These files for each employee usually contain:

- Job application.
- Job testing data, if applicable.
- Notification of appointment, including starting pay rate.
- Certification appointed form, if applicable (SSN’s of other applicants must be redacted).
- Job description.
- Wage and Hour Exemption status form.
- Report of personnel actions approved or denied (P-2’s).
- Performance evaluations.
- Disciplinary actions.
- Training records.
- Professional licensure, certification and/or education verifications.
- Confidentiality agreements.

Any information not specifically related to employee wage and hour status or job performance should be scrutinized to determine whether it reveals any private fact about an individual. If it does, it should be placed in a general confidential file rather than the personnel file.

**General Confidential Files**

General confidential files are accessible to employees, appointing authority, and HR Department. These files usually contain:

- Financial and credit information.
- Background investigation results.
- Records of participation in the agency’s Employee Assistance Program (may go in medical file).
- Driver’s license verification, any record checks and if applicable, car insurance verifications.
- Requests for educational financial assistance.
Medical Files
Medical files are extremely confidential and must be locked in a separate filing cabinet. These files usually contain an employee’s:

- Reimbursement requests for medical expenses.
- Drug testing results.
- Post-offer physical examination results.
- Substance abuse rehabilitation records.
- Fitness for duty/return to work forms.
- Any documents relating to the FMLA or the ADA.
- Accident incident reports.

Immigration And Naturalization Services Form (I-9’s)
INS or DOL officials may want to check the LHD files to see whether a Form I-9 is on file for every employee, whether the boxes are checked and whether any of the forms collected from immigrant workers have been allowed to go out-of-date. The inspector will look at recent hires first. An I-9 must be obtained within three (3) days after hiring. Since most of the information on the form is confidential and this is the only information the inspector will need to review, it is strongly recommended that a centralized file be kept that contains all I-9 forms. In addition to the I-9’s for current employees, these forms must be retained for one (1) year after termination or three (3) years after date of hire, whichever is longer. The file should have three (3) categories: Current Employees, Terminated, and Suspense/Pending. Each category should be sorted by year, with the most recent on top.

DEFICIT REDUCTION ACT OF 2005
§6032 EMPLOYEE EDUCATION ABOUT FALSE CLAIMS RECOVERY

The purpose of this policy is to fulfill the terms of the Deficit Reduction Act which requires DPH to establish a policy which provides detailed information about the Federal Civil False Claims Act, the Federal Program Fraud Civil Remedies Act, state laws pertaining to false claims, and whistleblower protections under such laws.

FEDERAL CIVIL FALSE CLAIMS ACT

The Civil False Claims Act (31 U.S.C. §3729 et seq.) is a statute that imposes civil liability on any person who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim, record or statement for payment or approval;
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid;
- Uses a false record or statement to avoid or decrease an obligation to pay the Government, and other fraudulent acts enumerated in the statute.

The term "knowingly" as defined in the Civil False Claims Act ("FCA") includes a person who has actual knowledge of the information, acts in deliberate ignorance of
the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

The term "claim" includes any request or demand for money or property if the United States Government provides any portion of the money requested or demanded.

**Potential civil liability** under the FCA currently includes penalties of between five thousand five hundred and eleven thousand per claim, treble damages, and the costs of any civil action brought to recovery of such penalties or damages.

The **Attorney General of the United States** is required to diligently investigate violations of the FCA, and may bring a civil action against a person. Before filing suit the Attorney General may issue an investigative demand requiring production of documents and written answers and oral testimony.

The FCA also provides for **Actions by Private Persons** (*qui tam* lawsuits) who can bring a civil action in the name of the government for a violation of the Act. Generally, the action may not be brought more than six years after the violation, but in no event more than ten. When the action is filed it remains under seal for at least sixty days. The United States Government may choose to intervene in the lawsuit and assume primary responsibility for prosecuting, dismissing or settling the action. If the Government chooses not to intervene, the private party who initiated the lawsuit has the right to conduct the action.

In the event the government proceeds with the lawsuit, the *qui tam* plaintiff may receive fifteen to twenty-five per cent of the proceeds of the action or settlement. If the *qui tam* plaintiff proceeds with the action without the government, the plaintiff may receive twenty-five to thirty per cent of the recovery. In either case, the plaintiff may also receive an amount for reasonable expenses plus reasonable attorneys' fees and costs.

If the civil action is frivolous, clearly vexatious or brought primarily for harassment, the plaintiff may have to pay the defendant its fees and costs. If the plaintiff planned or initiated the violation, the share of proceeds may be reduced and, if found guilty of a crime associated with the violation, no share will be awarded the plaintiff.

**Whistleblower Protection.** The Civil False Claims Act also provides for protection for employees from retaliation. An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in terms and conditions of employment because of lawful acts conducted in furtherance of an action under the FCA may bring an action in Federal District Court seeking reinstatement, two times the amount of back pay plus interest, and other enumerated costs, damages, and fees.

**FEDERAL PROGRAM FRAUD CIVIL REMEDIES ACT OF 1986**

The Program Fraud Civil Remedies Act of 1986 ("Administrative Remedies for False Claims and Statements" at 38 U.S.C. §3801 et seq.) is a statute that establishes an
administrative remedy against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious, or fraudulent due to an assertion or omission to certain federal agencies (including the Department of Health and Human Services).

The term "knows or has reason to know" is defined in the Act as a person who has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

The term "claim" includes any request or demand for property or money, e.g., grants, loans, insurance or benefits, when the United States Government provides or will reimburse any portion of the money.

The authority, i.e., federal department, may investigate and with the Attorney General’s approval commence proceedings if the claim is less than one hundred and fifty thousand dollars. A hearing must begin within six years from the submission of the claim. The Act allows for civil monetary sanctions to be imposed in administrative hearings, including penalties of five thousand five hundred dollars per claim and an assessment, in lieu of damages, of not more than twice the amount of the original claim.

State Medicaid False Claims Act

Kentucky law imposes criminal and civil penalties on any person who commits a fraudulent act on the Kentucky Medicaid Program. See KRS Chapter 205.8451 et seq. A “fraudulent act” includes those acts set forth in KRS 205.8463. Specifically, a person has committed a fraudulent act when the person (1) intentionally, knowingly, or wantonly makes, presents or causes to be made or presented to an employee or officer of the Cabinet for Health and Family Services any false, fictitious or fraudulent statement, representation or entry in any application, claim, report or document used in determining rights to any benefit or payment; (2) knowingly or wantonly devises a scheme or plans a scheme or artifice, or enters into an agreement, combination, or conspiracy to obtain or aid another in obtaining payments from any medical assistance program under KRS Chapter 205 by means of any fictitious, false, or fraudulent application, claim, report or document submitted to the Cabinet for Health and Family Services, or intentionally engages in conduct which advances the scheme or artifice; or (3) engages in any other act set forth in KRS 205.8463.

Any person who commits a fraudulent act as defined in KRS 205.8463 shall be guilty of anywhere from a Class A misdemeanor, imprisonment for not more than twelve (12) months and/or a fine of five hundred dollars ($500) to a Class C felony, imprisonment for not less than five (5) years nor more than ten (10) years and/or a fine of not less than one thousand dollars ($1,000) and not greater than ten thousand dollars ($10,000) or double the offender’s gain from commission of the offense, whichever is greater. See KRS 205.8463, 532.005, 532.030, 532.060, 532.090, 534.030 and 534.040. In addition to these penalties, any provider who has been
found by a preponderance of the evidence in any administrative process to have knowingly submitted or caused claims to be submitted for payment for furnishing treatment, services or goods under a medical assistance program provided for under KRS Chapter 205, which payment the provider was not entitled to receive, shall be liable for restitution; civil payments and interest; legal fees; and costs of investigation and enforcement as well as be subject to removal as a participating provider for a specified period of time. See KRS 205.8467. The State shall also have a lien against all property of any provider or recipient who is found to have defrauded the Medicaid program for the amount equal to the sum defrauded plus any interest and penalties. See KRS 205.8471. The terms and conditions of a State imposed lien is set forth in KRS 205.8471.

Any person who knows or has reasonable cause to believe that a fraudulent act and/or a violation of KRS Chapter 205 has been or is being committed by any person, corporation, or entity, shall notify the state Medicaid Fraud Control Unit or the Medicaid Fraud and Abuse hotline and provide the information required under KRS 205.8465(1). Any person making such a notification regarding the offenses of another shall not be liable in any civil or criminal action based on the report if the report was made in good faith. See KRS 205.8465. Additionally, no employer shall, without just cause, discharge or in any manner discriminate or retaliate against any person who in good faith (1) makes a report required or permitted by KRS 205.8451 to 205.8483 or (2) testifies, or is about to testify, in any proceeding with regard to any report or investigation. See KRS 205.8465.

The state agency administering the Medicaid Program may also impose administrative sanctions on providers convicted under the Statute. See 907 KAR 1:671.

State Administrative Sanctions Against Medicaid Providers

Administrative sanctions also may be invoked against a Medicaid provider who has been determined to have engaged in unacceptable practices. See 907 KAR 1:671. “Unacceptable practices” means conduct by a Medicaid provider which constitutes “fraud” or “provider abuse” as defined in KRS 205.8451(2) or (8) or willful misrepresentation, and includes those practices identified in 907 KAR 1:671, Section 1, Paragraph (40). Specifically, unacceptable practices include, but are not limited to, presenting a false claim for services; submitting false information to obtain greater compensation than that to which the provider is entitled; submitting a claim by a provider terminated or excluded from the Medicaid Program; conversion; soliciting or accepting bribes or kickbacks; engaging in conspiracy, complicity or criminal syndication; failing to meet disclosure requirements; and other acts. See 907 KAR 1:671, Section 1, Paragraph (40).

“Fraud” means an intentional deception or misrepresentation made by a recipient or a provider with the knowledge that the deception could result in some unauthorized benefit to the recipient or provider or to some other person. See KRS 205.8451 (2).
It includes any act that constitutes fraud under applicable federal or state law. See KRS 205.8451(2).

“Provider abuse” means practices of a health care provider that are inconsistent with sound fiscal, business or medical practices and that result in unnecessary cost to the Medical Assistance Program established pursuant to KRS Chapter 205, or that result in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. See KRS 205.8451(8). It also includes practices that result in unnecessary cost to the Medical Assistance Program. See KRS 205.8451(8).

Sanctions may include but are not necessarily limited to liability for civil payments; restitution of overpayments; costs of investigation and enforcement of civil payments; legal fees; withholding of payments; and termination and exclusion from the Medicaid Program. See KRS 205.8467 and 907 KAR 1:671, Section 5, Paragraph (2).

The factors considered in determining sanctions or the duration of exclusion are as follows: (1) the number and nature of the unacceptable practice incidents; (2) the nature and extent of the adverse impact the violations had on recipients; (3) the amount of damages to the Medicaid Program; (4) past criminal records of activities involving a child, patient or adult in matters of abuse, neglect, sexual abuse, malpractice, or the personal involvement in fraud or another violation of 42 U.S.C. 1128a-b13, that may have been discovered as a result of the investigation of the unacceptable practice or other related material facts that may impact the health, safety and well-being of Medicaid recipients; and (5) the previous record of violations by the provider under Medicare, Medicaid or other program administered by the Department for Medicaid Services located within the Cabinet for Health and Family Services. See 907 KAR 1:671, Section 5, Paragraph (5).

**State Insurance Fraud and Reporting Immunity Act**

Kentucky provides for criminal and civil penalties related to insurance fraud and have established within the Office of Insurance a Division of Insurance Fraud Investigation to investigate and prosecute violations. See KRS 304.47-010 et seq. Generally speaking, a “fraudulent insurance act” includes, but is not necessarily limited to, acts made with knowledge and the intent of obtaining an undeserved economic benefit or to deny another a benefit in connection with an insurance transaction. A “fraudulent insurance act” includes all those acts set forth in KRS 304.47-020(1). Any person who commits a fraudulent act under KRS 304.47-020(1) is, depending upon the amount received and number of offenses committed, guilty of anywhere from a misdemeanor, imprisonment for not more than a year, and/or a fine, per occurrence, of not more than one thousand dollars ($1,000) per individual nor five thousand dollars ($5,000) per corporation or twice the amount of gain received as a result of the violation, whichever is greater, to a felony, imprisonment for not less than ten (10) years nor more than twenty (20) years and/or a fine, per occurrence, of not more than ten thousand ($10,000) per individual nor one hundred thousand dollars
($100,000) per corporation or twice the amount of gain received as a result of the violation, whichever is greater. KRS 304.47-020. The person committing the fraudulent act also may be ordered to make restitution to any victim who suffered a monetary loss. KRS 304.47-020.

In addition to criminal liability, a person who violates the statute may be liable for civil payments and damages and all reasonable investigation and litigation costs including attorneys’ fees. See KRS 304.47-020.

The following individuals having knowledge or believing that a fraudulent insurance act or any other act or practice which may constitute a felony or misdemeanor under KRS 304.47-010 et seq. is being or has been committed shall notify the Insurance Fraud Division: (a) any professional practitioner licensed or regulated by the Commonwealth except as provided by law; (b) any private medical review committee; (c) any insurer, agent or other person licensed under this chapter; and (d) any employee of the persons named in paragraphs (a) to (c) above. See KRS 304.47-050. Any other person having knowledge or believing that a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or misdemeanor under KRS 304.47-010 et seq. is being or has been committed may notify the Insurance Fraud Division. See KRS 304.47-050.

Notwithstanding the above, any person having knowledge or believing that a fraudulent insurance act or any other act that may be prohibited under KRS 304.47-010 et seq. is being or has been committed, may notify any law enforcement agency. See KRS 304.47-050. Reporting to any other agency does not relieve those listed above of their mandatory duty to report to the Insurance Fraud Division. See KRS 304.47-050.

If the reporter acts without malice, fraud or gross negligence, the reporter is immune from any civil liability for libel, slander, or related cause of action arising out of the report. See KRS 304.47-050.

**State Employment Protection Act**

State employees who report violations of state or federal law or regulation are provided protection against retaliation or disciplinary action related to the report pursuant to the “Kentucky Whistleblower Act.” See KRS 61.101 et seq. The Act prohibits an employer from subjecting to reprisal or directly or indirectly using, or threatening to use, any official authority or influence, in any manner whatsoever, which tends to discourage, restrain, depress, dissuade, deter, prevent, interfere with, coerce, or discriminate against any employee who in good faith reports, discloses, divulges, or otherwise brings to the attention of identified personnel any facts or information relative to an actual or suspected violation of any law, statute, executive order, administrative regulation, mandate, rule, or ordinance of the United States, the Commonwealth of Kentucky, or any of its political subdivisions, or any facts or information relative to actual or suspected mismanagement, waste, fraud, abuse of authority, or a substantial and specific danger to public health or safety. See KRS 61.102. Additionally, no employer shall subject to reprisal or discriminate against, or
use any official authority or influence to cause reprisal or discrimination by others against, any person who supports, aids, or substantiates any employee who makes public any wrongdoing set forth above. See KRS 61.102.

“Employer” means the Commonwealth of Kentucky or any of its political subdivisions and any person authorized to act on behalf of the Commonwealth, or any of its political subdivisions, with respect to formulation of policy or the supervision, in a managerial capacity, of subordinate employees. See KRS 61.101.

“Identified personnel” means the Kentucky Legislative Ethics Commission, the Attorney General, the Auditor of Public Accounts, the General Assembly of the Commonwealth of Kentucky or any of its members or employees, the Legislative Research Commission or any of its committees, members or employees, the judiciary or any member or employee of the judiciary any law enforcement agency or its employees or any other appropriate body or authority. See KRS 61.102.

Employees alleging a violation of the Kentucky Whistleblower Act may bring a civil action for appropriate injunctive relief or punitive damages, or both, within ninety (90) days after the occurrence of the alleged violation. See KRS 61.103.

Employees alleging a violation of the Kentucky Whistleblower Act also are afforded administrative remedies granted by KRS Chapters 16, 18A, 78, 90, 95, 156 and other chapters of the Kentucky Revised Statutes. See KRS 61.103.

Notwithstanding the Kentucky Whistleblower Act, an employer may discipline or impose punitive action on an employee who discloses information which the employee knows (1) to be false or which the employee discloses with reckless disregard for its truth or falsity; (2) to be exempt from required disclosure under the provisions of KRS 61.870 or 61.884; or (3) is confidential under any other provision of law. See KRS 61.102.

**State Computer Crime Act**

Kentucky provides criminal penalties related to knowingly and willfully, directly or indirectly, accessing, causing to be accessed or attempting to access a computer without the effective consent of the owner, (1) for the purpose of devising or executing any scheme or artifice to defraud or obtaining money, property or services for themselves or another by means of false or fraudulent pretenses, representations or promises; (2) which results in loss or damage; or (3) which does not result in loss or damage. See KRS 434.840 et seq.

A “computer” includes any computer software, computer program, data, computer, computer system, computer network or any part thereof.” See KRS 434.840. For additional definitions of these terms, please see KRS 434.840.

Depending on the purpose for which the crime was committed and whether any loss or damage was sustained as a result of commission of the crime, any person convicted of a computer crime is guilty of anywhere from a Class B misdemeanor,
imprisonment for not more than ninety (90) days and/or a fine of a two hundred fifty dollars ($250) to a Class C felony, imprisonment for not less than five (5) years nor more than ten (10) years and/or fine of not less than one thousand dollars ($1,000) and not greater than ten thousand dollars ($10,000) or double the offender’s gain from commission of the offense, whichever is greater. See KRS 434.840 et seq., 532.005, 532.030, 532.060, 532.090, 534.030 and 534.040.

FAIR HEARINGS

All administrative hearing procedures are governed by KRS Chapter 13B.

The following are eligible for a fair hearing:

- Persons who have been denied services;
- Persons whose participation in a service has been discontinued;
- Persons who have been 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 have been 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. A general, uniform hearing procedure for the Cabinet for Health and Family Services has been adopted, Administrative Regulation 902 KAR 1:400.

However, due to tighter federal time frames for fair hearings than is required by KRS Chapter 13B, the WIC Program’s fair hearing policies for applicants, agencies, participants and vendors are governed by Administrative Regulation 902 KAR 18:040.

- All requests for hearings shall be honored unless:
  The request is withdrawn in writing by the requesting party or his/her representative;
  The requesting party or his/her representative fails, without good cause, to appear at the originally scheduled hearing or any “make-up” hearing; or
  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 a hearing request is received, the local health department shall in all cases:

- Establish and maintain a hearing file documenting all correspondence and contacts with the party requesting a hearing; and
• Notify the appropriate DPH division or branch of the 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 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.

CIVIL RIGHTS ACT of 1964

In compliance with “Title VI of the Civil Rights Act of 1964”, “Title IX of the Education Amendments of 1972,” “Section 504 of the Rehabilitation act of 1973,” and the “Age Discrimination Act of 1975,” all services of LHDs shall be conducted in a manner that no person will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion. More information on Civil Rights, may be reviewed online at the U.S. Department of Health and Human Services, Office for Civil Rights.

The responsibility for carrying out the procedures necessary for proper compliance shall be delegated to the Director/Health Officer or, in his absence, to an authorized employee of the LHD. Responsibilities shall include:

• Informing LHD staff of their obligations under Title VI (during the orientation and training process for new employees, through annual training for all front-line employees and front line supervisors, and through the ready accessibility of administrative policies to staff). The training must include collection and use of data, effective public notification systems, complaint procedures, compliance review techniques, resolution of noncompliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution and customer service; and

• Informing all patients, clientele, and the general public that LHD services are provided on a nondiscriminatory basis (printed materials regarding availability of LHD services which are distributed to the general public shall contain a statement to this effect). Civil Rights brochures.

• Appropriate Equal Employment Opportunity (EEO) Title VII and “and Justice for all” posters shall be posted in the health department’s lobby or reception areas; and
• Informing all vendors and contractors furnishing services to the LHD of their obligations under Title VI (contracts and written agreements with vendors and contractors shall reference compliance with the Civil Rights Act); and

• In the event of a complaint, informing the parties concerned of their right to file a complaint with the Department for Public Health, Administration and Financial Management Division, Local Health Personnel Branch; the federal program agency; the Federal Department of Justice; or U.S. Department of Health and Human Services. Additional information is located on the HHS/OCR online complaint portal.

Kentucky DPH Civil Rights Training Module 1020093 and LEP Training Module 1020091 has been developed and placed on TRAIN for use in civil rights training which is required annually for front-line staff and supervisors. A recommended module entitled Health Literacy for Public Health Professionals WB4031, Training Module 1078759 is also available in TRAIN Kentucky. Any questions concerning TRAIN Kentucky should be directed to the Education and Workforce Development Branch at (502) 564-6663, Option 6 or e-mail at kytrainsupport@ky.gov.

For the WIC Program, following WIC Program Notification and Complaint Procedures:

The WIC Program agencies must be in compliance with Food and Nutrition Services (FNS) Instruction 113-1. Written materials provided to the general public that explain the WIC Program must contain the following nondiscrimination statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992, Submit your completed form or letter to USDA by:
COMPLIANCE WITH TITLE VI (Persons with Limited English Proficiency)

In order to ensure compliance with Title VI of the Civil Rights Act of 1964, Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964--National Origin Discrimination Against Persons With Limited English Proficiency ("LEP Guidance"), a LHD must ensure that a person identified as having a limited English language proficiency (LEP), where English is not the person’s primary language, and who is eligible for services in the LHD has meaningful access to the benefits. (Civil Rights brochures and other information are located on the Local Health Personnel Branch.

LEP persons are defined as persons who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with providers. To facilitate the patient’s treatment and ensure effective communication to each patient enabling the understanding of his/her care and make informed choices, the LHD shall have interpreter services and/or other adaptive equipment made available to the individual or staff member.

In Order To Ensure That Appropriate Assistance Is Provided, A LHD Shall:

1. Assess
   • Conduct an assessment of the language needs of the population in the service area.
   • Identify the resources needed to provide effective language assistance.
   • Identify the location of the resources.
• Identify for each patient their communication needs, taking into account the nature and extent of English language proficiency as well as the need for adaptive equipment.
• Identify for each patient the points of contact during services where language assistance is likely needed.

2. Develop a Comprehensive Written Policy. Each LHD shall have a written policy which identifies policies and procedures for:

• Identifying and assessing the language need of applicants/recipient.
• Providing the range of language assistance options.
• Providing notice of the right to free language assistance.
• Periodically training staff. Training staff on the written policy ensures it is understood and carried out. The training should:
  ▪ Be part of the orientation training for each employee;
  ▪ Be updated annually or biannually per agency policy; and
  ▪ Ensure staff is trained on techniques for effective use of interpretive services.
• Monitoring the provision of assistance to the speech or hearing impaired and those with LEP. Conducting regular oversight of the language assistance program to ensure all persons have meaningful access to service. Following the oversight review, the LHD Director or designee should take appropriate action to resolve identified problem areas and update the written policy and training.
• Providing translated materials, if appropriate. A LHD with fewer than 100 applicants/recipient in a language group is not required to provide translated written materials.
  ▪ Hiring trained and competent bilingual staff.
  ▪ Hiring interpreters who are skilled and trained.
  ▪ Contracting with an outside interpreter service.
  ▪ Arranging for the services of voluntary community interpreters.
  ▪ Arranging for the use of a telephone language interpreter service such as the Language Line, which provides professional interpretation 24 hours a day.
• Each LHD should maintain a master list of names and phone numbers of available interpreters and make copies of this list available to LHD staff for quick access.

Interpreters
• Interpreters may be in the possession of a national interpreter certificate or verification of equivalent qualifications obtained in another state that demonstrates a proficiency level sufficient to meet the needs of the individual.
• Each interpreter shall sign a confidentiality statement prior to providing services. Signed statements shall be kept on file.
• Friends, family (including minor children), as well as individuals familiar with the LEP patient should not be used as interpreters. Should the LEP patient decline the free interpreter services and choose to use their own interpreter; the LHD staff must document in the LEP patient’s medical record that the offer was declined and then whenever possible request that a qualified interpreter monitor the interaction either via telephone or in person, to ensure accurate interpretation occurs. If the LEP patient believes the interpreter provided is not sufficiently qualified to provide services, the individual or responsible party may request interpreter services of a higher skill level.

• If the LEP patient chooses a friend, family or other individual to provide interpretive services and the LHD believes the individual is not sufficiently qualified to interpret the medical terminology then the LHD may choose to use their own interpreter services.

**Recommended Skills and Qualities of Interpreters:**

- Speaking and listening proficiency in at least two languages
- Strong communication skills including listening, oral comprehension and speaking skills
- Able to document effectively when applicable
- Knowledge of medical terminology and procedures
- High level of cultural awareness and responsiveness
- Desire to facilitate communication between health care providers and LEP patients
- Ability to put aside personal beliefs, including political, cultural and religious beliefs and ideas
- Compassionate, but able to remain impartial
- Drive to continuously improve and perfect skills in working languages, interpretation techniques and medical vocabulary and procedures
- High attention to detail
- Ability to remain focused and attentive
- Ability to adhere to established professional code of ethics, protocols and confidentiality
- Ability to translate brief written text such as application forms, signage or medication labels

**Examples Of Practices Which May Violate Title VI Are:**

- Providing services to LEP persons that are more limited in scope or are lower in quality than those provided to other persons;
- Subjecting LEP persons to unreasonable delays in the delivery of services;
- Denying all or a part of the LEP patient’s participation in a program or activity on the basis of limited English proficiency;
- Providing services to LEP persons that are not as effective as those provided to those who are proficient in English; or
- Failing to inform LEP persons of the right to receive free interpreter services and/or requiring LEP persons to provide their own interpreter.
More information on Civil Rights and LEP can be found on the [Local Health Personnel Branch webpage](#).

**COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT (ADA)**

The Department of Public Health and all LHDs are committed to the full implementation of the “Americans with Disabilities Act” (ADA). It is the policy of the department to maximize the full inclusion and integration of people with disabilities in all aspects of employment and all programs, services and activities. LHDs shall ensure their services, facilities and practices conform with the requirements of ADA, and to the extent feasible, modify services, policies and practices to conform to the ADA requirements.

**All employees must comply with the following policies regarding the ADA:**

- **Discrimination Prohibited:** employees with disabilities who are otherwise qualified may not be discriminated against in any areas of employment including, but not limited to, job application and compensation procedures, fringe benefits available by virtue of employment and activities sponsored by the state.
- **Limiting, Segregating, and Classifying:** employees with disabilities shall not be limited, segregated, or classified in a way that adversely affects their employment opportunities or status.
- **Contractual or Other Arrangements:** LHDs will not participate in contractual or other arrangements or relationships that would subject qualified employees with disabilities to the discrimination prohibited by the ADA.
- **Reasonable Accommodations:** LHDs will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified employee with a disability, unless it can be shown that the accommodation would impose an undue burden. After a qualified employee requests reasonable accommodation, all agencies will make every reasonable effort to find out what is needed and provide the appropriate accommodations. This is to be an interactive process with the agency consulting with the employee with a disability.
- **Retaliation and Coercion:** LHDs will not coerce, intimidate, threaten, harass, or interfere with any individual exercising or enjoying his/her rights under Title I of the ADA or because that individual aided or encouraged any other individual in the exercise of rights granted or protected by Title I of ADA. Employees may file a complaint as set forth in Employee Grievances or with the Office of Civil Rights.

More information is available at [American Disabilities Act](#) (ADA).

**IDENTITY THEFT COMPLIANCE**

As of December 2010, The Red Flag Program Clarification Act of 2010 exempted some groups from being considered “creditors”. Medical providers were one of those...
groups. However, the LHDs should assure the identity of patients they are serving. LHDs should train and develop agency procedures to assure identity of all patients. Front desk staff should check IDs, billing staff may spot problems with social security numbers or mailing addresses, compliance officers may make decisions for unforeseen problems, clinicians may detect information from the patient that conflicts with medical records. All staff should listen for patient comments that could indicate medical identity theft. DPH recommends that each agency have their own written identity theft policies in place.

**LHD ANNUAL TRAINING MODULES AVAILABLE ON "TRAIN Kentucky"

- KY DPH Ergonomics Module – 1020100
- KY DPH Occupational Safety Health Administration (OSHA) Bloodborne Pathogen Part 1 Module – 1020108
- KY DPH Occupational Safety Health Administration (OSHA) Bloodborne Pathogen Part 2 Module – 1020109
- KY DPH Occupational Safety Health Administration (OSHA) TB Module-1074371
- KY DPH HIPAA Employee Orientation Module – 1020107
- KY DPH Limited English Proficient (LEP) Persons Module – 1020091
- KY DPH Civil Rights Training Module – 1020093

TRAIN Kentucky is the premier learning resource for professionals who protect the public's health. A free service of the Public Health Foundation.

---

**Local Health Department (LHD) Personnel Reference Manual**
# Medical Records Management

## Table of Contents

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

### Guidelines of Medical Records

- Content .................................................................................................................. 1
- Filing and Maintenance of Medical Records ......................................................... 1
- Ownership of Records .......................................................................................... 3
- Releasing Patient Information .............................................................................. 3
- Transferring Medical Record when Health Delivery Service Site Closes within Same County .............................................................................................................. 4
- Transferring the Medical Record within County School Sites ...................... 5
- HIPAA and “Family Education Rights and Privacy Act” (FERPA) ............... 5

### Forms and Documentation

- Local Health Department Responsibilities ......................................................... 6
- Documentation/Medical Record ............................................................................ 6
- Legal Documentation Standards .......................................................................... 7

### Language Accessible Services/Use of Interpreters ........................................ 19

- Guidelines for Documentation When Using an Interpreter ............................... 20

### SOAP Documentation ....................................................................................... 20

### Authorization for Use and Disclosure of Patient Health Information

- Authorization to Release Information (Who May Sign) ................................... 27
- Exceptions to the Use of Written Release .............................................................. 27
- Other Considerations ............................................................................................ 27
- Coroner’s Cases .................................................................................................... 29
- Additional Resources ............................................................................................ 29

### HIPAA Final Omnibus Rule ............................................................................... 29

### Subpoenas and Court Orders ............................................................................ 34

- Types of Subpoenas .............................................................................................. 34
- Court Order ............................................................................................................ 35
- Power to Issue ........................................................................................................ 36
- Responding to a Subpoena .................................................................................... 36
- Responsibility of Recipient .................................................................................... 36
- Contempt of Court ................................................................................................ 37
The Custodian of Medical Records as Witness .......................... 37
Deposition ............................................................................. 37
Safeguarding of Subpoenaed Records Prior to Court/Deposition .... 37
Appearance in Court .................................................................. 38
Procedure for Mailing Records to Court ........................................ 39
Original Record to be Left in Court .............................................. 40
Microfilmed Records in Court ..................................................... 40
Interrogatories ........................................................................ 41
Waiver of Privilege .................................................................... 41

Procedures for Implementing the Records Retention & Disposal Schedule

Retention Time Period for Medical Records .................................. 41
Master Patient Index .................................................................. 42
Procedures for Archiving .......................................................... 42
Location of Inactive/Archived Records ......................................... 42
Destruction of Medical Records ................................................ 43

LHD Records Retention Schedule - KDLA Website .......................... 43

Guidelines for LHD Medication Plans .......................................... 43

Medical Abbreviations .............................................................. 46
Symbols ................................................................................. 99
Vaccine Manufacturers ............................................................ 100
MEDICAL RECORDS MANAGEMENT

Medical records shall be maintained in accordance with the following guidelines:

Content
- The medical record shall contain sufficient information to identify and assess the patient and furnish evidence on the course of the patient’s health/medical care.
- The record shall include accurate and legible documentation of any local health department activity involving or affecting the patient’s health to include but not be limited to assessment, tests, results, and treatment. Red or fluorescent allergy stickers may be displayed on the front of a medical record to alert the health care provider of a potential emergency that can interfere with a patient’s medical care or treatment. Allergies may also be written in red within a medical record.
- All medical records must be maintained in a standard format with entries and forms filed in chronological order with the most recent on top.
- Each form/document filed within the record shall include the patient’s name, identification number and clinic identifier. (The computer generated 1 or 2 label may be used.)
- Each entry in the record shall contain the date of service, description of service, provider’s signature and title.

A service providers’ legend must be maintained which contains the signature, title of provider, provider’s initials and employee ID number. It is to be retained permanently and kept current of new certifications or license privileges. (See “Scope of Practice” in Administrative Reference (AR) Personnel Section for instructions on updating license/certification of personnel.)

Filing and Maintenance of Medical Records
- Each patient receiving personal health services shall have a record initiated. Exception: anonymous HIV test/counseling patient.
- The medical record shall be maintained in the health department (service delivery site) where services are delivered.
- Medical records may be filed in alphabetical or numerical order.
- A Master Patient Index shall be maintained permanently as a locator system for the records at each health center where the service was initiated/provided.
- The Master Patient Index must be in alphabetical order by patient’s last name.
- The patient index shall include the complete patient name, patient identification number, date of birth, gender, race, file number (if numeric system is used),
father’s full name, mother’s full maiden name or legal guardian (if such information is necessary for identification of the patient), and location of record, if it is not in the active file.

- All documentation regarding the patient (including the Immunization/Master Record with documentation) shall be filed in one record (unit record) with the exception of patients of the licensed home health agencies and if the local health department (LHD) elects to maintain Health Access Nurturing Development Services (HANDS) records separately.

- HANDS records may be maintained separately but LHDs are encouraged to integrate these records with the unit record.

- Documentation of immunizations must be made on the Immunization Record/Master Record using cardstock.

- Records for recipients of mass flu immunization clinics when only an influenza administration record is initiated and maintained are not required to be part of the index. They should be filed by year in alphabetical order by patient’s last name placed in a file drawer where they are secure and can be easily accessed.

- Records for the KIDS Smile Program shall be kept as follows:
  - If a child does not have a complete medical record and receives the dental varnish in the health department, the personal record for KIDS Smile shall be retained by the LHD in a folder marked KIDS Smile, 2004-2005 in alphabetical order, by patient name. These forms should be kept for fiscal year and not calendar year. For offsite Fluoride Varnish screenings and applications (schools, etc.), place the personal record for KIDS Smile and any related forms in a folder with the date (i.e. KIDS Smile 2004-2005) and keep in alphabetical order by the name of preschool/school or offsite location where the fluoride varnish was applied. Do not file these forms/records for offsite Fluoride Varnish screenings and application with the Patient Encounter Form (PEF) forms.
  - When services are provided in the clinic, the personal record (screening, application of fluoride varnish, providing a preventive health message and referral to a dentist if necessary) shall be retained in the child’s medical record if such a record exists.

- When the medical record is pulled from the active file for serving the patient or when working with the record, an “out guide” is to be used in the place of the record. The “out guide” identifies the location of the record and stays in the file until the folder/chart is filed back.
Medical records are to be returned to the centralized record section upon completion of services and/or before the facility is closed on evenings, weekends, or holidays.

Medical records shall be filed in a secure location that is locked during non-clinic hours to safeguard against loss, tampering, or use by unauthorized personnel. Care shall be given to assure that the area containing medical records is secured during clinic hours from patient or visitor access and that records are sufficiently distant from patient or visitor accessible areas to prevent viewing names or medical information. (For guidelines, see “Privacy and Security of Protected Health, Confidential and Sensitive Information Guidelines” in AR Personnel Section.)

Medical records shall be retained in accordance with the Local Health Department Record Retention and Disposal Schedule.

Ownership of Records

The medical record is the property of the LHD. Records shall not be taken from the facility except by court order. This does not preclude the routing of copies of the patient’s records or portions thereof, including X-ray film, to physicians for consultation; or in those instances where delivery of services calls for it e.g., Home Health.

When the LHD provides services off-site, such as in a private physician’s office, clinic, or schools the documentation/record of these services is property of the LHD and shall be maintained separately/apart from the medical record of the contracted agency/physician(s).

Releasing Patient Information

All medical records shall be regarded as confidential.

Medical record information may be released only with the consent of the patient, parent or legal guardian of the patient, or as directed by law.

Immunization information may be shared, without authorization from the patient or the patient’s parent or guardian, if the patient is a minor, if the person or agency requesting the information provides health related or education services on behalf of the patient or has a public health interest or is an institution which requires evidence of immunizations pursuant to state law. Some of those entities that may report and exchange information under this exemption are: LHDs within and outside the state, childcare facilities, pre-schools, public and private schools and other providers outside of the LHD who are providing health care to the patients simultaneously or subsequently. Review Administrative Regulation 902 KAR 2:055 for a complete list of entities that may report and exchange immunization information.

Patient information regarding Sexually Transmitted Diseases (STD), the HANDS program, mental health and drug and alcohol abuse shall be considered privileged
information (protected health, confidential, personal or other sensitive information) and must be specifically authorized in the written release signed by the patient or legal guardian prior to the release of these records, unless other applicable laws apply.

- Policies and procedures regarding releases of information shall be established and a designated custodian and a designee appointed to handle day-to-day occurrences.
- The policies regarding the release of medical records shall be posted, according to the “Open Records” laws, in a conspicuous place for the public to see. Information regarding “Open Records” laws provided by the Kentucky Attorney General can be found on the Kentucky Attorney General website under Open Records and Open Meetings Decisions.
- All matters relating to releasing information shall be referred to the designated custodian.
- The policies shall address each type of information the custodian can release and the conditions under which the information shall be released.
- In accordance with Kentucky Law, a patient who receives service from a local health department may have access to his/her medical record upon presentation of appropriate identification; however, the same law allows the health department up to three working days to decide if the request is appropriate.
- Medical records shall be made available, when requested, for inspection by duly authorized representatives of the Kentucky Cabinet for Health and Family Services and contracted insurance companies to comply with Healthcare Effectiveness and Data Information Set (HEDIS) and other allowed patient information requests. Any refusal to honor an authorization for the release of information shall be documented and the reason stated.
- For guidelines and procedures on releasing patient information, subpoenas and court orders, see Authorization for Use and Disclosure of Patient Health Information in this section.

- Demographic information on the CH-5 is not considered part of the medical record. LHDs are not required to release this information as part of the medical record.

Transferring the Medical Record When a Health Delivery Service Sites Closes Within the Same County

- The medical record may be transferred from one health delivery site to another within the same county if a site closes.
- When the record is transferred, the sending site shall note the date of transfer and the name of the site to which the record is being transferred on the Master Patient Index.
- The medical record being transferred shall be placed in a sealed envelope to ensure confidentiality and safety while in route to the receiving health delivery site.
• These records are to be retained in accordance with the current Records Retention Schedule.

Transferring the Medical Record Within County School Sites

• The medical record may be transferred from one school site to another within the same county.

• When the record is transferred, the sending school site shall note the date of transfer and the name of the school site to which the record is being transferred on the Master Patient Index.

• The medical record being transferred shall be placed in a sealed envelope to ensure confidentiality and safety while in route to the receiving health delivery site.

• Upon the student’s leaving the school system, the record should be returned to the health department and integrated with the health department chart if one is available.

• These records are to be retained in accordance with the current Records Retention Schedule.

“Health Insurance Portability and Accountability Act” (HIPAA) and the “Family Education Rights and Privacy Act” (FERPA)

Both HIPAA and FERPA provide equal protection. When schools handle information, they use FERPA. When health departments are in the school and providing information that will be put in the school files, the LHD acknowledges FERPA. However, the copy of information that is to be removed for health department filing is protected by HIPAA.

When a school provides health care to students in the normal course of business, such as through its health clinic, it is also a “health care provider” as defined by HIPAA. If a school also conducts any covered transactions electronically in connection with that health care, it is then a covered entity under HIPAA. As a covered entity, the school must comply with the HIPAA Administrative Simplification Rules for Transactions and Code Sets and Identifiers with respect to its transactions.

However, many schools, even those that are HIPAA covered entities, are not required to comply with the HIPAA Privacy Rule because the only health records maintained by the school are “education records” or “treatment records” of eligible students under FERPA, both of which are excluded from coverage under the HIPAA Privacy Rule. Review the exception at paragraph (2)(i) and (2)(ii) to what is considered “protected health information” (PHI) at 45 CFR § 160.103. In addition, the exception for records covered by FERPA applies both to the HIPAA Privacy Rule, as well as to the HIPAA Security Rule, because the Security Rule applies to a subset of information covered by the Privacy Rule (i.e., electronic PHI).
The term “education records” is broadly defined to mean those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. Review 34 CFR § 99.3. “Treatment records” under FERPA, as they are commonly called, are records on a student who is eighteen years of age or older, or is attending an institution of postsecondary education.”

However, maintaining the records by the school according to FERPA differs from a qualified medical professional actually providing the medical services and electronically billing those services. As a covered entity, all services provided (delivered) by a qualified medical provider and electronically billed are subject to HIPAA Administrative Simplification rules compliance.

Information on: HIPAA Privacy Rule, Health Information Privacy, and Other HIPAA Administrative Simplification Rules is available at the provided links.

Information on Joint Guidance on the Application of FERPA and HIPAA to Student Health Records (Published: US Department HHS and US Department of Education. November 2008).

FORMS AND DOCUMENTATION LOCAL HEALTH DEPARTMENT RESPONSIBILITIES

Local Health Departments (LHDs) are responsible for documentation of services and activities of their respective organization. Many of the programs within the Department for Public Health (DPH) furnish the required hard copy or electronic forms for documentation that collect information necessary to comply with their program’s current laws, regulations or guidelines for documentation purposes. Other programs have electronically developed the format and/or have succinctly identified data elements to record to enable the LHDs to create and/or print their own for documentation purposes. It is the LHD’s responsibility to ensure the current laws, regulations or guidelines are being followed.

When the DPH has not mandated use of the printed form or electronic form, or the format and the LHD has elected to develop its own, the LHD has the responsibility for assuring the form being used is current and contains the specific data elements required to comply with the current applicable laws, regulations and guidelines.

Best medical record practice dictates that documentation should not be duplicated in the medical record. If a LHD elects to collect/record duplicate information that results in inconsistencies, the LHD will be liable for audit exceptions that could result in loss of federal and state funds.

DOCUMENTATION/MEDICAL RECORD

A medical record is the documentation kept about the medical care of patients. It contains sufficient information to identify and assess patients and furnish evidence of
the appropriate course of the patient’s health care by the provider(s) responsible for the delivery of the health care services.

Each patient receiving health care services shall have a record initiated. (Exception: anonymous HIV test/counseling patient and court-ordered HIV testing)

Medical record documentation has a universal effect on organizational operation, evaluation of care and services, compliance, and reimbursement. The quality, type of care, services, on-going planning and assessment delivered to the client are determined through documentation and rely heavily on the quality and accuracy of the medical record. The medical record is also used to serve as a source document for legal proceedings.

LEGAL DOCUMENTATION STANDARDS

This section will review the legal documentation standards for entries in and maintaining the medical record. Health information is collected in various formats – paper-based, electronic client records, and computerized client databases. The legal documentation standards have mainly applied to a paper medical record, however, most are also applicable to documentation in an electronic medical record as well.

This section is divided into topics and will address the following issues:

- Purpose of the medical record and definition of the legal medical record
- Legal documentation standards that apply to medical records
- Proper methods for handling errors, omissions, addendum, and late entries.

Purpose and definition of the Legal Medical Record

A patient's health record plays many important roles:

A. It provides a view of the client's health history - In other words, it provides, a record of the client's health status including observations, measurements, history and prognosis, and serves as the legal document describing the health care services provided to the patient.

B. The medical record provides evidence of the quality of client care by -
   - Describing the services provided to the client
   - Providing evidence that the care was necessary
   - Documenting the client's response to the care and changes made to the plan of care
   - Identifying the standards by which care was delivered
   - Documenting adherence to standards of care and policies/procedures
   - It provides a method for clinical communication and care planning among the individual healthcare practitioners serving the client.
   - It provides supporting documentation for the reimbursement of services provided to the client.
   - It is a source of data for clinical, health services, outcomes research as well as public health purposes.
• It serves as a major resource for healthcare practitioner education.
• It serves as the legal business record for a health care organization and is used in support of business decision-making.

**Legal Documentation Standards**

**Defining Who May Document in the Medical Record:**
- Anyone documenting in the medical record should be credentialed and/or have the authority and right to document as defined by facility policy.
- Individuals must be trained and competent in the fundamental documentation practices of the facility and legal documentation standards.
- All writers should be trained in and follow their agency policies and procedures for documentation (i.e. following timeframes for documentation).

**Linking each entry to the client; Client Identification on Every Page/Screen**
- Every page in the medical record or computerized record screen must be identifiable to the client by name and medical record number.
- Client name and number must be on every page including both sides of the pages, every shingled form, computerized print out, etc.
- Computer generated labels (C and D) that contain client’s name; identification number and clinic ID are available for print. All computer-generated labels contained in the medical record shall be printed in black ink.
- When double-sided forms are used, the client name and number should be on both sides since information is often copied and must be identifiable to the client.
- Forms both paper and computer generated with multiple pages must also have the client name and number on all pages.

**Date and Time on Entries**
- Every entry in the medical record must include a complete date – month, day and year.
- Charting time as a block (i.e. 7-3) especially for narrative notes is not advised.
- For assessment forms where multiple individuals are completing sections, the date and time of completion should be indicated as well as who has completed each section.
Timeliness of Entries

- Entries should be made at the time patient care is provided or as soon as possible after an event or observation is made.
- An entry should never be made in advance.
- Entries should always be dated and should be done at the same time as patient care.
- Late entries should reflect the date/time entry is made, and reflect date/time of the event being referenced.
- Make the late entry in the next available space, do not try to squeeze in or write in margins.
- Identify the entry as a late entry, and cross-reference to the part of the chart being supplemented.

Pre-dating and back-dating

- It is both unethical and illegal to pre-date or back-date an entry.
- Entries must be dated for the date and time the entry is made. (See section on late entries, addendum, and clarifications).
- If pre-dating or back-dating occurs it is critical that the underlying reason be identified to determine whether there are system failures. The cause must be evaluated and appropriate corrective action implemented.

Authentication of Entries and Methods of Authentication

- Every entry in the medical record must be authenticated by the author – an entry should not be made or signed by someone other than the author. This includes all types of entries such as narrative/progress notes, assessments, flow sheets, orders, etc. whether in paper or electronic format.
- Each facility must identify the proper and acceptable method of authentication for the type of entry taking into consideration state regulations and payer requirements.
- Entries are typically authenticated by a signature. At a minimum the signature should include the first initial, last name and title/credential.
- A facility can choose a more stringent standard requiring the author’s full name with title/credential to assist in proper identification of the writer.
- If there are two people with same first initial and last name both must use their full signatures (and/or middle initial if applicable).
- Facility policies should define the acceptable format for signatures in the medical record.

Countersignatures

- Countersignatures should be used as required by state law (i.e., student nurses who are not licensed, therapy assistants, etc.).
- The person who is making the countersignature must be qualified to countersign. For example, licensed nurses who don’t have the authority to supervise should not be countersigning an entry for a student nurse who is not yet licensed.)
• Practitioners who are asked to countersign should do so carefully. If there is a procedure involved, there should be some observation (i.e. view treatment) to assure that it was done properly.

Initials

• Any time a facility chooses to use initials in any part of the record for authentication of an entry there has to be corresponding full identification of the initials on the same form or on a provider legend.
• Initials can be used to authenticate entries such as flow sheets, medication records or treatment records, but should not be used in such entries as narrative notes or assessments.
• Initials should never be used where a signature is required by law.

Fax Signatures

• Unless specifically prohibited by agency policy, fax signatures are acceptable.
• When a fax document/signature is included in the medical record, the document with the original signature should be retrievable.

Electronic/Digital Signatures

• Electronic signatures are acceptable providing the following standards are met:
  ▪ Message Integrity: The message sent or entry made by a user is the same as the one received or maintained in the system.
  ▪ Non-Repudiation: Assurance that the entry or message came from a particular user. It will be difficult for a party to deny the content of an entry or creating it.
  ▪ Authentication: Confirms the identity of the user and verifies that a person really is who he says he is.

Authenticating Documents with Multiple Sections or Completed by Multiple Individuals:

• Some documentation tools such as health history and physical assessments are set up to be completed by multiple staff members at different times.
• At a minimum, there should be a signature area at the end of the document for staff to sign and date. Staff who have completed sections of the assessment should either indicate the sections they completed at the signature line or initial the sections they completed.

Provider Legends

• A provider legend may be used to identify the author and full signature when initials are used to authenticate entries.
• Each author who initials an entry must have a corresponding full signature on record.
• A provider legend is to be maintained and readily available in the facility.
• At a minimum the provider legend should contain the initials, full signature, and title of staff.

Permanency of Entries

• All Papers and forms in the chart must be secured. Sticky notes containing medical information, counseling, test results are subject to HIPAA Privacy Rules and should be transcribed into the medical record and destroyed after completion.
• All entries in the medical record regardless of form or format must be permanent (manual or computerized records).
• For hard copy/paper records facilities shall document in black ink only.
• No other colored ink should be used in the event any part of the record needs to be copied.
• Red ink may be used to designate Immunizations that were given at an off-site agency.
• Allergies may also be written in red ink within a medical record but must appear in a consistent location, i.e. top of the CH-12, CH-2A, or the History and Physical Adult and Pediatric Forms.
• The ink should be permanent (no erasable or water-soluble ink should be used).
• Never use a pencil to document in the medical record.

Printers

When documentation is printed from a computer for entry in the medical record, the print must be permanent. (i.e. a laser printer is permanent vs. an ink jet printer which is usually water-soluble).

Fax Copies

When fax records are maintained in the medical record the assurance must be made that the record will maintain its integrity over time. For example, if thermal paper is used for the receipt of a fax that will become part of the medical record, a copy must be made for filing in the medical record since the print on thermal paper fades over time.

Photo Copies

• The medical record should contain original documents whenever possible. There are times when it is acceptable to have copies of records and signatures particularly when records are sent from another health care facility or provider.
• The Medical record is a legal document and as such it is very important that all photographically reproduced records and any copies subsequently made from the reproductions are completely legible.
Use of Adhesive Labels and Stickers in the Medical Record

- Each form in the record must have the patient’s name, identification number and clinic identifier. These are available on the computer-generated labels C or D through the CDP System.
- All computer-generated labels contained within the medical record shall be printed in black ink.
- When labels are computer-generated, the printer ink must be permanent.
- The use of adhesive labels in the medical record is an accepted practice. Labels or label paper (adhesive-backed paper) are used for a variety of reasons including, but not limited to, client demographics, transcription of dictated progress notes, printing of physician orders for telephone orders, known allergies, medication or treatment records. POST-IT NOTES are not to be used and cannot be part of the medical record.
- Allergy status must be prominently displayed in a conspicuous location. Red or fluorescent allergy stickers are recommended for use on the front of a medical record to alert the health care provider of a potential emergency that can interfere with a patient’s medical care or treatment.
- LHDs may use a color-coded sticker system on the outside of the Medical Record to denote “Tobacco Use Status”. A color-key must be kept at the LHD for reference.
- When labels are used in the record, the agency must assure:
  - The labels retain their adhesiveness
  - If the label is used for documentation such as a progress note or order, the date and signature should also be included on the label.
  - If an error was made on a label, another label should never be placed over the original. Proper error correction procedures should be used for the entry.
  - Labels must never be placed over other documentation in the medical record. This would be the equivalent of using whiteout or blacking out an entry in the record and is not acceptable.
  - A pocket folder could help to contain any labels that may have become dislodged from the backing sheet over time.
  - Post-It Notes are not used in place of an adhesive label and are not to be included as part of the record.

Subjectivity

- In writing entries use language that is subjective rather than vague or generalized.
- Do not speculate when documenting. The record should always reflect factual information (what is known vs. what is thought or presumed) and be written using factual statements.
- Examples of generalizations/vague words: Client doing well, appears to be, confused, anxious, status quo, stable, as usual.
Objectivity

- Chart the facts and avoid the use of personal opinions when documenting. By documenting what can be seen, heard, touched and smelled entries will be specific and objective. Describe signs and symptoms, use quotation marks to quote the client, and document the client’s response to care.
- When documenting an observation, be able to back them up with facts, not conclusions.
- When documenting a patient’s behavior, be objective when describing noncompliant actions. Behavior is considered noncompliant when the patient’s actions are inconsistent with what has been prescribed or ordered, and not in the patient’s own best interests.
- **Do not get personal in your entries.** Never let your personal values or judgments about a patient or his/her behaviors enter your notes.
- Avoid use of derogatory adjectives, however if the patient’s appearance or behavior is relevant to the patient, his problems, treatment, and care, document in objective terms; i.e., rather than saying the “patient was rude and unresponsive”, record “patient did not respond to history questions and refused to allow blood to be drawn”.
- Where possible, use quotes from patients on important elements of history or complaints. Reflect the patient’s own words with quotation marks or if unable to recall exact words, try to paraphrase as closely as possible.

Appropriateness of Entries – Keep Documentation Relevant to Client Care

- The medical record should only contain documentation that pertains to the direct care of the client.
- **Do not let emotions show up in charting.**
- Charting should be free from jousting statements that blame, accuse, or compromise other care givers, the client, or his/her family.
- The medical record should be a compilation of factual and objective information about the client.
- The record should not be used to voice complaints (about other care givers, departments, physicians or the facility), family fights, fights between disciplines, gripes, staffing issues, vendor issues, etc.

Completeness

- Document all facts and pertinent information related to an event, course of treatment, client condition, response to care and deviation from standard treatment (including the reason for it).
- Always be aware of “Not Charted-Not Done” – relying on “routine practice” to prove that something occurred in a given case is much less credible than if the event is charted specifically.
- Make sure entry is complete and contains all significant information. If the original entry is incomplete, follow guidelines for making a late entry, addendum, or clarification.
Use of Abbreviations

- This reference sets a standard for acceptable abbreviations to be used in the medical record based on Marilyn Fuller DeLong’s Medical Acronyms, Eponyms & Abbreviations, 3rd Edition or later as well as sources that are nationally acceptable and published by such agencies as the Centers for Disease Control and Prevention, medical references, the MERCK Manual, and medical dictionaries such as Dorland’s Medical Dictionary. See abbreviations in this section.
- Each LHD should keep a log of non-medical abbreviations that are used in their agency, such as MCHS – Madison County High School, Tues. – Tuesday, CBH – Central Baptist Hospital, etc.
- When there is more than one meaning for an approved abbreviation, facilities shall choose one meaning or identify the context in which the abbreviation is to be used.
- In instances where the abbreviations may be ambiguous or misleading, write out the word(s) in their entirety.

Legibility

- All entries in the medical record must be legible.
- Illegible documentation can put the client at risk.
- Readable documentation assists other caregivers and helps to assure continuation of the client’s plan of care.
- If an entry cannot be read, the author should rewrite the entry on the next available line, define what the entry is for by referring back to the original documentation and legibly rewrite the entry. Example: "Clarified entry of (date)" and rewrite entry, date and sign.
- The rewritten entry must be the same as the original.
- Printing documentation is acceptable when handwriting cannot be deciphered.

Continuous Entries

- Entries should be documented on the next available space – do not skip lines or leave blanks.
- There must be a continuous flow of information without gaps or extra space between documentation.
- A new form should not be started until all previous lines are filled. If a new sheet was started, the lines available on the previous page must be crossed off.
- If an entry is made out of chronological order it should be documented as a late entry.

Completing all Fields

- Some of the questions or fields on documentation tools such as assessments, flow sheets, checklist documents may not be applicable to the client.
- Assure that all blank spaces and sections are filled in to meet the Core Clinical Service Guide program guidelines/protocols, coding and billing requirements,
clinician discretion, or patient preferences. Sections may be “X’d out” if not appropriate to the service or designated as “deferred” if omitted because of patient preference. Leaving blank spaces exposes the health care provider to questions that information may have been “filled in” information or “tampered” with.

- Fields left blank may be suspect to tampering or back-dating after the document has been completed and authenticated.
- Tampering with the record involves any of the following:
  - Adding to the existing record at a later date without indicating the addition is a late entry
  - Placing inaccurate information into the record,
  - Omitting significant facts,
  - Dating a record to make it appear as if it were written at an earlier time,
  - Rewriting or altering the record
  - Destroying records
  - Adding to someone else's notes.

Anyone making entries in a medical record can be prosecuted for falsifying a legal document.

- Fraudulent addition to a record for the purposes of covering up an incident can be detected by current technology. This will enable them to detect differences in ink, look for indentations caused by writing on sheets above the questioned document, and perform chemical analysis of the document. There are clues used to detect altered records.
- Tampering with the records complicates the successful defense of a malpractice case and raises questions about the quality of care that was rendered. Once the accuracy of the record is challenged, the integrity of the entire record becomes suspect. It can be argued in court that the records were intentionally altered or lost because of conspiracy or fraud. Successful arguing of "aggravated or outrageous conduct" can result in the granting of punitive damages

Continuity of Entries – Avoiding Contradictions

- All entries should be consistent with the concurrent entries
- The progress notes are the “roadmap” for medical record documentation and should guide the health care worker in following the patient’s progress. Other forms in the medical record – the CH12, CH2A, H&P forms, assessments, physician’s orders, medication and treatment records, etc. should be referenced in the progress notes as part of the visit if applicable.
- Avoid repetitive (copycat, canned or parrot) charting. The current entry should document current observations, outcomes/progress.
- If an entry is made that contradicts previous documentation, the new entry should elaborate or explain why there is a contradiction or why there has been a change.
• Every change in a client’s condition or significant client care issues must be noted and charted. Documentation that provides evidence of follow-through is critical and documentation of return to clinic (RTC) allows the next provider to monitor the patient’s plan of care. All appointments should be documented in the progress notes, dated, and signed by the appropriate staff, including any appointments that have been rescheduled. All telephone calls regarding the patient’s appointments should be documented, including dates of the conversation as well as the new appointment time. When the patient presents early for an appointment, it would be sufficient to document that the patient came in prior to their designated date and the original appointment would be cancelled in the system at that time.

Notification or Communications

• If notification to the client’s physician or family is required, or a discussion with the client’s family occurs regarding the care of the client, all such communication (including attempts at notification) should be charted.
• Medical records should always reflect “No Shows” (DNKA), when a patient is noncompliant in keeping appointments.
• Include the time and method of all communications or attempts.
• The entry should include any orders received or responses, the implementation of such orders, if any, and the client’s response. Messages left on answering machines should be limited to a request to return call and does not meet the definition of notification.
• Document all telephone conversations with the client. Documentation should include problem/reason of the call, and any advice or instruction given. The date and time of call should be noted as well.
• Telephone calls should be treated no differently than an in-patient visit as far as documentation requirements.
• All telephone calls to a physician regarding a patient’s care should be documented in that patient’s medical record. The documentation should reflect that this conversation was by telephone with the patient’s physician, reason for the call, action taken and the date/time call was made or received.

Delegation

• The lead nurse is responsible for ensuring that all entries by are complete and consistent within the medical record.
• The lead nurse is responsible for all delegated nursing acts, including charting of such care in the client’s medical record.
• Delegation of health services can be done by MDs, APRNs, RNs or LPNs within their scope of practice. All disciplines should follow their professional standards and Board advisory opinions. It should be noted that LPNs have a scope of practice but need to function under the delegated authority of an APRN, RN, MD. The delegating physician or nurse must provide training and approve the delegation in writing and a copy is to be filed in that same employee’s personnel file. The LHD employee must acknowledge receipt of training in writing.
Incidents

- When an incident occurs, document the facts of the occurrence in the progress notes.
- Do not chart that an incident report has been completed or refer to the report in charting.
- See AR Incident Report section and OSHA Bloodborne Plan section in the AR.

Legal guidelines for handling corrections, errors, omissions, and other documentation problems

There will be times when documentation problems or mistakes occur and changes or clarifications will be necessary. Proper procedures must be followed in handling these situations.

Proper Error Correction Procedure:

- Draw line through entry (thin pen line). Make sure that the inaccurate information is still legible.
- Initial and date the entry.
- State the reason for the error (i.e. in the margin or above the note if room).
- Document the correct information. If the error is in a progress note, it may be necessary to enter the correct information on the next available line/space documenting the current date and time and referring back to the incorrect entry.
- Do not obliterate or otherwise alter the original entry by blacking out with marker, using white out, erasing, writing over an entry, etc.
- Correcting an error in an electronic/computerized medical record system should follow the same basic principles.
- The system must have the ability to track corrections or changes to the entry once the entry has been entered or authenticated.
- When correcting or making a change to an entry in a computerized medical record system, the original entry should be viewable, the current date and time should be entered, the person making the change should be identified, and the reason should be noted.
- In situations where there is a hard copy printed from the electronic record, the hard copy must also be corrected.

Handling Omissions in Documentation - Making a Late Entry

- When a pertinent entry was missed or not written in a timely manner, a late entry should be used to record the information in the medical record.
- Identify the new entry as a "late entry"
- Enter the current date and time – do not try to give the appearance that the entry was made on a previous date or an earlier time.
- Identify or refer to the date and incident for which late entry is written.
• If the late entry is used to document an omission, validate the source of additional information as much as possible (where did you get information to write late entry). For example, use of supporting documentation on other forms.
• When using late entries document as soon as possible. There is not a time limit to writing a late entry, however, the more time that passes the less reliable the entry becomes. (General Rule of Thumb is “late entries should not be more than 24 hours after the service is provided”.)

**Entering an Addendum**

• With this type of correction, a previous note has been made and the addendum provides additional information to address a specific situation or incident.
• With an addendum, additional information is provided, but should not be used to document information that was forgotten or written in error.
• When making an addendum -- Document the current date and time. Write "addendum" and state the reason for the addendum referring back to the original entry.
• Identify any sources of information used to support the addendum.
• When writing an addendum, complete it as soon after the original note as possible.
• **Do not use a Post-It Note when entering an addendum.**

**Entering a Clarification**

• Another type of late entry is the use of a clarification note.
• A clarification is written to avoid incorrect interpretation of information that has been previously documented. For example, after reading an entry there is a concern that the entry could be misinterpreted.
• To make a clarification entry – Document the current date and time.
• Write "clarification", state the reason and refer back to the entry being clarified.
• Identify any sources of information used to support the clarification.
• When writing a clarification note, complete it as soon after the original entry as possible.

**Omissions on Medication, Treatment Records, other Flow sheets**

• It is considered willful falsification and illegal to go back and complete and/or fill-in signature "holes" on medication and treatment records or other graphic/flow records in the medical record.
• A time frame should be established in the agency’s policy in which the omissions can be completed. If the practitioner recalls administering the medication/treatment and no more than 24 hours go by, a practitioner may complete a medication/treatment only when there is a clear recollection of administering the medication/treatment or information pertinent to the medical record.
• LHDS should use concurrent monitoring to assure that documentation is complete and timely for all medications and treatments administered. When
problems are identified corrective action should be implemented. If an omission is older than 24 hours or the staff member does not have a clear recollection or there is not supporting documentation (i.e. worksheets, medication records, drug delivery records, initials and dates, etc.), the record should be left blank. At no time should the records be audited after a period of time (i.e. end of month) with the intent of identifying omissions and filling in "holes."

**LANGUAGE ACCESSIBLE SERVICES/USE OF INTERPRETERS**

- LEP, Limited English Proficiency persons are defined as persons who cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with providers. Other patients that need interpreters: persons who speak more English than they understand, persons who understand more than they speak, and those that request an interpreter. For any patient that demonstrates the above, use an interpreter.
- Language access is defined as: Providing interpreter (verbal) and translation (written) services to those LEP persons at no cost and without unreasonable delay.
- Working with an interpreter effectively even if the provider is not bilingual is possible. By learning about the roles of an interpreter, interpretation techniques, ethics of interpreters, professional instinct, and being aware of body language cues (especially side conversations that can take place between interpreter and patient) non-bilingual providers can maintain control of the interview and establish a good patient/provider rapport.
- Use of a pre-session with all interpreters to establish your “ground rules” for the interpreted session.
- The use of interpreters or translators must still provide the same level of confidentiality afforded to non-LEP customers of the LHD.
- Using an interpreter correctly will ensure accurate documentation and provide for early intervention.
- Children, intimate partners, friends and other family should not be used as interpreters if at all possible as this could compromise service effectiveness and result in breach of confidentiality.
- Always speak directly to the patient. Avoid addressing the interpreter and saying, "ask her/him". Remember, if your patient spoke English, you would address her/him directly.
- Speak in short sentences and remember not to use slang or jargon...there may not be a linguistic equivalent in the second language.
- Ask the patient to repeat to you what you have discussed so that you can check for understanding.
- The services of an interpreter or interpretive phone service must be utilized if LHD staff is unable to communicate with the customer well enough to provide services, even if the customer says that he/she does not need an interpreter and declines free interpretation services.
GUIDELINES FOR DOCUMENTATION WHEN USING AN INTERPRETER

- Document the language that the patient speaks in the medical record on initial visit, then update as needed.
- Document the steps taken to arrange for an interpreter.
- A master list of names and phone numbers of available interpreters is recommended to be on file in the agency.
- If an interpreter was used to obtain a patient’s consent, record the interpreter’s name in the medical record.
- If a family member acted as an interpreter, record in the medical document that the patient agreed to this.
- Document any language needs on referral forms to other providers of LEP persons.
- If a LEP person declines free services and asks to use a relative or friend, staff must document in the medical record that the offer was declined and then request that a qualified interpreter sit in on the interview or use interpretive phone services to ensure accurate interpretation during the visit.

SOAP DOCUMENTATION

Documentation should contain the following, based on SOAP documentation:

S  Subjective information (e.g., what the patient or caregiver tells you)
O  Objective information (e.g., what is seen through laboratory results, etc.)
A  Assessment information (e.g., description of what you think is happening with the client and establishment of goals for the client)
P  Plan information (e.g., description of client goals, understanding, treatment, etc.)

HISTORY

Reason for the encounter and relevant history (Subjective)

- History of Present Illness
- Review of Systems
- Past, Family, and/or Social History.

EXAM

- Physical findings and prior or current diagnostic test results (Objective)
- General Multisystem Exam,
- Diagnostic Procedures Ordered.

DECISION-MAKING

- Assessment and identification of health risk factors, clinical impression, or diagnosis, i.e., Presenting Problems Management Options Categories. (Assessment)
- Plan for care, i.e., recommendations, prescriptions for medications, diet or exercise modification, health education and counseling, and a plan of return to clinic. i.e., Management Options. (Plan)

*Date and legible identity of provider.*

**TYPES OF HISTORY**

**HISTORY OF PRESENT ILLNESS (HPI)** - The HPI is a chronological description of the development of the patient’s present illness from the first sign and/or symptoms or from the previous encounter to the present.

- **LOCATION:** Are s/s are diffused or localized, unilateral or bilateral, fixed or migratory? i.e. breast tenderness, rt. ankle swollen, discharge from left ear.
- **QUALITY:** Specific pattern of complaint, or character/quality of the s/s. Ex. sharp, dull, throbbing, constant or intermittent, acute or chronic, stable, improving or worsening, malodorous, cloudy or clear, i.e. sharp abdominal pain, foul vaginal discharge.
- **SEVERITY:** Presence, absence and/or severity of any condition/discomfort, sensation or pain? Or does the history indicate the absence of any condition/discomfort, s/s. i.e. no c/o’s today, denies pain with exercise, c/o headache, n/v.
- **DURATION:** Does the history indicate the duration of the s/s or problems? i.e. BTB x 3 mo., pain in left shoulder for 2 weeks.
- **TIMING:** Does the history indicate the onset or cessation of the s/s or problems? i.e. LMP, EDC, pain started yesterday
- **CONTEXT:** Does the history describe the patient’s locale or activity when the s/s began? When is the problem aggravated or relieved? i.e. pain with exercise, burning upon urination.
- **MODIFYING FACTORS:** Does the history indicate what the patient has done to obtain relief? Has the patient used OTC drugs or attempted to see a MD and did it improve the condition? Exposure to STD/HIV, toxins TB, etc.? i.e. seen per MD for URI, Tylenol for headache.
- **ASSOCIATED S/S:** Does the history list any associated s/s? such as n/v, headache, sweating, vaginal bleeding, rash, etc.?
- **CHRONIC/INACTIVE CONDITIONS:** Does the history indicate the status of at least 3 chronic/inactive conditions? i.e. hypertension, diabetes, migraine headaches, arthritis, asthma, etc. These can be found primarily on the CH-13, CH-14.

**REVIEW OF SYSTEMS (ROS)**

- ROS is an inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms, which the patient may be experiencing or has experienced.
- **CONSTITUTIONAL SYMPTOMS:** i.e., fever, weight change, appetite, fatigue. i.e. history of weight loss or gain, decreased or increased appetite, unexplained tiredness.
- EYES: sclera, conjunctiva, pupils, etc.
- CARDIOVASCULAR: lungs, heart, vascular, abdomen. i.e. SOB
- RESPIRATORY: nose, mouth, lungs, heart, peripheral vascular, or skin (nails). i.e. history of asthma, TB contact.
- MUSCULOSKELETAL: joints, muscles, bones, range of motion
- INTEGUMENTARY: (skin and/or breast), lymphatic, peripheral vascular, sensory nerves
- NEUROLOGICAL: higher cortical function, cranial nerves, motor nerves, coordination, gait and station
- PSYCHIATRIC: orientation, mood and affect, thought flow, thought content, attention, concentration, knowledge, abstract reasoning, judgment, insight, pathological reflexes
- ENDOCRINE: thyroid, goiter, tumors
- HEMATOLOGIC/LYMPHATIC
- ALLERGIC/IMMUNOLOGIC

**PAST FAMILY AND SOCIAL HISTORY (PFSH)**

- Past History: The patient’s experience with illness, operations, injuries, and treatment.
  - Current medications
  - Prior major illness and injury
  - Prior operations
  - Prior hospitalizations
  - Allergies
  - Genetic abnormalities
  - Age appropriate immunization status
- Family History: A review of medical events in the patient’s family, including diseases that may be hereditary or place the patient at risk.
- Health status
- Genetic abnormalities
- Cause of death of parents, siblings, children, father of baby
- Specific diseases related to problems identified in the chief complaint, history of present illness, and/or review of systems
- Social History: An age appropriate review of past and current activities
- Marital status and/or living conditions
- Employment
- Occupational history
- Use of drugs, alcohol and tobacco
- Dietary habits
- Extent of education
- Sexual history

**GENERAL MULTI-SYSTEM EXAMINATION**

**CONSTITUTIONAL:** i.e. WN/WD (well nourished, well developed)
- Measurement of any 3 of the following 7 vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be recorded by ancillary staff)
- General appearance of patient = i.e., development, nutrition, body habitus, deformities, attention to grooming.

**EYES:**
- Inspection of conjunctiva and lids
- Examination of pupils and irises (i.e. reaction to light and accommodation, size and symmetry)
- Ophthalmoscopic examination of optic discs (i.e. size, C/D ratio, and appearance) and posterior segments (i.e., vessel changes, exudates, hemorrhages)

**EARS, NOSE, MOUTH AND THROAT:**
- External inspection of ears and nose (i.e., overall appearance, scars, lesions, masses)
- Otoscopic examination of external auditory canals and tympanic membranes
- Assessment of hearing (i.e., whispered voice, finger rub, tuning fork)
- Inspection nasal mucosa, septum and turbinates
- Inspection of lips, teeth, and gums
- Examination of oropharynx, oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx

**NECK:**
- Examination of neck (i.e., masses, overall appearance, symmetry, tracheal position, crepitus)
- Examination of thyroid (i.e., enlargement, tenderness, mass)

**RESPIRATORY:**
- Assessment of respiratory effort (i.e., intercostal retractions, use of accessory muscles, diaphragmatic movement)
- Percussion of chest (i.e., dullness, flatness, hyperresonance)
- Palpation of chest (i.e., tactile fremitus)
- Auscultation of lungs (i.e., breath sounds, adventitious sounds, rubs)
- Palpation of heart (i.e., location, size, thrills)

**CARDIOVASCULAR:**
- Auscultation of heart with notation for abnormal sounds and murmurs
- Examination of:
  - Carotid arteries (pulse, amplitude, bruits)
  - Abdominal aorta (size, bruits)
  - Femoral arteries (pulse, amplitude, bruits)
  - Pedal pulses (pulse, amplitude)
  - Extremities for edema and/or varicosities
CHEST:
- (BREASTS) Inspection of breasts (symmetry, nipple discharge)
- Palpation of breasts and axillae (masses or lumps, tenderness)

GASTROINTESTINAL: (ABDOMEN)
- Examination of abdomen with notation of presence of masses or tenderness
- Examination of liver and spleen
- Examination for presence or absence of hernia
- Examination of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses
- Obtain a stool sample for occult test when indicated

GENITOURINARY:
Male:
- Exam of scrotal contents (hydrocele, spermatocele, tenderness of cord, testicular mass)
- Exam of penis
- Digital rectal exam of prostate gland (size, symmetry, nodularity, tenderness)

Female:
- Pelvic exam with/without collection for smears and cultures
- Exam of external genitalia (general appearance, hair distribution, lesions) and vagina (general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)
- Exam of urethra (masses, tenderness, scarring)
- Exam of bladder (fullness, masses, tenderness)
- Cervix (general appearance, lesions, discharge)
- Uterus (size, contour, position, mobility, tenderness, consistency, descent or support)
- Adnexa/parametria (masses, tenderness, organomegaly, nodularity)

LYMPHATIC:
- Palpation of lymph nodes in 2 or more areas:
  - Neck
  - Axillae
  - Groin
  - Other

MUSCULOSKELETAL:
- Examination of gait and station
- Inspection and/or palpation of digits and nails (clubbing, cyanosis, inflammatory conditions, petechia, ischemia, infections, nodes)
- Examination of joints, bones, muscles of 1 or more of the following 6 areas: 1) head and neck, 2) spine, ribs, and pelvis, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity, 6) left lower extremity
- The examination of a given area includes:
  - Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions
  - Assessment of range of motion with notation of any pain, crepitation or contracture
Assessment of stability with notation of any dislocation (luxation), subluxation, or laxity
Assessment of muscle strength and tone (flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements

SKIN: i.e. Skin w/d, no rashes or lesions
- Inspection of skin and subcutaneous tissue (rashes, lesions, ulcers)
- Palpation of skin and subcutaneous tissue (induration, subcutaneous nodules, tightening)

NEUROLOGICAL:
- Test cranial nerves with notation of any deficits
- Examination of deep tendon reflexes with notation of pathological reflexes (Babinski)
- Examination of sensation (touch, pin, vibration)

PSYCHIATRIC: i.e. A & O x 4 (alert and oriented)
- Description of patient’s judgment and insight
- Brief assessment of mental status, including:
  - Orientation of time, place, person, and date
  - Recent or remote memory
  - Mood and affect (depression, anxiety, agitation)

DECISION MAKING - PRESENTING PROBLEMS MANAGEMENT OPTIONS

RISK
- Number of self-limited or minor problems; i.e., cold, insect bite, tinea corporis, headache, lice, dermatitis; no apparent contraindications to immunizations/contraceptive methods.
- Acute uncomplicated illness or injury, i.e., cystitis, URI, allergic rhinitis, pharyngitis, simple sprain, STD’s, OM.
- Number of chronic illnesses with mild exacerbation, progression, or side effects of treatment, i.e., uncontrolled diabetes or hypertension.
- Undiagnosed new problem with uncertain prognosis, i.e., lump in breast, abnormal pap smear, chest pain, developmental delay; true contraindication to immunization/contraceptive methods.
- Acute condition or illness with systemic symptoms, i.e., pregnancy, pyelonephritis, pneumonitis, colitis, TB.
- Acute complicated injuries, i.e., head injury with loss of consciousness
- Number of chronic illnesses with severe exacerbation, progression, or side effects of treatment.
- Acute or chronic condition, illness or injury that may pose a threat to life or bodily function, i.e., AIDS, high-risk pregnancy.
- Abrupt change in neurological status, i.e., seizure, TIA, weakness or sensory loss.

DIAGNOSTIC PROCEDURES ORDERED - Labs performed or ordered
- Laboratory tests, venipuncture/capillary; skin tests
- X-rays, chest/extremities; EKG/EEG; mammography; axial tomography
Cultures, i.e., strep Urinalysis, i.e., urine dip, pregnancy tests
Ultrasound, i.e., echocardiography
Cystologic/microscopic tests, i.e., Pap smears, wet preps, hemocults
Developmental tests, i.e., Denver, DASE Physiologic tests not under stress, i.e., pulmonary function, fetal non-stress, malabsorption allergy
Non-cardiovascular imaging studies with contrast or air injection, i.e., barium enema
Superficial needle biopsies. Skin biopsies.
Blood gases Physiologic tests under stress, i.e., cardiac stress test, fetal contraction test
Diagnostic endoscopies with no identified risks, i.e., colposcopy
Deep needle, incisional biopsy, excisional biopsy, i.e., conization, LEEP
Cardiovascular imaging studies with contrast and no identified risks, i.e., arteriogram, cardiac cath.
Obtain fluid from body cavity, i.e., lumbar puncture, thoracentesis, culdocentesis, aminocentesis, colposcopy
Cardiovascular imaging studies with contrast with identified risk factors
Cardiovascular electrophysiological tests
Diagnostic endoscopies with identified risks, i.e., arthroscopy, thoracoscopy, laparoscopy
Discography, MRI

MANAGEMENT OPTIONS SELECTED - Performed, Referred or Ordered
- Rest, limit activity, guidance for follow-up care. i.e., RTC (appt. date)
- Gargles, ointments, creams
- Minor procedures – nonsurgical i.e., irrigation of wound or ear
- Superficial dressings, band aids, gauze, elastic bandages, i.e., ACE
- Over-the-counter drugs, management/instructions. Ex Condoms
- Minor surgery with no identified risk factors
- Physical therapy; occupational therapy; skilled nursing (HH)
- Counseling, i.e., general diet, behavioral risk, health education
- IV fluids without additives
- Minor surgery with identified risk factors; emergency room treatment; referral to specialist, i.e., OB/GYN, Pediatrician, etc.
- Hospital admission with/without elective major surgery (no identified risk factors)
- Medical nutritional counseling, referral to RD
- Therapeutic nuclear medicine, i.e., radiation treatments
- IV fluids with additives, prescriptive drug management, therapeutic injection, i.e., Rocephin, immunizations
- Closed treatment of fracture or dislocation without manipulation
- Subsequent E/M visits for intensive monitoring of high risk pregnancy
- Elective major surgery (with identified risk factors)
- Emergency major surgery
- Parenteral controlled substances, i.e., chemotherapy
- Drug therapy requiring intensive monitoring for toxicity
The Core Clinical Service Guide and the Administrative Reference contain the current specific data collection and documentation requirements that comply with state and federal laws, regulations and guidelines.

General Consent and Informed Consent for Health Services can be found in the Consent for Services section of the Administrative Reference.

AUTHORIZATION FOR USE AND DISCLOSURE OF PATIENT HEALTH INFORMATION

Authorization to Release Information (Who May Sign)

The guidelines as to who may sign an authorization to release information are those applicable to the signing of consents for services. Consent/Authorization for Services is located in the Core Clinical Service Guide. The “Authorization to Release/Request Patient Information” Form (CH-23) is located in the LHD Forms webpage.

Exceptions to the Use of Written Release

In the event the local health department has a written agreement(s) with a hospital, private clinic, or primary care center, etc., to provide services which necessitate the sharing of medical information, a written release need not be completed, provided the agreement states that confidentiality shall prevail and the patient (or legal representative) has been informed that the information will be exchanged only for the purpose of assuring “appropriate and continuous health care.” Patient records may be disclosed for Treatment, Payment, or Operations without the patient’s written consent.

The HIPAA “minimum necessary rule” shall be followed.

- Other exceptions include:
  - Research studies - Patient authorization is not required if identifying patient information is not released and/or included in research projects.
  - Third party payors - Specifically Medicare and Medicaid. (Permission to share is given when assignment of benefits is properly executed [signature, date, and name of agency providing the information]).
  - Sharing of childhood immunization information among providers.
  - Sharing WIC screens, certification and issuance information with other Kentucky WIC sites.

Other Considerations

- Demographic information on the CH-5 is not considered part of the medical record. LHDs are not required to release this information as part of the medical record.
• When releasing the medical record, entries related to protected health, confidential, personal or other sensitive information, such as, STDs, Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), HANDS, alcohol and drug abuse, or psychological/mental problems shall be omitted from the record unless specifically authorized in the written release signed by the patient or guardian.

Exception: Any STD on a child under 12 years of age shall be reported to the local health department or Social Services Office as a possible child abuse case

KRS 620.030 and KRS Chapter 510

KY laws relating to confidentiality of HIV and STDs:


• When confidential information is released over the telephone (e.g., to a physician, a hospital, or in a medical emergency), a reasonable attempt shall be made to verify the identity of the persons and/or facility receiving the information. Such information shall not be given to a patient or parent/legal guardian via telephone.

• When someone alleges they are the legal guardian or custodian of a child and wishes to see the child’s medical record, the individual must complete a written request for information and provide a copy of the court-ordered document verifying the guardianship or custodianship. The information shall be copied onto a personal immunization record and given to the individual. Other information such as the child’s address and phone number shall not be released. (It should be noted that a non-custodial parent may have a copy of his/her child’s medical record provided that the non-custodial parent’s parental rights have not been terminated.)

• When medical records are viewed or photocopied for release and the record contains a report and/or correspondence from other agencies, these external reports become a part of the medical record of the receiving agency and may be released as such.

• The Release of Information form shall serve as the official request of patient information and shall be filed in the medical record (Administrative Section). HIPAA requires a record of any disclosure of patient records be made available to the patient upon request.

• Workmen’s Compensation - Although consent for release of information is implied, the patient has the right to withhold consent in which instance the health department shall comply. (Workmen’s Compensation proceedings will cease at this point.)
• Certification(s) - Health departments may be requested to issue a “certification” of a specific service(s) they have provided (e.g., PPDs, to meet occupational requirements). Such certification shall be issued to the patient, who then has the responsibility to advise the employer. (No results of the service(s) shall be released to other than the patient without specific consent.) HIV test results are prohibited from use in employment or eligibility determination for health or life insurance.

• Upon a patient’s written request, the LHD shall provide without charge to the patient, a copy of the patient’s medical record. A copying fee, not to exceed one dollar ($1) per page, may be charged by the LHD for furnishing a second copy of the patient’s medical record upon request by the patient. For businesses, lawyers and others, the LHDs may charge a nominal and reasonable fee according to their agency’s policy.

Coroner’s Cases

A Coroner is a public official whose duty it is to make inquiry into the causes and circumstances of all sudden, unexplained, unnatural, or suspicious deaths.

The Coroner has authority, according to KRS 72.020, to “take possession of any objects, medical specimens or articles which, in his opinion, may be helpful in establishing the cause of death, and he can make or cause to be made such tests and examination of said objects as may be necessary or useful in determining the cause of death.” KRS 72.415 gives coroners and deputy coroners the authority to “require the production of medical records” in carrying out their duties as peace officers in this state.

Additional Resources

For authorization and Coroner’s exemptions refer to the HIPAA privacy regulations 164.508 and 164.512(c).

Kentucky Coroners Association

HIPAA FINAL OMNIBUS RULE

On January 17, 2013 the U.S. Department of Health and Human Services (HHS) issued a press release announcing “the most sweeping changes to the HIPAA Privacy and Security Rules since they were first implemented in the form of the HIPAA Final Omnibus Rule.

The final rule was effective March 26, 2013 with full compliance by September 23, 2013.

The changes in the final rulemaking provide the public with increased protection and control of personal health information. Every covered entity and business associate (and
now subcontractor to business associates), no matter the size, should have a reliable compliance program in place to meet these compliance obligations.

The **Omnibus Rule** provides changes in the following areas:

- **Makes Business Associates (contractors and subcontractors) of covered entities directly liable for compliance with HIPAA Privacy and Security Rules’ requirements**

  New definitions in the HIPAA rules have been added at section 160.103(3) which state that a Business Associate includes: “(iii) A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.”

- **Limitation on Use and Disclosures of PHI for marketing purposes**
  - The Final Rule requires authorization for all treatment and health care operations communications where the covered entity receives financial remuneration for making the communications from a third party whose product or service is being marketed.
  - Existing prohibitions on marketing must be reviewed and a risk assessment conducted to determine if any treatment and health care communications are subsidized by third parties.

- **Use and Disclosures of PHI for fundraising purposes**
  - Provision prohibiting the conditioning of treatment or payment on an individual’s choice with respect of the receipt of fundraising communications.
  - The Notice of Privacy Practices must inform individuals that a covered entity may contact them to raise funds for the covered entity and an individual has a right to opt out of receiving such communications.

- **Expands individuals’ rights to receive electronic copies of their patient protected health information (PHI)**
  - The Privacy Rules establishes, with limited exceptions, an enforceable means by which individuals have a right to review or obtain copies of their PHI, to the extent it is maintained in the designated records set(s) of a covered entity.
  - The Privacy Rules requires covered entities to provide access to the PHI in the form or format requested by the individual, if it is readily producible in such form or format as agreed to by the covered entity and the individual.
  - Covered entities that use electronic records (e.g., EHRs or electronic claims systems) will want to remain cognizant that the right of access applies regardless of the information’s format.
• The Privacy Rule’s specific standards also address individuals’ requests for access and timely action by the covered entity, including the provisions of access, denial of access, and documentation.
• The Privacy Rules supports covered entities’ offering individuals the option of using electronic means (e.g., e-mail, web portal) to make requests for access.

• **Restricts disclosures to a health plan concerning treatment for which the individual has paid out-of-pocket in full**

  When individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan.

• **Require modifications to, and redistribution of, a covered entity’s Notice of Privacy Practices**

  • The Final Rules adopts the modification to 164.520(b)(1)(ii)(E), which requires certain statements in the NPP regarding uses and disclosures that require authorization.
  • The NPP must contain a statement indicating that most uses and disclosures of psychotherapy notes, PHI for marketing purposes, and disclosures that constitute a sale of PHI require authorization, as well as a statement that other uses and disclosures not described in the NPP will be made only with authorization from the individual.
  • The Privacy Rule allows covered entities to require individuals make requests for access in writing, provided they inform individuals of such a requirement. The NPP should contain information of using electronic means, if applicable to the covered entity.
  • NPP must contain a statement informing an individual their right to access of PHI in the format in which the covered entity maintains the PHI.
  • NPP must inform individuals of their new right to restrict certain disclosures of PHI to a health plan where the individual pays out of pocket in full for the health care item or service.
  • Covered entities are required to include in their NPP a statement of the right of affected individuals to be notified following a breach of unsecured PHI.

• **HHS states these are “material changes” to the Notice of Privacy Practices that require re-distribution.**

  • The revised NPP must be available to existing patients upon request, and must be posted both to the provider’s website (if your agency has a website) and in a prominent location on the premises.
  • Covered entities that are healthcare providers are only required to distribute the modified NPP to new patients.
Modify the individual authorization to facilitate research

The Final Rule permits compound authorizations, or authorizations for more than one clinical trial, and authorizations for future, unspecified research. This change permits a single document to include consent and authorization for a clinical trial and a future study, as long as the authorization contains a general description of the types of research that may be conducted.

- Creates the final rule modifying the HIPAA Privacy Rule as required by the Genetic Information Nondiscrimination Act of 2008 (GINA)

The definition of “health information” is expanded to include genetic information. GINA clarifies that genetic information is protected under the HIPAA Privacy Rule and prohibits most health plans from using or disclosing genetic information for underwriting purposes.

- Disclosure of child immunization proof to schools

The Final Rules amend 164.512(b)(1) by adding a new paragraph that permits a covered entity to disclose proof of immunizations to a school where State or other law requires the school to have such information prior to admitting the student. Written disclosure is no longer required to permit this disclosure. The covered entity would still be required to get oral or written consent and document the agreement obtained. **KY law 902 KAR 2:055 allows for the exchange of immunization records for the above reason.**

- Enable access to decedent information by family members or others

  - The Final Rule defines that PHI extends to the information of a deceased person up to a period of 50 years after death
  - The Final Rule amends 164.510(b) to permit covered entities to disclose a decedent’s PHI to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

- Adopt the additional HITECH Act enhancements (such as, enforcement of noncompliance with the HIPAA Rules due to willful neglect)

  - “Willful Neglect” is defined as “conscious, intentional failure or reckless indifference.”
  - The Final Rule also revised the definition of “reasonable cause” to “an act or omission in which a covered entity or business associate knew, or by exercising reasonable diligence would have known, that the act or omission
violated an administrative simplification provision, by which the covered entity or business associate did not act with will neglect.”

- The civil penalty tiers remain unchanged:
  - Did Not Know (and could not have known): $100-$50,000 per violation;
  - Reasonable Cause: $1,00-$50,000 per violation;
  - Willful Neglect – corrected within 30 days of discovery: $10,000-$50,000 per violation; and
  - Willful Neglect – not corrected within 30 days of discovery: $50,000

- All violations of an identical provision in a calendar year shall not exceed a fine of $1,500,000.

- Creates the final rule on Breach Notification for Unsecured PHI under the HITECH Act (see information below)

- Incorporates the increased and tiered civil money penalty structure

  The Final Rule implements the penalty structure mandated by the HITECH Act for violations occurring after February 18, 2009, in which the amount of the penalty increase with the level of culpability, with maximum penalties of the same HIPAA provision of $1.5 million per year.

The Final Rule now presumes that any access to PHI which is not permitted by law, constitutes a breach unless the covered entity or business associate can demonstrate that there is a “low probability” that the PHI has been compromised based on a risk assessment of at least the following factors:

- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification
- The unauthorized person who used the PHI or to whom the disclosure was made
- Whether the PHI was actually acquired or viewed
- The extent to which the risk to the PHI has been mitigated.

Be prepared to defend any conclusion that a security event is not a reportable breach in the form of the investigative action plan, action review, and expert consultations and the potential impact on the consumers. Breaches that cannot be defended through the above risk assessment outline must be reported to HHS.

Helpful Web Links:

US Health and Human Services (HHS) – (Health Information Privacy)
Omnibus HIPAA Rulemaking – Federal Register
Omnibus HIPAA Rulemaking – HHS Press Release
(HHS) Business Associates Agreement provisions
(HHS) Health Information technology
(HHS) HIPAA/Privacy Compliance Enforcement
Electronic Code of Federal Regulations: CFR Title 45 – PUBLIC WELFARE

CFR Title 45, §164.510 – Uses and disclosures requiring an opportunity for the individual to agree or to object

SUBPOENAS AND COURT ORDERS: KRS Chapter 422, (422.300 through KRS 422.330)

The subpoena is the typical mechanism for obtaining records from someone who is not a party to a case. A subpoena directs the person named in it to appear at a designated time and place, often with certain records. In responding, a health department and its employees must balance their duty to protect confidential information against their duty to respond to the subpoena’s commands.

A subpoena is usually not sufficient to authorize disclosure of confidential information. Most confidentiality laws, especially those dealing with medical information, impose stricter conditions; such as, entry of an order by a judge or prior notification of the individual who is the subject of the records. If you receive a subpoena for confidential information, you must consider the particular statute or regulation governing the information and determine the conditions under which records may disclosed.

An attorney who issues a subpoena should likewise be wary of examining confidential information on the strength of the subpoena alone. In some circumstances, an attorney who reviews confidential information without appropriate authorization may be subject to sanctions or even civil liability.

The Two (2) Types Of Subpoenas

1. Subpoena
   The subpoena is a command to appear at a certain time and place to give testimony upon a certain matter.

   A subpoena is valid if it:
   ▪ Is issued by the court clerk or other authorized officer, but usually not the presiding officer of the court:
   ▪ States the name of the court and the title of the action; and
   ▪ Commands the person to whom it is directed to attend and give testimony at a time and place for a specified party.

2. Subpoena Duces Tecum
   A subpoena duces tecum is a subpoena with the added command to bring along certain documents or papers pertinent to the issues of a controversy.

For additional resources – Refer to HIPAA privacy regulations 164.512(e) and (f).
A subpoena issued by someone other than a judge, such as a court clerk or an attorney in a case, is different from a court order. A LHD may disclose information to a party issuing a subpoena only if the notification requirements of the Privacy Rule are met. Before the covered entity may respond to the subpoena, the Rule requires that it receive evidence that reasonable efforts were made to either:

- notify the person who is the subject of the information about the request, so the person has a chance to object to the disclosure (this would be an attached letter of assurance the individual has been notified of the request and has had reasonable amount of time to respond to the request), or to
- seek a qualified protective order for the information from the court.

The LHD may notify the individual of the request and seek written authorization to disclose.

A qualified protective order is an order of a court or a stipulation by the parties that prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and requires the return to the covered entity or destruction of the protected health information (including any copies) at the end of the litigation or proceeding. The party requesting the information must provide a written statement and accompanying documentation that demonstrates:

- the parties to the dispute have agreed to a qualified protective order and have presented it to the court; or
- the party seeking the protected health information has requested a qualified protective order from the court.

- May a covered entity disclose PHI in response to a lawful process not accompanied by a court order
- “Satisfactory Assurances” – what must a covered entity receive before responding to a subpoena

Court Order

A LHD may disclose protected health information required by a court order. A court order is a command signed by the presiding judge of the court. However, the provider may only disclose the information specifically described in the order. Kentucky has specific laws regarding the disclosures of STD, HIV, Drug/Alcohol Treatment records, etc. For further information on this topic, please refer to 45 C.F.R. § 164.512(e) and US, HHS, OCR’s HIPAA Frequently Asked Questions (FAQs for Professionals).

Power To Issue

The power to subpoena is given by statute to judges, clerks of courts, referees, arbitrators, municipal corporations, legislative committees, various boards and
commissioners including the State Board of Medical Licensure.

**Responding To A Subpoena**

Recipient is the person named in the subpoena to appear or produce documents or other materials.

A subpoena may be served in accordance to the Kentucky Rules of Civil Procedure (CR). The actions listed below were ascertained from “CR45.03 (Subpoena) Service; Notice, CR 4.01 Summons; issuance; by whom served and CR 4.04 Personal service; summons and initiating document” of the Rules.

A subpoena may be served in person or by mail.

- If by person, the person delivering the subpoena should be over eighteen (18) years of age and should deliver the subpoena to the person to whom it is directed.
- If by mail, it should be as registered mail or certified mail return receipt requested with instructions to the delivering postal employee to deliver to the addressee only and show the address where delivered and the date of delivery.

Further information about Kentucky Rules of Civil Procedures may be found on the Kentucky Bar Association website.

The service of a subpoena must be made to the person named in the subpoena. Service is valid when it is served within the territorial jurisdiction of the court that issued it.

- State - a subpoena issued by a state district or circuit court is valid only within the boundaries of the state in which the court is located.
- Federal - A subpoena issued by a federal court is valid within the federal court district or within one hundred (100) miles of the location where the witness is required to attend, even though the place of service may be outside of the federal court district.

**Responsibility Of Recipient**

The named recipient at the local health department should require proper service. When a subpoena is received through the mail, is sent from outside the court’s jurisdiction, or is served improperly in any other way, the recipient should notify the attorney who initiated the subpoena of improper service. A form letter may be prepared to respond to such occasions.

**Contempt Of Court**

Failure to respond to a subpoena in Kentucky is punishable as contempt of court. Failure to compensate the witness for expenses is not sufficient grounds for failure to respond to a subpoena.
The Custodian Of Medical Records As Witness

When medical record information is subpoenaed, the custodian of medical records, i.e., either the medical record director or someone else with knowledge of the recipient’s record maintenance procedures, will be asked to testify as to the authenticity of the medical records either through deposition, appearance at court or written certification.

Deposition

A deposition is the testimony of a party or witness, made under oath but not in open court and written down or videotaped to be used during discovery or trial proceedings.

The deposition is a means of pretrial discovery. It may direct the response to questions and/or production of records related to the case.

The attorney issuing the subpoena for a deposition to discover medical records usually will call the medical record custodian to set a time and place for the disposition. Those present at the deposition are the following:

- Custodian of medical records.
- Attorney requesting the deposition.
- Opposing attorney, and
- Court reporter or person with a video camera commissioned to record the deposition proceedings.

The medical record custodian will be sworn in and questioned in the same manner as if appearing in court. The attorney who issued the subpoena will be given the copy of the record when and if it is requested. If an attorney objects to the answering of a question during a deposition, the question is still answered. Whether or not an answer given during deposition will be introduced in court will be determined by the judge at a later time.

Safeguarding of Subpoenaed Records Prior to Court/Deposition

A medical record subpoenaed for a legal case should be filed in a secure place until the case is terminated to prevent altering, tampering, or removing the record or any of its contents. Changes in the record occurring after the commencement of a lawsuit tend to display an admission of guilt. To provide the necessary security:

- Number each page in the record.
- Make a clear copy of the record.
- File the original and the copy in a secure, locked place; and
  Allow the original record to be viewed only under proper supervision.
To prevent anyone from making changes in the record after a suit has been filed, it is recommended that a second copy of the record be used for viewing by appropriate parties instead of the original/first copy that will be sent to court.

**Appearance In Court**

Prior to appearance in court, the medical record custodian should:

- Make a clear copy of the record,
- Number the pages on the copy, and
- Read through the entire record for familiarity with the terms should it become necessary that portions have to be read in court at the deposition.

On the day appearance in court is requested, the medical record custodian should:

- Call the attorney who subpoenaed the record and verify the time to be present, and
- Bring the original and the copy of the record along to court.

Upon arrival at the court the medical record custodian should:

- Acknowledge the custodian’s presence to the subpoenaing attorney or the clerk of court.
- Wait in the designated area until requested to take the witness stand and do not reveal the contents of the records to anyone until directed to do so by the judge.

The reasons a medical record custodian is asked to serve as a witness are to identify the record and answer questions needed to make the record admissible in court. Questions that must be answered positively for admissibility are:

- Was the record made in the regular course of business; and
- Was it the regular course of business to make such records at or near the time of the matter recorded?

When serving as a witness in court or at a deposition, the medical record custodian should answer questions briefly and directly. In addition to the two questions stated above, other usual questions are:

- What is your full name and title?
- For which facility do you work?
- Do you have in your possession the medical records of _______________ ________________?
In the event an attorney asks, “do you have ALL the records of ___________________________?” the custodian must think of the filing system used and determine if ALL records were brought, including the HANDS record if filed separately.

The medical record custodian may read parts of the record if asked, but may not interpret any medical information in the record. “I am not qualified to answer that,” is a perfectly acceptable response when questions fall beyond the area of competence. All answers are subject to cross examination(s) in a court of law.

If any attorney objects to a question, the question should not be answered until the judge rules whether or not the question is to be answered.

**Procedure for Mailing Records to Court**

**KRS Chapter 422** (422.300 through KRS 422.330) provide for the mailing or personal delivery of a certified copy of the medical record to the clerk of court, unless the record contains information regarding sexually transmitted diseases, HANDS, mental health or drug and alcohol abuse. In this event, the judge must be notified that privileged information on a specific patient is not subject to subpoena.

To comply with these statutes, the custodian of medical records or person charged with such responsibility shall promptly notify in writing the attorney causing service of the subpoena of the recipient’s decision to submit a certified copy. Also included would be the cost of reproducing the record.

Upon payment of the copying expenses:

1. Prepare a certification with the following information:
   - Full name of the patient;
   - Patient’s medical record number;
   - Number of pages in the medical record; and
   - This statement:
     “The copies of records for which this certification is made are true and complete reproductions of the original (or microfilmed) records which are housed in (name of facility). The original records were made in the regular course of business, and it was the regular course of (name of facility) to make such records at or near the time of the matter recorded. This certification is given pursuant to KRS 422.300 – KRS 422.330 by the custodian of the records in lieu of personal appearance.”

2. Notarize the certification;
3. Enclose the copies and notarized certification in an inner envelope labeled with the following:
   - Copies of medical records;
   - Title and number of the legal action or proceeding;
   - Date of the subpoena;
   - Name of the provider;
   - Full name of the patient;
   - Patient’s medical record number, and
   - Name and business phone number of the employee signing the certification.

4. Seal the envelope and enclose the inner envelope containing the copies and certification into an outer envelope and address it to the attorney causing service of the subpoena or to the clerk of the court; and

5. Promptly deliver either personally or by certified or registered mail to the addressee.

If delivered personally, have the person receiving the records sign a receipt containing the following information and retain the receipt as proof of the delivery:
   - Name of the facility;
   - Full name of the patient;
   - Patient’s medical record number, and
   - The date the copies were delivered. When delivered via mail, retain the receipt issued by the post office and signed by the court representative as proof of delivery.

**Original Record to Be Left In Court**

If the original record is to be left in the court, the medical record custodian should obtain a receipt from the clerk of court indicating that the record will be retained in the clerk’s custody and that arrangements will be made for the return of the record when the case is terminated.

**Microfilmed Records in Court**

If a subpoenaed record is on microfilm and it is necessary for the custodian to appear in court, the film containing the records should be taken to court with copies of the filmed records. If copies are legible, the filmed records ordinarily are not needed.

Should the court request the viewing of film that contains records of other patients, the custodian should explain that violation of the confidentiality of other patients’ records is at stake. Such film should not be left with the court since the records may be needed for patient care.
Upon the admission of microfilm records in court, the medical record custodian may be asked if the original records were destroyed in the regular course of business. Records are destroyed “in the regular course of business” when they are destroyed in a routine manner after microfilming and not for the purpose of destroying evidence.

**Interrogatories**

Interrogatories are a set or series of written questions asked by one party of another party or witness in a lawsuit. The person receiving the interrogatory is requested to answer the questions in writing and to sign an oath that all answers are correct to the best of his/her knowledge. Answers are mainly used to discover evidence; however, the answers themselves may be admitted as evidence.

A recipient of a subpoena who is asked to answer an interrogatory or set of interrogatories should turn the questions over to his/her legal counsel for response.

**Waiver of Privilege**

A privilege may be waived only by the person whose information is held to be privileged. The recipient of the subpoena should never assume that a patient has waived privilege, for example, when a psychiatric patient sues his psychiatrist. Only the presiding officer of a court may determine that a patient has waived privilege.

**PROCEDURES FOR IMPLEMENTING THE RECORDS RETENTION AND DISPOSAL SCHEDULE FOR MEDICAL RECORDS**

**Retention Time Period for Medical Records**
If the patient was less than 18 years of age on his/her last date of service, the record must be kept until he/she reaches age 18 plus 5 years, or 10 years whichever is the longer time period.*

If the patient was 18 years of age or older on his/her last date of service, the record must be kept for 10 years from the last date of service. *

For all patients (without regard to age), the immunizations (other than influenza), positive Purified Protein Derivative (PPD)s and any patient record with **documentation of Tuberculosis (TB) infection or disease treatment must be kept permanently**.

If information on completed/ recommended treatment regimen, allergies, and sensitivities, regarding TB, is extracted and entered on the permanent immunization/master record, the record may be destroyed when it reaches the assigned retention period.
Master Patient Index

The Master Patient Index is the locator system for all clients/patients registered with your facility and must be kept permanently. This should include, but may not be limited to, medical, Women Infant & Children (WIC), and HANDS services. It shall be all-inclusive to contain the name and location of all active, inactive and destroyed patient records. When the record is removed from the active file, a notation on the index shall indicate where the record is and if the record is reactivated, a notation is to be made. If the record meets the retention period and is destroyed, a note is to be included to indicate the record was destroyed and the date of destruction. The Master Patient Index that includes all the above criteria may be kept on paper, electronically or a combination of the two and should be easily accessible.

Procedures for Archiving

Following are procedures to use in archiving medical records in accordance with the December 2001 Records Retention Schedule:

The medical records retention schedule is based on three factors:

- The last date of service;
- Patient’s age (minor – less than 18 years of age and adult – 18 years of age and older); and
- Type of service the patient has received, i.e., Immunizations and positive tuberculosis (TB) test and TB infection or disease treatment.

The record retention criteria necessitate the date of birth being included on the label of the folder.

- When the patient has not received a service within the past five years, the record is considered inactive and may be removed from the active files.
- In establishing the inactive files, consider the following:
  - Minor patient records;
  - Adult patient records; and
  - Permanent records.

Location of Inactive/Archived Records

Local health departments are responsible for the storage of inactive/archived records. The records must be stored in an orderly, accessible manner and in a secure location. The State Archives Center may not be used for storing local health department records.

Inactive/Archived Records and/or Reports may be retained in electronic formats to provide a better source of storage to local health departments. The access should be easy, fast, and readily available when needed. The inactive/archived records and/or reports should be maintained according to the records retention schedule and
properly disposed of once the retention period has ended.

**Destruction of Medical Records**

If the medical record has met the required retention period, it should be destroyed. To destroy the record, it must be *burned or shredded*. A Records Destruction Certificate (Form PRD-50) is to be completed and mailed to the Department for Libraries and Archives, 300 Coffee Tree Road, Frankfort, Kentucky 40602. The PRD-50 forms may be obtained from the Department for Public Health Record Officer, Administration and Financial Management Division, phone number 502-564-6663, LH Personnel Branch, Option 5. A copy of the Destruction Certificate is to be permanently maintained at the local health department.

Click to view: [LHD ONLINE RECORDS RETENTION SCHEDULE](#)

**GUIDELINES FOR LHD MEDICATION PLANS**

Every Local Health Department should have in place a medication plan, in accordance with KRS 212.275 that:

- Is signed by and developed in consultation with the Local Board of Health pharmacist or designee;
- Is approved by the Local Board of Health and reviewed and signed annually;
- Includes purchasing, storage, inventory, dispensing, and reporting of medication errors; and
- Is consistent with the Department for Public Health, Board of Pharmacy and other relevant laws and guidelines.
- Only additional in-house medications that are specific to the Local Health Department must be included in the LHD Medication Policy. Medications listed throughout the CCSG need only be referenced in their local policy as “all medications listed in the CCSG.”

CHFS legal counsel has advised that LHDs prescribing drugs not in the CCSG assume responsibility specific to the service being provided and do so under local authority and individual licensees (physicians, nurse practitioners, etc.) without the specific endorsement by or liability to CHFS or DPH. The LHD also assumes responsibility for conforming to pharmacy and other relevant statutes.

Definitions and additional guidelines for nurses regarding medication (prescribing, dispensing, administering and delivering)*:

*Prescription* means an authorization to obtain a prescription drug.
• This authorization can be given to a pharmacist via piece of paper, telephone call, fax, or an electronic scan.

• An MD, PA, or an APRN (within their scope of licensed practice and collaborative agreements) may authorize a prescription.

• Prescriptions may be provided to patients with public or private insurance (under ACA guidelines most contraceptives are covered without cost sharing for the patient).

• Prescriptions may be provided to clients without insurance in the following circumstances**:
  ▪ Patient specifically requests a prescription for a method not available at LHD
  ▪ Patient specifically requests a prescription for a method temporarily out of stock; or
  ▪ LHD is unable to obtain a particular method because the LHD has met the manufacturer’s purchasing quota.

*Dispense* means to give a patient a drug to consume or use later. Dispensing is legal for RNs and APRNs only in LHDs following the CCSG guidelines and LHD Medication Policy. KRS 314.011 has a provision for “dispensing” which is an exception for local health departments.

Per the Board of Pharmacy, a RN or APRN can dispense a medication from a multi-dose bottle to be sent home with the patient to be taken later. ***

The drug must be packaged, labeled and recorded according to Pharmacy Law. Pharmacy labeling is an FDA requirement (therefore regulations will not be found in Kentucky Law documents). The requirements for proper labeling of medications to be dispensed include:

• Patient’s name
• Date
• Name of provider prescribing medication
• Name of medication being dispensed
• Specific instructions to patient for proper usage (example: take 1 tablet every 12 hours)
• Quantity of pills/medication being dispensed
• Name and telephone number of the facility

Dispensing of *sample drugs* within their scope of practice is legal only for APRNs.

*Administer* means to put a drug into a patient’s body.
• This can occur by giving an injection, oral medication, applying a cream or ointment, or use of an inhaler.
• Administration of a single dose is legal for LPNs, RNs, and APRNs upon the authorization of an MD or APRN.

**Deliver** means hand over a previously dispensed drug.

• LPNs and unlicensed personnel may deliver meds that have been properly dispensed.
• It is recommended that this be done in the LHD under the delegated authority of an APRN or RN.
• For DOT guidelines, Review **TB section in the CCSG**.

* Also included are other brands or generic forms of medications containing identical amounts of the same active drug ingredient in the same dosage form (this needs to be considered).

  ▪ Dosages may be adjusted based on weight and age.
  ▪ For DOT Guidelines, Review **TB section in the CCSG**
  ▪ Before crushing or giving any medication mixed with food, check with the prescribing clinician for instructions.

** Each LHD should include in their internal medication plan who is responsible for the cost of a prescription when given to an uninsured patient.

*** **KRS 314.011** Definitions for chapter.

As used in this chapter, unless the context thereof requires otherwise:

“Dispense” means:

• To receive and distribute non-controlled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party; or
• To distribute non-controlled legend drugs from a local, district, and independent health department, subject to the direction of the appropriate governing board of the individual health department.

Review a sample medication plan on the [LHD Forms webpage](#).
MEDICAL ABBREVIATIONS

At present, the only approved medical abbreviations that are acceptable for LHD documentation are in this section and Marilyn Fuller Delong’s Medical Acronyms, Eponyms & Abbreviations, 3rd Edition or later. The following list has been compiled from sources that are nationally acceptable and are taken from documents that are published by such agencies as the Centers for Disease Control and Prevention, medical references, the MERCK Manual, and medical dictionaries such as Dorland’s Medical Dictionary. Each LHD should keep a log of non-medical abbreviations that are used in their agency, such as Tue. – Tuesday, Aug. – August, CBH – Central Baptist Hospital, UK – University of Kentucky, etc.

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| 2 times a day | BID | 3 times a day | t.i.d. | 4 times a day | QID | 1st heart sound | S_1 | 2nd heart sound | S_2 | 3rd heart sound | S_3 | 4th heart sound | S_4 | Ask, Advise, Assess, Assist, Arrange | 5 A's |

<p>| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |
| a drop | gt | abdomen, abdominal | Abd | Abdominal pain, Chest pain, Headaches, Eye problems, Severe leg pain | ACHES | abnormal | Abn, ABNL | abortion | ab, AB | absent without leave | AWOL | absent, absence | abs | absolute bed rest | ABR |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>acceleration</td>
<td>accel</td>
</tr>
<tr>
<td>acceptable daily intake</td>
<td>ADI</td>
</tr>
<tr>
<td>according</td>
<td>acc</td>
</tr>
<tr>
<td>accumulation</td>
<td>accum</td>
</tr>
<tr>
<td>Acetylsalicylic acid (aspirin)</td>
<td>ASA</td>
</tr>
<tr>
<td>Acid Fast Bacilli</td>
<td>AFB</td>
</tr>
<tr>
<td>Acidophilus and Bifidum</td>
<td>A&amp;B</td>
</tr>
<tr>
<td>Acquired Immunodeficiency Syndrome</td>
<td>AIDS</td>
</tr>
<tr>
<td>Acromioclavicular</td>
<td>AC</td>
</tr>
<tr>
<td>activated clotting time</td>
<td>ACT</td>
</tr>
<tr>
<td>activities of daily living</td>
<td>ADL</td>
</tr>
<tr>
<td>activity</td>
<td>act</td>
</tr>
<tr>
<td>Acute Lymphoblastic Leukemia</td>
<td>ALL</td>
</tr>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>AML</td>
</tr>
<tr>
<td>Acute Otitis Media</td>
<td>AOM</td>
</tr>
<tr>
<td>Acute Respiratory Disease</td>
<td>ARD</td>
</tr>
<tr>
<td>Acute Respiratory Distress Syndrome</td>
<td>ARDS</td>
</tr>
<tr>
<td>adequate</td>
<td>adeq</td>
</tr>
<tr>
<td>to be administered</td>
<td>adhib</td>
</tr>
<tr>
<td>administered, administrator, admission</td>
<td>adm</td>
</tr>
<tr>
<td>Adrenocorticotropic hormone</td>
<td>ACTH</td>
</tr>
<tr>
<td>Adult Treatment Panel III</td>
<td>ATP III</td>
</tr>
<tr>
<td>Advanced Beneficiary Notice</td>
<td>ABN</td>
</tr>
<tr>
<td>Advanced Life Support</td>
<td>ALS</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>APRN</td>
</tr>
<tr>
<td>advised</td>
<td>adv</td>
</tr>
<tr>
<td>Advisory Committee on Immunization Practices</td>
<td>ACIP</td>
</tr>
<tr>
<td>Advisory Opinion Statement</td>
<td>AOS</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>after (post)</td>
<td>post, p</td>
</tr>
<tr>
<td>after meals (post cibos)</td>
<td>pc</td>
</tr>
<tr>
<td>after surgery</td>
<td>Post-op</td>
</tr>
<tr>
<td>agglutinate, agglutination</td>
<td>agg, aggl</td>
</tr>
<tr>
<td>AIDS-Related Complex</td>
<td>ARC</td>
</tr>
<tr>
<td>Alanine Aminotransferase</td>
<td>ALT</td>
</tr>
<tr>
<td>alcohol</td>
<td>alc</td>
</tr>
<tr>
<td>alcohol like substance on breath</td>
<td>ALSOB</td>
</tr>
<tr>
<td>alcohol on breath</td>
<td>AOB</td>
</tr>
<tr>
<td>alcohol, tobacco, and other drugs</td>
<td>ATOD</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>AA</td>
</tr>
<tr>
<td>alert and oriented</td>
<td>A/O</td>
</tr>
<tr>
<td>alert and oriented to time, person, place, and date</td>
<td>A+Ox4</td>
</tr>
<tr>
<td>alive and well</td>
<td>A&amp;W</td>
</tr>
<tr>
<td>Alpha-Fetoprotein</td>
<td>AFP</td>
</tr>
<tr>
<td>alternate</td>
<td>alt</td>
</tr>
<tr>
<td>Ampoule</td>
<td>amp</td>
</tr>
<tr>
<td>Amyotrophic Lateral Sclerosis</td>
<td>ALS</td>
</tr>
<tr>
<td>anatomy</td>
<td>anat</td>
</tr>
<tr>
<td>anatomy and physiology</td>
<td>A&amp;P</td>
</tr>
<tr>
<td>annual family planning</td>
<td>AFP, ANF</td>
</tr>
<tr>
<td>anterior</td>
<td>ant</td>
</tr>
<tr>
<td>antibiotics</td>
<td>abx</td>
</tr>
<tr>
<td>antibody</td>
<td>Ab</td>
</tr>
<tr>
<td>Antibody to Hepatitis A Virus</td>
<td>anti-HAV</td>
</tr>
<tr>
<td>Antibody to Hepatitis B Core Antigen</td>
<td>anti-HBc</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Antibody to Hepatitis B Surface Antigen</td>
<td>anti-HBs</td>
</tr>
<tr>
<td>Anticipatory Guidance</td>
<td>AG</td>
</tr>
<tr>
<td>Anticubital</td>
<td>AC</td>
</tr>
<tr>
<td>antigen, silver</td>
<td>Ag</td>
</tr>
<tr>
<td>Anti-Rabies Serum</td>
<td>ARS</td>
</tr>
<tr>
<td>apparent</td>
<td>appar</td>
</tr>
<tr>
<td>application, applied</td>
<td>appl</td>
</tr>
<tr>
<td>appropriate for gestational age</td>
<td>AGA</td>
</tr>
<tr>
<td>aqua – water</td>
<td>aq, aqu</td>
</tr>
<tr>
<td>Area Agency on Aging and Independent Living</td>
<td>AAAAIL</td>
</tr>
<tr>
<td>Argininemia</td>
<td>ARG</td>
</tr>
<tr>
<td>arteriosclerosis</td>
<td>AS</td>
</tr>
<tr>
<td>artery</td>
<td>art</td>
</tr>
<tr>
<td>artificial</td>
<td>artif</td>
</tr>
<tr>
<td>as directed <em>(modo praescripto)</em></td>
<td>emp, mp</td>
</tr>
<tr>
<td>as much as desired</td>
<td>qp, qv, qu</td>
</tr>
<tr>
<td>as needed <em>(pro re nata)</em></td>
<td>prn</td>
</tr>
<tr>
<td>as soon as possible</td>
<td>ASAP</td>
</tr>
<tr>
<td>as tolerated</td>
<td>as tol</td>
</tr>
<tr>
<td>ascorbic acid</td>
<td>Vitamin C</td>
</tr>
<tr>
<td>Ask-Advise plus Refer</td>
<td>2A’s + R</td>
</tr>
<tr>
<td>Aspartate Aminotransferase</td>
<td>AST</td>
</tr>
<tr>
<td>aspirin</td>
<td>ASA</td>
</tr>
<tr>
<td>aspirin/caffeine</td>
<td>APC</td>
</tr>
<tr>
<td>asymptomatic</td>
<td>asx</td>
</tr>
<tr>
<td>at bedtime</td>
<td>hd, hs</td>
</tr>
<tr>
<td>Atherosclerotic Cardiovascular Disease</td>
<td>ACVD</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Atrial Septal Defect</td>
<td>ASD</td>
</tr>
<tr>
<td>Attrioventricular</td>
<td>AV</td>
</tr>
<tr>
<td>atrophy</td>
<td>atr</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>ADD</td>
</tr>
<tr>
<td>Atypical Glandular Cells of Undetermined Significance</td>
<td>AGC</td>
</tr>
<tr>
<td>Atypical Squamous Cells – Cannot Exclude High-Grade Lesion</td>
<td>ASC-H</td>
</tr>
<tr>
<td>Atypical Squamous Cells of Undetermined Significance</td>
<td>ASC-US</td>
</tr>
<tr>
<td>auditory</td>
<td>AUD</td>
</tr>
<tr>
<td>auscultation</td>
<td>ausc, auscul</td>
</tr>
<tr>
<td>Auscultation and Palpation</td>
<td>A&amp;P</td>
</tr>
<tr>
<td>auxillary</td>
<td>aux</td>
</tr>
<tr>
<td>axillary</td>
<td>Ax, ax</td>
</tr>
<tr>
<td>baby teeth</td>
<td>A-T</td>
</tr>
<tr>
<td>Bacille Calmette-Guerin Vaccine</td>
<td>BCG</td>
</tr>
<tr>
<td>back up method</td>
<td>BUM</td>
</tr>
<tr>
<td>backache</td>
<td>B/A</td>
</tr>
<tr>
<td>bacterial</td>
<td>bact</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
<td>BV</td>
</tr>
<tr>
<td>bag of waters</td>
<td>BOW</td>
</tr>
<tr>
<td>balance</td>
<td>bal</td>
</tr>
<tr>
<td>barbiturates</td>
<td>barbs</td>
</tr>
<tr>
<td>barium</td>
<td>Ba</td>
</tr>
<tr>
<td>Bartholins, Urethral &amp; Skenes gland</td>
<td>BUS</td>
</tr>
<tr>
<td>basal body temperature</td>
<td>BBT</td>
</tr>
<tr>
<td>basal cell cancer</td>
<td>BCC</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>basal energy expenditure</td>
<td>BEE</td>
</tr>
<tr>
<td>basal metabolic rate</td>
<td>BMR</td>
</tr>
<tr>
<td>battered child syndrome</td>
<td>BCS</td>
</tr>
<tr>
<td>battered woman syndrome</td>
<td>BWS</td>
</tr>
<tr>
<td>because of</td>
<td>B/O</td>
</tr>
<tr>
<td>bed rest</td>
<td>BR</td>
</tr>
<tr>
<td>before</td>
<td>ā</td>
</tr>
<tr>
<td>before dinner</td>
<td>ap</td>
</tr>
<tr>
<td>before meals</td>
<td>a.c.</td>
</tr>
<tr>
<td>before surgery</td>
<td>Pre-op</td>
</tr>
<tr>
<td>begin, began, beginning</td>
<td>beg</td>
</tr>
<tr>
<td>benign prostatic hypertrophy</td>
<td>BPH</td>
</tr>
<tr>
<td>between</td>
<td>bet</td>
</tr>
<tr>
<td>Bicarbonate</td>
<td>Bicarb, HCO3</td>
</tr>
<tr>
<td>Bi-chloroacetic acid</td>
<td>BCA</td>
</tr>
<tr>
<td>bilateral</td>
<td>bilat</td>
</tr>
<tr>
<td>bilateral breath sounds</td>
<td>BBS</td>
</tr>
<tr>
<td>Bilateral Otitis Media</td>
<td>BOM</td>
</tr>
<tr>
<td>Bilateral Salpingo-Oophorectomy</td>
<td>BSO</td>
</tr>
<tr>
<td>Bilateral Serous Otitis Media</td>
<td>BSOM</td>
</tr>
<tr>
<td>biopsy</td>
<td>Bx, bx</td>
</tr>
<tr>
<td>Biotinidase Deficiency</td>
<td>BIOT</td>
</tr>
<tr>
<td>birth control</td>
<td>BC</td>
</tr>
<tr>
<td>birth control clinic</td>
<td>BCC</td>
</tr>
<tr>
<td>birth control pills</td>
<td>BCP</td>
</tr>
<tr>
<td>birthmark</td>
<td>BMK</td>
</tr>
<tr>
<td>black box warning</td>
<td>BBW</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>blood</td>
<td>BI, bld</td>
</tr>
<tr>
<td>blood alcohol</td>
<td>BA</td>
</tr>
<tr>
<td>blood alcohol level</td>
<td>BAL</td>
</tr>
<tr>
<td>Blood Assay for Mycobacterium Tuberculosis</td>
<td>BAMT</td>
</tr>
<tr>
<td>blood brain barrier</td>
<td>BBB</td>
</tr>
<tr>
<td>blood glucose</td>
<td>BG</td>
</tr>
<tr>
<td>blood lead level</td>
<td>BLL</td>
</tr>
<tr>
<td>blood pressure</td>
<td>BP</td>
</tr>
<tr>
<td>blood sugar</td>
<td>BS</td>
</tr>
<tr>
<td>blood sugar level</td>
<td>BSL</td>
</tr>
<tr>
<td>blood urea nitrogen</td>
<td>BUN</td>
</tr>
<tr>
<td>Blood volume</td>
<td>Q</td>
</tr>
<tr>
<td>body mass index</td>
<td>BMI</td>
</tr>
<tr>
<td>body surface area</td>
<td>BSA</td>
</tr>
<tr>
<td>body weight</td>
<td>BW</td>
</tr>
<tr>
<td>bone</td>
<td>os</td>
</tr>
<tr>
<td>bone mineral density</td>
<td>BMD</td>
</tr>
<tr>
<td>born</td>
<td>b</td>
</tr>
<tr>
<td>both ears, each ear</td>
<td>AU</td>
</tr>
<tr>
<td>bottle</td>
<td>bot</td>
</tr>
<tr>
<td>bowel movement</td>
<td>BM</td>
</tr>
<tr>
<td>bowel sounds normal</td>
<td>BSN</td>
</tr>
<tr>
<td>breakthrough bleeding</td>
<td>BB, BTB</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Treatment Program</td>
<td>BCCTP</td>
</tr>
<tr>
<td>Breast Imaging Reporting and Data System</td>
<td>BI-RADS™</td>
</tr>
<tr>
<td>breast self exam</td>
<td>BSE</td>
</tr>
<tr>
<td>Breastfeeding Woman</td>
<td>BF</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>breath</td>
<td>br</td>
</tr>
<tr>
<td>breath sounds bilateral</td>
<td>BSB</td>
</tr>
<tr>
<td>bright red blood</td>
<td>BRB</td>
</tr>
<tr>
<td>brought in by</td>
<td>BIB</td>
</tr>
<tr>
<td>buccal</td>
<td>B</td>
</tr>
<tr>
<td>By mouth (per os)</td>
<td>po</td>
</tr>
<tr>
<td>“cut down”, “annoyed”, “guilty”, and “eye-opener”</td>
<td>CAGE</td>
</tr>
<tr>
<td>calcium</td>
<td>Ca</td>
</tr>
<tr>
<td>calorie</td>
<td>cal</td>
</tr>
<tr>
<td>cancelled</td>
<td>canc</td>
</tr>
<tr>
<td>cancer, carcinoma</td>
<td>Ca, CA</td>
</tr>
<tr>
<td>Cancer Screening Education Materials</td>
<td>CSEM</td>
</tr>
<tr>
<td>capillary</td>
<td>cap</td>
</tr>
<tr>
<td>Capillary Blood Lead Level</td>
<td>CBLL</td>
</tr>
<tr>
<td>capsule</td>
<td>cap</td>
</tr>
<tr>
<td>carbohydrate</td>
<td>CH₂O, CHO, COH</td>
</tr>
<tr>
<td>carcinoma-in-situ</td>
<td>CIS</td>
</tr>
<tr>
<td>cardiopulmonary resuscitation</td>
<td>CPR</td>
</tr>
<tr>
<td>cardiovascular disease</td>
<td>CV, CVD, CD</td>
</tr>
<tr>
<td>cardiovascular heart disease</td>
<td>CHD</td>
</tr>
<tr>
<td>cardiovascular system</td>
<td>CVS</td>
</tr>
<tr>
<td>Carnitine acylcarnitine translocase deficiency</td>
<td>CACT</td>
</tr>
<tr>
<td>Carnitine palmitoyl II deficiency</td>
<td>CPT-II</td>
</tr>
<tr>
<td>Carnitine Uptake Defect</td>
<td>CUD</td>
</tr>
<tr>
<td>case unknown</td>
<td>CU</td>
</tr>
<tr>
<td>Casual Blood Sugar</td>
<td>CBS</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>catheter</td>
<td>cath</td>
</tr>
<tr>
<td>caucasian</td>
<td>cauc</td>
</tr>
<tr>
<td>cavity</td>
<td>cav</td>
</tr>
<tr>
<td>centigrade</td>
<td>cent</td>
</tr>
<tr>
<td>Centigrade/Celsius</td>
<td>C</td>
</tr>
<tr>
<td>centigram</td>
<td>cg, Cgm</td>
</tr>
<tr>
<td>central nervous system</td>
<td>CNS</td>
</tr>
<tr>
<td>cephalopelvic disproportion</td>
<td>CPD</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>CP</td>
</tr>
<tr>
<td>Cerebral Spinal Fluid</td>
<td>CSF</td>
</tr>
<tr>
<td>Cerebrovascular Accident</td>
<td>CVA</td>
</tr>
<tr>
<td>Certificate of Need</td>
<td>CON</td>
</tr>
<tr>
<td>Certified Diabetes Educator</td>
<td>CDE</td>
</tr>
<tr>
<td>Certified Medical Assistant</td>
<td>CMA</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>CNM</td>
</tr>
<tr>
<td>certified, certificate</td>
<td>cert, crt</td>
</tr>
<tr>
<td>cervical</td>
<td>cerv, C</td>
</tr>
<tr>
<td>Cervical Intraepithelial Neoplasm</td>
<td>CIN</td>
</tr>
<tr>
<td>cervical motion tenderness</td>
<td>cmt</td>
</tr>
<tr>
<td>cervical spine</td>
<td>C-spine</td>
</tr>
<tr>
<td>cervix</td>
<td>cerv, Cx</td>
</tr>
<tr>
<td>Cesarean Delivery</td>
<td>CD</td>
</tr>
<tr>
<td>Cesarean Section</td>
<td>CS, C-section</td>
</tr>
<tr>
<td>chemical, chemistry</td>
<td>chem</td>
</tr>
<tr>
<td>chest</td>
<td>ch</td>
</tr>
<tr>
<td>chest pain</td>
<td>CP</td>
</tr>
<tr>
<td>chest x-ray</td>
<td>CXR</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>chest-back</td>
<td>C-B</td>
</tr>
<tr>
<td>chicken pox</td>
<td>ch px</td>
</tr>
<tr>
<td>chief complaint</td>
<td>C.C., CC</td>
</tr>
<tr>
<td>child</td>
<td>ch</td>
</tr>
<tr>
<td>Child Advocacy Centers</td>
<td>CAC</td>
</tr>
<tr>
<td>child fatality review</td>
<td>CFR</td>
</tr>
<tr>
<td>Childhood Lead Poisoning Prevention Program Nurse</td>
<td>CLPPPP</td>
</tr>
<tr>
<td>Chlamydia Trachomatis/Neisseria Gonorrhea</td>
<td>CT/GC</td>
</tr>
<tr>
<td>Chlamydia Test</td>
<td>CT</td>
</tr>
<tr>
<td>chlorine</td>
<td>Cl</td>
</tr>
<tr>
<td>cholesterol</td>
<td>CH, chol</td>
</tr>
<tr>
<td>cholesterol/triglyceride ratio</td>
<td>C/TG</td>
</tr>
<tr>
<td>Chorionic Gonadotropin</td>
<td>CG</td>
</tr>
<tr>
<td>chromium</td>
<td>Cr</td>
</tr>
<tr>
<td>chronic</td>
<td>chr</td>
</tr>
<tr>
<td>Chronic Disease Self-Management Program</td>
<td>CDSMP</td>
</tr>
<tr>
<td>chronic liver disease</td>
<td>CLD</td>
</tr>
<tr>
<td>chronic obstructive pulmonary disease</td>
<td>COPD</td>
</tr>
<tr>
<td>chronic serous otitis media</td>
<td>CSOM</td>
</tr>
<tr>
<td>chronic tuberculosis</td>
<td>CTB</td>
</tr>
<tr>
<td>circulate, circumference</td>
<td>circ</td>
</tr>
<tr>
<td>circumcision</td>
<td>circ, circum</td>
</tr>
<tr>
<td>Citrullinemia type I</td>
<td>CIT-I</td>
</tr>
<tr>
<td>Citrullinemia type II</td>
<td>CIT-II</td>
</tr>
<tr>
<td>clear to auscultation</td>
<td>CTA</td>
</tr>
<tr>
<td>clear to auscultation bilaterally</td>
<td>CTA(B)</td>
</tr>
<tr>
<td>clinic, clinical</td>
<td>clin</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Clinical Assessment Software Application</td>
<td>CASA</td>
</tr>
<tr>
<td>clinical breast exam</td>
<td>CBE</td>
</tr>
<tr>
<td>Clinical Laboratory Improvement Act</td>
<td>CLIA</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>CNS</td>
</tr>
<tr>
<td>clue cells</td>
<td>CC</td>
</tr>
<tr>
<td>coagulation</td>
<td>coag</td>
</tr>
<tr>
<td>cold knife conization</td>
<td>CKC</td>
</tr>
<tr>
<td>combined oral contraceptives (estrogen &amp; progestin)</td>
<td>COCs</td>
</tr>
<tr>
<td>communicable disease</td>
<td>commun dis, CD</td>
</tr>
<tr>
<td>Community Health Nurse</td>
<td>CHN</td>
</tr>
<tr>
<td>compare, compound</td>
<td>comp</td>
</tr>
<tr>
<td>complains of</td>
<td>C/O, %</td>
</tr>
<tr>
<td>complete</td>
<td>compl</td>
</tr>
<tr>
<td>complete blood count</td>
<td>CBC</td>
</tr>
<tr>
<td>complication</td>
<td>complic</td>
</tr>
<tr>
<td>compound</td>
<td>compd</td>
</tr>
<tr>
<td>Compressions-Airway-Breathing</td>
<td>CAB</td>
</tr>
<tr>
<td>computer-aided detection</td>
<td>CAD</td>
</tr>
<tr>
<td>computerized axial tomography</td>
<td>CAT scan</td>
</tr>
<tr>
<td>concentrated, concentration</td>
<td>conc</td>
</tr>
<tr>
<td>condition</td>
<td>cond</td>
</tr>
<tr>
<td>confirmed &amp; compatible</td>
<td>C&amp;C</td>
</tr>
<tr>
<td>congenital</td>
<td>cong</td>
</tr>
<tr>
<td>Congenital Adrenal Hyperplasia</td>
<td>CAH</td>
</tr>
<tr>
<td>congenital heart disease</td>
<td>CHD</td>
</tr>
<tr>
<td>Congenital Hypothyroidism</td>
<td>CH</td>
</tr>
<tr>
<td>Congenital Polycystic Disease</td>
<td>CPD</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Congenital Rubella Syndrome</td>
<td>CRS</td>
</tr>
<tr>
<td>congestive heart failure</td>
<td>CHF</td>
</tr>
<tr>
<td>conjugated</td>
<td>conjug</td>
</tr>
<tr>
<td>Consistent with</td>
<td>C/w</td>
</tr>
<tr>
<td>constant</td>
<td>const</td>
</tr>
<tr>
<td>contact</td>
<td>C</td>
</tr>
<tr>
<td>Continue with</td>
<td>C/W</td>
</tr>
<tr>
<td>continuing education</td>
<td>CE</td>
</tr>
<tr>
<td>continuing education unit</td>
<td>CEU</td>
</tr>
<tr>
<td>Contraceptive Technology</td>
<td>CT</td>
</tr>
<tr>
<td>Contraction Stress Test</td>
<td>CST</td>
</tr>
<tr>
<td>contractions</td>
<td>contrx</td>
</tr>
<tr>
<td>control</td>
<td>ctr</td>
</tr>
<tr>
<td>copper</td>
<td>Cu</td>
</tr>
<tr>
<td>coronary care unit</td>
<td>CCU</td>
</tr>
<tr>
<td>correct, correction</td>
<td>corr</td>
</tr>
<tr>
<td>counterclockwise</td>
<td>CCW</td>
</tr>
<tr>
<td>cryosurgery, cryotherapy</td>
<td>cryo</td>
</tr>
<tr>
<td>cubic micron</td>
<td>C(\mu)</td>
</tr>
<tr>
<td>culture</td>
<td>cult</td>
</tr>
<tr>
<td>Culture Filtrate Protein-10</td>
<td>CFP-10</td>
</tr>
<tr>
<td>culture &amp; sensitivity</td>
<td>C&amp;S</td>
</tr>
<tr>
<td>current</td>
<td>cur</td>
</tr>
<tr>
<td>current diagnosis</td>
<td>cd</td>
</tr>
<tr>
<td>current procedural terminology</td>
<td>CPT-4</td>
</tr>
<tr>
<td>cutting in to</td>
<td>-otomy</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>CF</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>cystoscopy</td>
<td>cysto</td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td>CMV</td>
</tr>
<tr>
<td>date of admission</td>
<td>D/A</td>
</tr>
<tr>
<td>date of birth</td>
<td>D/B, DOB</td>
</tr>
<tr>
<td>date of death</td>
<td>DOD</td>
</tr>
<tr>
<td>date of service</td>
<td>DOS</td>
</tr>
<tr>
<td>date</td>
<td>D</td>
</tr>
<tr>
<td>daughter</td>
<td>dau</td>
</tr>
<tr>
<td>decameter</td>
<td>dkm</td>
</tr>
<tr>
<td>deceased</td>
<td>Dec, dec’d</td>
</tr>
<tr>
<td>deceleration</td>
<td>decel</td>
</tr>
<tr>
<td>decibal</td>
<td>dB</td>
</tr>
<tr>
<td>decigram</td>
<td>dg, dgm</td>
</tr>
<tr>
<td>deciliter</td>
<td>dL</td>
</tr>
<tr>
<td>decimeter</td>
<td>dm</td>
</tr>
<tr>
<td>decrease, decreased</td>
<td>decr</td>
</tr>
<tr>
<td>deep tendon reflex</td>
<td>DTR</td>
</tr>
<tr>
<td>deep vein thrombosis</td>
<td>DVT</td>
</tr>
<tr>
<td>deficiency</td>
<td>def</td>
</tr>
<tr>
<td>deformity</td>
<td>deform</td>
</tr>
<tr>
<td>degeneration</td>
<td>degen</td>
</tr>
<tr>
<td>degree</td>
<td>Deg, deg</td>
</tr>
<tr>
<td>delayed-type hypersensitivity</td>
<td>DTH</td>
</tr>
<tr>
<td>delivery, delivered</td>
<td>del</td>
</tr>
<tr>
<td>Denver Articulation Screening Examination</td>
<td>DASE</td>
</tr>
<tr>
<td>Denver Development Screening Tool</td>
<td>DDST</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Deoxyribonucleic Acid</td>
<td>DNA</td>
</tr>
<tr>
<td>Department for Community Based Services</td>
<td>DCBS</td>
</tr>
<tr>
<td>Department for Public Health</td>
<td>DPH</td>
</tr>
<tr>
<td>dependent</td>
<td>dep</td>
</tr>
<tr>
<td>Depot-medroxyprogesterone acetate</td>
<td>DMPA</td>
</tr>
<tr>
<td>derive, derivative</td>
<td>deriv</td>
</tr>
<tr>
<td>descent, descending</td>
<td>desc</td>
</tr>
<tr>
<td>development</td>
<td>Dev, devel</td>
</tr>
<tr>
<td>developmental age</td>
<td>DA</td>
</tr>
<tr>
<td>developmental disability</td>
<td>DD</td>
</tr>
<tr>
<td>developmental quotient</td>
<td>DQ</td>
</tr>
<tr>
<td>Devereux Early Childhood Assessment</td>
<td>DECA</td>
</tr>
<tr>
<td>deviated nasal septum</td>
<td>DNS</td>
</tr>
<tr>
<td>diabetes</td>
<td>diab</td>
</tr>
<tr>
<td>Diabetes Prevention Program</td>
<td>DPP</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>DM</td>
</tr>
<tr>
<td>Diabetes Self-Management Education &amp; Support Training</td>
<td>DSMES/T</td>
</tr>
<tr>
<td>Diabetic Ketoacidosis</td>
<td>DKA</td>
</tr>
<tr>
<td>diagnosis</td>
<td>Dx, diag</td>
</tr>
<tr>
<td>diagram</td>
<td>diagm</td>
</tr>
<tr>
<td>diameter</td>
<td>diam</td>
</tr>
<tr>
<td>diarrhea and vomiting</td>
<td>D &amp; V</td>
</tr>
<tr>
<td>diastolic blood pressure</td>
<td>DBP</td>
</tr>
<tr>
<td>did not keep appointment</td>
<td>DNKA</td>
</tr>
<tr>
<td>diet as tolerated</td>
<td>DAT</td>
</tr>
<tr>
<td>dietary reference intakes</td>
<td>DRI</td>
</tr>
<tr>
<td>Diethylstilbestrol</td>
<td>DES</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>differential blood count</td>
<td>dif</td>
</tr>
<tr>
<td>dilation and curettage</td>
<td>D &amp; C</td>
</tr>
<tr>
<td>dilation and evacuation</td>
<td>D &amp; E</td>
</tr>
<tr>
<td>diminish, dimension</td>
<td>dim</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>diph</td>
</tr>
<tr>
<td>direct, direction, director</td>
<td>dir</td>
</tr>
<tr>
<td>direct fluorescent antibody</td>
<td>DFA</td>
</tr>
<tr>
<td>directly observed preventative therapy</td>
<td>DOPT</td>
</tr>
<tr>
<td>directly observed therapy</td>
<td>DOT</td>
</tr>
<tr>
<td>disabled</td>
<td>dis</td>
</tr>
<tr>
<td>discharge</td>
<td>disch, D/C, DC, dc</td>
</tr>
<tr>
<td>discontinue</td>
<td>disc, D/C, d/c</td>
</tr>
<tr>
<td>Discussed with</td>
<td>D/W</td>
</tr>
<tr>
<td>disease</td>
<td>dis</td>
</tr>
<tr>
<td>Disease Intervention Specialist</td>
<td>DIS</td>
</tr>
<tr>
<td>dislocate, dislocation</td>
<td>disloc</td>
</tr>
<tr>
<td>dispense</td>
<td>disp</td>
</tr>
<tr>
<td>disseminated</td>
<td>dissem</td>
</tr>
<tr>
<td>Disseminated Gonococcal Infection</td>
<td>DGI</td>
</tr>
<tr>
<td>dissolved</td>
<td>dissd</td>
</tr>
<tr>
<td>distal</td>
<td>D</td>
</tr>
<tr>
<td>distal pulses</td>
<td>DP</td>
</tr>
<tr>
<td>distance</td>
<td>dis</td>
</tr>
<tr>
<td>distribute, disturbance</td>
<td>dist</td>
</tr>
<tr>
<td>divide, division</td>
<td>div</td>
</tr>
<tr>
<td>Division of Administration &amp; Financial Management</td>
<td>AFM</td>
</tr>
<tr>
<td>Division of Laboratory Services</td>
<td>DLS</td>
</tr>
<tr>
<td>Division of Maternal &amp; Child Health</td>
<td>MCH</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Division of Prevention &amp; Quality Improvement</td>
<td>PQI</td>
</tr>
<tr>
<td>Doctor’s orders</td>
<td>DO</td>
</tr>
<tr>
<td>domestic violence</td>
<td>DV</td>
</tr>
<tr>
<td>domestic violence/sexual assault</td>
<td>DV/SA</td>
</tr>
<tr>
<td>dominant</td>
<td>dom</td>
</tr>
<tr>
<td>Dorsalis pedis pulse</td>
<td>DP</td>
</tr>
<tr>
<td>dose, dosage</td>
<td>D,dos</td>
</tr>
<tr>
<td>double vision</td>
<td>dv</td>
</tr>
<tr>
<td>Down’s Syndrome</td>
<td>DS</td>
</tr>
<tr>
<td>dram</td>
<td>dr</td>
</tr>
<tr>
<td>dressing</td>
<td>Drsg, dsg</td>
</tr>
<tr>
<td>drink</td>
<td>bib</td>
</tr>
<tr>
<td>driving under influence</td>
<td>DUI</td>
</tr>
<tr>
<td>drop by drop</td>
<td>guttat</td>
</tr>
<tr>
<td>drops</td>
<td>gtt</td>
</tr>
<tr>
<td>drug history</td>
<td>D/H</td>
</tr>
<tr>
<td>drug of choice</td>
<td>DOC</td>
</tr>
<tr>
<td>dry dressing</td>
<td>DD</td>
</tr>
<tr>
<td>duck embryo vaccine</td>
<td>DEV</td>
</tr>
<tr>
<td>Ductal Carcinoma in situ – type of breast cancer</td>
<td>DCIS</td>
</tr>
<tr>
<td>duplication, duplicate</td>
<td>dup</td>
</tr>
<tr>
<td>durable medical equipment</td>
<td>DME</td>
</tr>
<tr>
<td>dysfunctional uterine bleeding</td>
<td>DUB</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td></td>
</tr>
<tr>
<td>each eye</td>
<td>OU</td>
</tr>
<tr>
<td>ear, nose, (and) throat</td>
<td>ENT</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>early periodic screening diagnosis and treatment</td>
<td>EPSDT</td>
</tr>
<tr>
<td>ears, eyes, nose, throat</td>
<td>EENT</td>
</tr>
<tr>
<td>ectopic pregnancy</td>
<td>EP</td>
</tr>
<tr>
<td>educate, education</td>
<td>educ</td>
</tr>
<tr>
<td>effect, effective</td>
<td>eff</td>
</tr>
<tr>
<td>effective dose</td>
<td>ED</td>
</tr>
<tr>
<td>egg, ovary</td>
<td>ov</td>
</tr>
<tr>
<td>elbow</td>
<td>elb</td>
</tr>
<tr>
<td>elect, elective</td>
<td>el, elect</td>
</tr>
<tr>
<td>elective termination of pregnancy</td>
<td>ETP</td>
</tr>
<tr>
<td>electrocardiogram</td>
<td>ECG, EKG</td>
</tr>
<tr>
<td>electroencephalogram</td>
<td>EEG</td>
</tr>
<tr>
<td>Electronic Disease Notification</td>
<td>EDN</td>
</tr>
<tr>
<td>electronic fetal monitor</td>
<td>EFM</td>
</tr>
<tr>
<td>elevated blood lead level</td>
<td>EBLL</td>
</tr>
<tr>
<td>eligible</td>
<td>elig.</td>
</tr>
<tr>
<td>embryo</td>
<td>Emb</td>
</tr>
<tr>
<td>emergency</td>
<td>emer</td>
</tr>
<tr>
<td>emergency contraception</td>
<td>EC</td>
</tr>
<tr>
<td>emergency contraceptive pills</td>
<td>ECP</td>
</tr>
<tr>
<td>emergency operations plan</td>
<td>EOP</td>
</tr>
<tr>
<td>emergency room</td>
<td>ER</td>
</tr>
<tr>
<td>emotional</td>
<td>emot</td>
</tr>
<tr>
<td>EndoCervical Curretage</td>
<td>ECC</td>
</tr>
<tr>
<td>Endometrial Biopsy</td>
<td>EMB</td>
</tr>
<tr>
<td>enhanced-potency Inactivated Poliovirus Vaccine</td>
<td>eIPV</td>
</tr>
<tr>
<td>enlarged</td>
<td>enl</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>environment</td>
<td>environ</td>
</tr>
<tr>
<td>Environmental Smoke Exposure</td>
<td>ETS</td>
</tr>
<tr>
<td>Enzyme Immunoassay</td>
<td>EIA</td>
</tr>
<tr>
<td>Enzyme-linked Immunoabsorbent Assay</td>
<td>ELISA</td>
</tr>
<tr>
<td>eosinophil</td>
<td>eos</td>
</tr>
<tr>
<td>epidemiology</td>
<td>epi</td>
</tr>
<tr>
<td>episiotomy</td>
<td>epis</td>
</tr>
<tr>
<td>epithelial</td>
<td>EPITH</td>
</tr>
<tr>
<td>Epstein-Barr Virus</td>
<td>EBV</td>
</tr>
<tr>
<td>equal</td>
<td>eq</td>
</tr>
<tr>
<td>equal bilateral breath sounds</td>
<td>EBBS</td>
</tr>
<tr>
<td>equipment</td>
<td>equip</td>
</tr>
<tr>
<td>equivalent</td>
<td>equiv</td>
</tr>
<tr>
<td>erectile dysfunction</td>
<td>ED</td>
</tr>
<tr>
<td>erythrocytes per deciliters</td>
<td>ery/dL</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>EES</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>E coli</td>
</tr>
<tr>
<td>essential</td>
<td>ess</td>
</tr>
<tr>
<td>estimated blood loss</td>
<td>EBL</td>
</tr>
<tr>
<td>estimated date of confinement</td>
<td>EDC</td>
</tr>
<tr>
<td>estimated fetal weight</td>
<td>EFW</td>
</tr>
<tr>
<td>estimated gestational age</td>
<td>EGA</td>
</tr>
<tr>
<td>estradiol</td>
<td>E2</td>
</tr>
<tr>
<td>estrogen</td>
<td>E, ESG</td>
</tr>
<tr>
<td>estrogen replacement therapy</td>
<td>ERT</td>
</tr>
<tr>
<td>Ethanol or Ethyl alcohol</td>
<td>EtOH, EOH</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Ethinyl estradiol</td>
<td>EE</td>
</tr>
<tr>
<td>Ethambutol</td>
<td>EMB</td>
</tr>
<tr>
<td>evacuate, evacuation</td>
<td>evac</td>
</tr>
<tr>
<td>evaluate and advise</td>
<td>E&amp;A</td>
</tr>
<tr>
<td>every 2 hours</td>
<td>q2h</td>
</tr>
<tr>
<td>every 3 hours</td>
<td>q3h</td>
</tr>
<tr>
<td>every 4 hours</td>
<td>q4h</td>
</tr>
<tr>
<td>every 5 hours</td>
<td>q5h</td>
</tr>
<tr>
<td>every 8 hours</td>
<td>q8h</td>
</tr>
<tr>
<td>every day</td>
<td>qd</td>
</tr>
<tr>
<td>every four hours</td>
<td>qqh</td>
</tr>
<tr>
<td>every hour, each hour</td>
<td>qh</td>
</tr>
<tr>
<td>every morning</td>
<td>qam, qm</td>
</tr>
<tr>
<td>every night</td>
<td>qn, qpm</td>
</tr>
<tr>
<td>every other day</td>
<td>qod</td>
</tr>
<tr>
<td>every other hour</td>
<td>qoh</td>
</tr>
<tr>
<td>every other night</td>
<td>qon</td>
</tr>
<tr>
<td>examination</td>
<td>Ex, exam</td>
</tr>
<tr>
<td>except, excision</td>
<td>exc</td>
</tr>
<tr>
<td>Expanded Role Registered Nurse</td>
<td>ERRN</td>
</tr>
<tr>
<td>expected date of delivery</td>
<td>EDD</td>
</tr>
<tr>
<td>expected, expired</td>
<td>exp</td>
</tr>
<tr>
<td>expire, expiration</td>
<td>expir</td>
</tr>
<tr>
<td>expressed breast milk</td>
<td>EBM</td>
</tr>
<tr>
<td>exterior, external</td>
<td>ext</td>
</tr>
<tr>
<td>extremity</td>
<td>ext</td>
</tr>
<tr>
<td>eye</td>
<td>E</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>face-to-face</td>
<td>En face</td>
</tr>
<tr>
<td>failure to thrive</td>
<td>FTT</td>
</tr>
<tr>
<td>family</td>
<td>fam</td>
</tr>
<tr>
<td>family support worker</td>
<td>FSW</td>
</tr>
<tr>
<td>Family Educational Rights and Privacy Act</td>
<td>FERPA</td>
</tr>
<tr>
<td>family goal sheet</td>
<td>FGS</td>
</tr>
<tr>
<td>family history</td>
<td>F/H, FH, FHx</td>
</tr>
<tr>
<td>family nurse practitioner</td>
<td>FNP</td>
</tr>
<tr>
<td>family planning</td>
<td>FP</td>
</tr>
<tr>
<td>family planning education materials</td>
<td>FPEM</td>
</tr>
<tr>
<td>family resource youth services center</td>
<td>FRYSC</td>
</tr>
<tr>
<td>fasting blood glucose</td>
<td>FBG</td>
</tr>
<tr>
<td>fasting blood sugar</td>
<td>FBS</td>
</tr>
<tr>
<td>fasting lipid panel</td>
<td>FLP</td>
</tr>
<tr>
<td>fasting plasma glucose</td>
<td>FPG</td>
</tr>
<tr>
<td>fat free</td>
<td>FF</td>
</tr>
<tr>
<td>father</td>
<td>F</td>
</tr>
<tr>
<td>fecal occult blood test</td>
<td>FOBT</td>
</tr>
<tr>
<td>Federal Trade Commission</td>
<td>FTC</td>
</tr>
<tr>
<td>feeding</td>
<td>fdg</td>
</tr>
<tr>
<td>fee-for-service</td>
<td>FFS</td>
</tr>
<tr>
<td>female</td>
<td>Fe</td>
</tr>
<tr>
<td>female genital tract</td>
<td>FGT</td>
</tr>
<tr>
<td>fertility awareness methods</td>
<td>FAM</td>
</tr>
<tr>
<td>fetal alcohol syndrome</td>
<td>FAS</td>
</tr>
<tr>
<td>fetal heart rate</td>
<td>FHR</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>fetal heart sounds</td>
<td>FHS</td>
</tr>
<tr>
<td>fetal heart tones</td>
<td>FHT</td>
</tr>
<tr>
<td>fetal movements</td>
<td>FM</td>
</tr>
<tr>
<td>fever of unknown origin</td>
<td>FUO</td>
</tr>
<tr>
<td>fibrocystic breast</td>
<td>FCB</td>
</tr>
<tr>
<td>Fibromyalgia Syndrome</td>
<td>FMS</td>
</tr>
<tr>
<td>fine needle aspiration (cytology)</td>
<td>FNA(c)</td>
</tr>
<tr>
<td>finger stick blood glucose/sugar</td>
<td>FSBG or FSBS</td>
</tr>
<tr>
<td>first menstrual period</td>
<td>FMP</td>
</tr>
<tr>
<td>flexion</td>
<td>flex</td>
</tr>
<tr>
<td>fluid</td>
<td>Fl, fld</td>
</tr>
<tr>
<td>fluorescent treponemal antibody absorption test</td>
<td>FTA-ABS</td>
</tr>
<tr>
<td>Fluoroquinolone</td>
<td>FQN</td>
</tr>
<tr>
<td>foam and condoms</td>
<td>F&amp;C</td>
</tr>
<tr>
<td>folic acid</td>
<td>FA, B9</td>
</tr>
<tr>
<td>follicle-stimulating hormone</td>
<td>FSH</td>
</tr>
<tr>
<td>force fluids</td>
<td>ff</td>
</tr>
<tr>
<td>follow-up</td>
<td>F/U, FU</td>
</tr>
<tr>
<td>follow-up nutrition education by kiosk</td>
<td>FNEK</td>
</tr>
<tr>
<td>follow-up nutrition education per protocols (wic abbreviation)</td>
<td>FNEPP</td>
</tr>
<tr>
<td>foot, feet</td>
<td>ft</td>
</tr>
<tr>
<td>for further appointment</td>
<td>FFA</td>
</tr>
<tr>
<td>for your information</td>
<td>FYI</td>
</tr>
<tr>
<td>forearm</td>
<td>FA</td>
</tr>
<tr>
<td>four times a day</td>
<td>qid</td>
</tr>
<tr>
<td>fracture</td>
<td>frac, fx</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>fragment</td>
<td>frag</td>
</tr>
<tr>
<td>from</td>
<td>fr</td>
</tr>
<tr>
<td>full mouth series</td>
<td>FMS</td>
</tr>
<tr>
<td>full range of motion</td>
<td>FROM</td>
</tr>
<tr>
<td>full strength</td>
<td>FS</td>
</tr>
<tr>
<td>full term</td>
<td>FT</td>
</tr>
<tr>
<td>full term normal delivery</td>
<td>FTND</td>
</tr>
<tr>
<td>function</td>
<td>func</td>
</tr>
<tr>
<td>fungal elements</td>
<td>FE</td>
</tr>
<tr>
<td>Galactosemia</td>
<td>GAL</td>
</tr>
<tr>
<td>gallbladder</td>
<td>GB</td>
</tr>
<tr>
<td>Gamma Globulin</td>
<td>GG</td>
</tr>
<tr>
<td>Gastroesophageal Reflux</td>
<td>GER</td>
</tr>
<tr>
<td>Gastroesophageal Reflux Disease</td>
<td>GERD</td>
</tr>
<tr>
<td>gastrointestinal</td>
<td>GI</td>
</tr>
<tr>
<td>genitourinary</td>
<td>GU</td>
</tr>
<tr>
<td>genitourinary system</td>
<td>GUS</td>
</tr>
<tr>
<td>gestational diabetes mellitus</td>
<td>GDM</td>
</tr>
<tr>
<td>gland</td>
<td>gl</td>
</tr>
<tr>
<td>Glaxo Smith Kline</td>
<td>GSK</td>
</tr>
<tr>
<td>glomerular filtration rate</td>
<td>GFR</td>
</tr>
<tr>
<td>glucose</td>
<td>glu</td>
</tr>
<tr>
<td>glucose challenge test</td>
<td>GCT</td>
</tr>
<tr>
<td>glucose insulin tolerance test</td>
<td>GITT</td>
</tr>
<tr>
<td>glucose tolerance test</td>
<td>GT, GTT</td>
</tr>
<tr>
<td>Glutaric academia type II</td>
<td>GA-II</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>gluteus maximus</td>
<td>glut max, GM</td>
</tr>
<tr>
<td>gold</td>
<td>Au</td>
</tr>
<tr>
<td>Gonadotropin-releasing hormone</td>
<td>GnRH</td>
</tr>
<tr>
<td>Gonococcal Isolate Surveillance Project</td>
<td>GISP</td>
</tr>
<tr>
<td>Gonococcal Urethritis</td>
<td>GU</td>
</tr>
<tr>
<td>gonococcus/gonorrhea</td>
<td>gc, GC</td>
</tr>
<tr>
<td>government</td>
<td>govt</td>
</tr>
<tr>
<td>gradual, gradually</td>
<td>grad</td>
</tr>
<tr>
<td>grain</td>
<td>gr</td>
</tr>
<tr>
<td>gram</td>
<td>g, gm</td>
</tr>
<tr>
<td>gram negative</td>
<td>GN</td>
</tr>
<tr>
<td>gram negative bacillus</td>
<td>GNB</td>
</tr>
<tr>
<td>gram negative cocci</td>
<td>GNC</td>
</tr>
<tr>
<td>gram negative diplococci</td>
<td>GND</td>
</tr>
<tr>
<td>gram per deciliter</td>
<td>g/dL</td>
</tr>
<tr>
<td>gram positive</td>
<td>GP</td>
</tr>
<tr>
<td>gram positive cocci</td>
<td>GPC</td>
</tr>
<tr>
<td>grandfather</td>
<td>GF</td>
</tr>
<tr>
<td>grandmother</td>
<td>GM</td>
</tr>
<tr>
<td>Gravida</td>
<td>G</td>
</tr>
<tr>
<td>gravity</td>
<td>grav</td>
</tr>
<tr>
<td>Group A streptococcus</td>
<td>GAS</td>
</tr>
<tr>
<td>Group B beta-hemolytic streptococcus</td>
<td>GBBS</td>
</tr>
<tr>
<td>Group B streptococcus</td>
<td>GBS</td>
</tr>
<tr>
<td>Growing Great Families</td>
<td>GGF</td>
</tr>
<tr>
<td>Growing Great Kids</td>
<td>GGK</td>
</tr>
<tr>
<td>growth hormone</td>
<td>GH</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>guide, guidance</td>
<td>guid</td>
</tr>
<tr>
<td>Guillain-Barré Syndrome</td>
<td>GBS</td>
</tr>
<tr>
<td>gynecologist, gynecology</td>
<td>Gyn, GYN</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td></td>
</tr>
<tr>
<td>half</td>
<td>Hf</td>
</tr>
<tr>
<td>half gallon</td>
<td>HG</td>
</tr>
<tr>
<td>hard of hearing</td>
<td>HOH</td>
</tr>
<tr>
<td>head and neck</td>
<td>H&amp;N</td>
</tr>
<tr>
<td>head, eyes, ears, nose, and throat</td>
<td>HEENT</td>
</tr>
<tr>
<td>headache</td>
<td>HA, h/a</td>
</tr>
<tr>
<td>Health Access, Nurturing Development Services</td>
<td>HANDS</td>
</tr>
<tr>
<td>Health Care Provider</td>
<td>HCP</td>
</tr>
<tr>
<td>health care worker</td>
<td>HCW</td>
</tr>
<tr>
<td>Health Insurance Portability &amp; Accountability Act</td>
<td>HIPAA</td>
</tr>
<tr>
<td>health maintenance organization</td>
<td>HMO</td>
</tr>
<tr>
<td>health risk assessment</td>
<td>HRA</td>
</tr>
<tr>
<td>Healthy Living with Diabetes, Kentucky Department for Public Health</td>
<td>HLWD</td>
</tr>
<tr>
<td>healthy balance</td>
<td>HB</td>
</tr>
<tr>
<td>heart disease</td>
<td>HD</td>
</tr>
<tr>
<td>heart rate, heart risk</td>
<td>HR</td>
</tr>
<tr>
<td>heart sounds</td>
<td>HS</td>
</tr>
<tr>
<td>Hemagglutination Inhibitor</td>
<td>HI</td>
</tr>
<tr>
<td>Hemagglutinin</td>
<td>H</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>crit, Hct, HCT</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>HB, Hb, Hgb, Hg</td>
</tr>
<tr>
<td>Hemoglobin A</td>
<td>HbA</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Hemoglobin A and Hemoglobin S (Sickle cell trait)</td>
<td>HbAS</td>
</tr>
<tr>
<td>Hemoglobin B</td>
<td>HbB</td>
</tr>
<tr>
<td>Hemoglobin C; a variant/abnormal hemoglobin</td>
<td>HbC</td>
</tr>
<tr>
<td>Hemoglobin F</td>
<td>HbF</td>
</tr>
<tr>
<td>Hemoglobin S</td>
<td>HbS</td>
</tr>
<tr>
<td>Hemoglobin S-C</td>
<td>HbS-C</td>
</tr>
<tr>
<td>Hepatitis A antibody</td>
<td>Anti-HAV</td>
</tr>
<tr>
<td>Hepatitis A virus</td>
<td>HAV</td>
</tr>
<tr>
<td>Hepatitis B core antigen</td>
<td>HBcAg</td>
</tr>
<tr>
<td>Hepatitis B e antibody (Antibody to HBeAg)</td>
<td>Anti-HBe</td>
</tr>
<tr>
<td>Hepatitis B e Antigen</td>
<td>HBeAg</td>
</tr>
<tr>
<td>Hepatitis B immune globulin</td>
<td>HBIG</td>
</tr>
<tr>
<td>Hepatitis B surface antibody (Antibody to HBsAg)</td>
<td>Anti-HBs</td>
</tr>
<tr>
<td>Hepatitis B surface antigen</td>
<td>HbsAg</td>
</tr>
<tr>
<td>Hepatitis B virus</td>
<td>HBV</td>
</tr>
<tr>
<td>Hepatitis C Virus</td>
<td>HCV</td>
</tr>
<tr>
<td>Hepatitis D virus</td>
<td>HDV</td>
</tr>
<tr>
<td>Hepatitis E virus</td>
<td>HEV</td>
</tr>
<tr>
<td>Herpes Simplex</td>
<td>HS</td>
</tr>
<tr>
<td>Herpes Simplex Virus</td>
<td>HSV</td>
</tr>
<tr>
<td>Herpes Simplex, Genitalis</td>
<td>HSG</td>
</tr>
<tr>
<td>Herpes zoster virus</td>
<td>HZV</td>
</tr>
<tr>
<td>hertz</td>
<td>Hz</td>
</tr>
<tr>
<td>high</td>
<td>hyper</td>
</tr>
<tr>
<td>high blood pressure</td>
<td>HBP</td>
</tr>
<tr>
<td>high density lipoprotein</td>
<td>HDL, HDLP</td>
</tr>
<tr>
<td>high density lipoprotein cholesterol</td>
<td>HDL-C</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>high efficiency particulate air filtration</td>
<td>HEPA</td>
</tr>
<tr>
<td>high grade squamous intraepithelial lesion</td>
<td>HSIL</td>
</tr>
<tr>
<td>history</td>
<td>Hx</td>
</tr>
<tr>
<td>history and physical</td>
<td>H&amp;P</td>
</tr>
<tr>
<td>history of</td>
<td>h/o, H/O</td>
</tr>
<tr>
<td>history of present illness</td>
<td>HPI</td>
</tr>
<tr>
<td>HIV – postexposure prophylaxis</td>
<td>HIV-PEP</td>
</tr>
<tr>
<td>HIV Counseling and Testing</td>
<td>HIVCT</td>
</tr>
<tr>
<td>home blood glucose monitoring</td>
<td>HBGM</td>
</tr>
<tr>
<td>home visitor</td>
<td>HV</td>
</tr>
<tr>
<td>Homocystinuria</td>
<td>HCY</td>
</tr>
<tr>
<td>horizontal bitewings</td>
<td>BW</td>
</tr>
<tr>
<td>hormone replacement therapy</td>
<td>HRT</td>
</tr>
<tr>
<td>hospital</td>
<td>hosp</td>
</tr>
<tr>
<td>Home Visit</td>
<td>HV</td>
</tr>
<tr>
<td>Human Chorionic Gonadotropin</td>
<td>HCG</td>
</tr>
<tr>
<td>Human Delta Virus</td>
<td>HDV</td>
</tr>
<tr>
<td>Human diploid cell rabies vaccine</td>
<td>HDCV</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus</td>
<td>HIV</td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td>HPV</td>
</tr>
<tr>
<td>Human Rabies Immune Globulin</td>
<td>HRIG</td>
</tr>
<tr>
<td>Human T-cell Leukemia Virus, Type 1</td>
<td>HTLV-1</td>
</tr>
<tr>
<td>husband</td>
<td>husb.</td>
</tr>
<tr>
<td>hydrogen</td>
<td>H</td>
</tr>
<tr>
<td>hygiene</td>
<td>hyg</td>
</tr>
<tr>
<td>Hypermethioninemia</td>
<td>MET</td>
</tr>
<tr>
<td>Hyperphenylalaninemia</td>
<td>H-PHE</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Hpn, HPN, HTN</td>
</tr>
<tr>
<td>Hypertensive cardiovascular disease</td>
<td>HCVD</td>
</tr>
<tr>
<td>Hypodermic injection</td>
<td>hypo</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>hyst</td>
</tr>
<tr>
<td>Ideal body weight</td>
<td>IBW</td>
</tr>
<tr>
<td>Immediate, immediately (at once)</td>
<td>immed, stat</td>
</tr>
<tr>
<td>Immune Globulin</td>
<td>IG</td>
</tr>
<tr>
<td>Immune Serum Globulin</td>
<td>ISG</td>
</tr>
<tr>
<td>Immunization</td>
<td>imm</td>
</tr>
<tr>
<td>Immunization Action Coalition</td>
<td>IAC</td>
</tr>
<tr>
<td>Immunofluorescence Assay</td>
<td>IFA</td>
</tr>
<tr>
<td>Immunoglobulin</td>
<td>Ig</td>
</tr>
<tr>
<td>Immunoglobulin A</td>
<td>IgA</td>
</tr>
<tr>
<td>Immunoglobulin G</td>
<td>IgG</td>
</tr>
<tr>
<td>Immunoglobulin M</td>
<td>IgM</td>
</tr>
<tr>
<td>Impaired fasting glucose</td>
<td>IFG (pre-diabetes)</td>
</tr>
<tr>
<td>Impaired glucose tolerance</td>
<td>IGT (pre-diabetes)</td>
</tr>
<tr>
<td>Impaired, impairment</td>
<td>impair</td>
</tr>
<tr>
<td>Important</td>
<td>import</td>
</tr>
<tr>
<td>Impression</td>
<td>imp</td>
</tr>
<tr>
<td>Inborn error of metabolism</td>
<td>IEM</td>
</tr>
<tr>
<td>Inch</td>
<td>in</td>
</tr>
<tr>
<td>Incisal</td>
<td>I</td>
</tr>
<tr>
<td>Incision and drainage</td>
<td>I&amp;D</td>
</tr>
<tr>
<td>Incompatible</td>
<td>incompat</td>
</tr>
<tr>
<td>Incomplete</td>
<td>incompl</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>increase</td>
<td>inc, incr</td>
</tr>
<tr>
<td>increment</td>
<td>incre</td>
</tr>
<tr>
<td>independent</td>
<td>ind</td>
</tr>
<tr>
<td>indicate, indication</td>
<td>indic</td>
</tr>
<tr>
<td>infant</td>
<td>Inf, I</td>
</tr>
<tr>
<td>Infant of diabetic mother</td>
<td>IDM</td>
</tr>
<tr>
<td>infect, infection</td>
<td>infect, infx</td>
</tr>
<tr>
<td>inflammation</td>
<td>inflam</td>
</tr>
<tr>
<td>influence</td>
<td>infl</td>
</tr>
<tr>
<td>Influenza A</td>
<td>H1N1</td>
</tr>
<tr>
<td>information</td>
<td>info</td>
</tr>
<tr>
<td>ingestion</td>
<td>ingest</td>
</tr>
<tr>
<td>inguinal</td>
<td>ing</td>
</tr>
<tr>
<td>inhalation</td>
<td>inh, inhal</td>
</tr>
<tr>
<td>inhibit, inhibitor</td>
<td>inhib</td>
</tr>
<tr>
<td>initial family planning</td>
<td>IFP, INF</td>
</tr>
<tr>
<td>initial office visit</td>
<td>IOV</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPPE</td>
</tr>
<tr>
<td>injecting drug user</td>
<td>IDU</td>
</tr>
<tr>
<td>injection</td>
<td>inject, inj</td>
</tr>
<tr>
<td>injury</td>
<td>inj</td>
</tr>
<tr>
<td>inspection, palpation, percussion and auscultation</td>
<td>IPPA</td>
</tr>
<tr>
<td>inspiration</td>
<td>insp</td>
</tr>
<tr>
<td>Inspiratory/ expiratory</td>
<td>I/E</td>
</tr>
<tr>
<td>instructor, instructed</td>
<td>instr</td>
</tr>
<tr>
<td>instrument</td>
<td>inst</td>
</tr>
<tr>
<td>insufficient</td>
<td>insuff</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>intake and output</td>
<td>I&amp;O</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>ICU</td>
</tr>
<tr>
<td>Interferon Gamma Release Assay</td>
<td>IGRA</td>
</tr>
<tr>
<td>Interferon-gamma</td>
<td>INF-γ</td>
</tr>
<tr>
<td>Intermittent positive pressure</td>
<td>IPP</td>
</tr>
<tr>
<td>Intermittent positive pressure breathing</td>
<td>IPPB</td>
</tr>
<tr>
<td>International Board Certified Lactation Consultant</td>
<td>IBCLC</td>
</tr>
<tr>
<td>Interproximal</td>
<td>Interprox.</td>
</tr>
<tr>
<td>intestine</td>
<td>intest</td>
</tr>
<tr>
<td>intoxication</td>
<td>Intox</td>
</tr>
<tr>
<td>Intra Uterine Fetal Demise</td>
<td>IUFD</td>
</tr>
<tr>
<td>intra-amniotic</td>
<td>IA</td>
</tr>
<tr>
<td>intra-arterial</td>
<td>IA</td>
</tr>
<tr>
<td>intradermal, intradermally</td>
<td>ID</td>
</tr>
<tr>
<td>intramuscular, intramuscularly</td>
<td>IM</td>
</tr>
<tr>
<td>intrauterine device</td>
<td>IUD</td>
</tr>
<tr>
<td>intrauterine growth retardation</td>
<td>IGR, IUGR</td>
</tr>
<tr>
<td>intrauterine system</td>
<td>IUS</td>
</tr>
<tr>
<td>intravenous</td>
<td>IV</td>
</tr>
<tr>
<td>Intravenous pyelography</td>
<td>IVP</td>
</tr>
<tr>
<td>iodine</td>
<td>I</td>
</tr>
<tr>
<td>iron</td>
<td>Fe</td>
</tr>
<tr>
<td>Iron-deficiency anemia</td>
<td>IDA</td>
</tr>
<tr>
<td>irrigate, irrigation</td>
<td>irrig</td>
</tr>
<tr>
<td>Irritable Bowel Syndrome</td>
<td>IBS</td>
</tr>
<tr>
<td>isolation</td>
<td>isol</td>
</tr>
<tr>
<td>Isoniazid</td>
<td>INH</td>
</tr>
<tr>
<td>Isovaleric Acidemia</td>
<td>IVA</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----</td>
</tr>
<tr>
<td>jaundice</td>
<td>jaund</td>
</tr>
<tr>
<td>joint</td>
<td>jnt, jt</td>
</tr>
<tr>
<td>juvenile</td>
<td>juv</td>
</tr>
<tr>
<td>Juvenile Rheumatoid Arthritis</td>
<td>JRA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky AIDS Drug Assistance Program</td>
</tr>
<tr>
<td>Kentucky Children’s Health Insurance Program</td>
</tr>
<tr>
<td>Kentucky Colon Cancer Program</td>
</tr>
<tr>
<td>Kentucky Department of Education</td>
</tr>
<tr>
<td>Kentucky Diabetes Prevention and Control Program</td>
</tr>
<tr>
<td>Kentucky Domestic Violence Association</td>
</tr>
<tr>
<td>Kentucky Early Intervention System</td>
</tr>
<tr>
<td>Kentucky Health Insurance Assistance Program</td>
</tr>
<tr>
<td>Kentucky HIV Care Coordinator Program</td>
</tr>
<tr>
<td>Kentucky Revised Statutes</td>
</tr>
<tr>
<td>Kentucky Vaccines Program</td>
</tr>
<tr>
<td>Kentucky Women’s Cancer Screening Program</td>
</tr>
<tr>
<td>Ketoacidosis</td>
</tr>
<tr>
<td>Ketone bodies</td>
</tr>
<tr>
<td>kilocalorie</td>
</tr>
<tr>
<td>Kosher</td>
</tr>
<tr>
<td>Kosher-Dairy</td>
</tr>
<tr>
<td>Kentucky Association of Sexual Assault Programs</td>
</tr>
<tr>
<td>Kentucky Association of Child Advocacy Centers</td>
</tr>
<tr>
<td>Kentucky Department of Aging and Independent Living</td>
</tr>
<tr>
<td>L</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>laboratory procedure</td>
</tr>
<tr>
<td>lactating</td>
</tr>
<tr>
<td>lactation amenorrhea method</td>
</tr>
<tr>
<td>lactic acid</td>
</tr>
<tr>
<td>Lactic dehydrogenase</td>
</tr>
<tr>
<td>large</td>
</tr>
<tr>
<td>large-for-gestational-age</td>
</tr>
<tr>
<td>Laryngotracheo bronchitis</td>
</tr>
<tr>
<td>last (normal) menstrual period</td>
</tr>
<tr>
<td>last menstrual period</td>
</tr>
<tr>
<td>latent TB infection</td>
</tr>
<tr>
<td>lateral</td>
</tr>
<tr>
<td>lead</td>
</tr>
<tr>
<td>left arm</td>
</tr>
<tr>
<td>left deltoid</td>
</tr>
<tr>
<td>left eye</td>
</tr>
<tr>
<td>left forearm</td>
</tr>
<tr>
<td>left leg</td>
</tr>
<tr>
<td>left lower lobe</td>
</tr>
<tr>
<td>left lower quadrant</td>
</tr>
<tr>
<td>left lung</td>
</tr>
<tr>
<td>Left Otitis Media, Suppurative, Acute</td>
</tr>
<tr>
<td>Left Otitis Media, Suppurative, Chronic</td>
</tr>
<tr>
<td>Left quadrant</td>
</tr>
<tr>
<td>left to right</td>
</tr>
<tr>
<td>Left upper lobe</td>
</tr>
<tr>
<td>Term</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>left upper quadrant</td>
</tr>
<tr>
<td>left, length</td>
</tr>
<tr>
<td>lethal dose</td>
</tr>
<tr>
<td>Levodopa</td>
</tr>
<tr>
<td>Levovogestrel IUD</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
</tr>
<tr>
<td>Light and Accommodation</td>
</tr>
<tr>
<td>limited</td>
</tr>
<tr>
<td>Limited English Proficiency (Title VI)</td>
</tr>
<tr>
<td>lithium</td>
</tr>
<tr>
<td>Live Attenuated Influenza Vaccine</td>
</tr>
<tr>
<td>live birth</td>
</tr>
<tr>
<td>live vaccine</td>
</tr>
<tr>
<td>liver function test</td>
</tr>
<tr>
<td>Local Health Operations Branch</td>
</tr>
<tr>
<td>Long Acting</td>
</tr>
<tr>
<td>Long-acting thyroid stimulator</td>
</tr>
<tr>
<td>Long-acting thyroid stimulator protector</td>
</tr>
<tr>
<td>Long-chain acyl-CoA dehydrogenase deficiency</td>
</tr>
<tr>
<td>Loop Electrosurgical Excision Procedure</td>
</tr>
<tr>
<td>loss of consciousness</td>
</tr>
<tr>
<td>loss of motion</td>
</tr>
<tr>
<td>Lost to Follow-up</td>
</tr>
<tr>
<td>low birth weight</td>
</tr>
<tr>
<td>low blood pressure</td>
</tr>
<tr>
<td>low carbohydrate</td>
</tr>
<tr>
<td>low cholesterol</td>
</tr>
<tr>
<td>Term</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>low density lipoprotein</td>
</tr>
<tr>
<td>low density lipoprotein cholesterol</td>
</tr>
<tr>
<td>low fat diet</td>
</tr>
<tr>
<td>low grade squamous intraepithelial lesion</td>
</tr>
<tr>
<td>low or below</td>
</tr>
<tr>
<td>low sodium</td>
</tr>
<tr>
<td>lower arch of the jaw</td>
</tr>
<tr>
<td>lower extremity</td>
</tr>
<tr>
<td>Lunelle</td>
</tr>
<tr>
<td>lung</td>
</tr>
<tr>
<td>Lupus Erythematous</td>
</tr>
<tr>
<td>Luteinizing Hormone</td>
</tr>
<tr>
<td>Lymphogranuloma venerum</td>
</tr>
<tr>
<td>magnesium</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>Make Yours A Fresh Start Family</td>
</tr>
<tr>
<td>mammogram</td>
</tr>
<tr>
<td>mandibular</td>
</tr>
<tr>
<td>manifest</td>
</tr>
<tr>
<td>Maple Syrup Urine Disease (WIC abbreviation)</td>
</tr>
<tr>
<td>Marginal, margin</td>
</tr>
<tr>
<td>marijuana</td>
</tr>
<tr>
<td>mastectomy</td>
</tr>
<tr>
<td>Master Patient Index</td>
</tr>
<tr>
<td>Master’s Degree in Nursing</td>
</tr>
<tr>
<td>Masters of Public Health</td>
</tr>
<tr>
<td>Term</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Material Safety Data Sheets</td>
</tr>
<tr>
<td>Maternal and Child Health Services</td>
</tr>
<tr>
<td>maternal grandfather/grandmother</td>
</tr>
<tr>
<td>Maxillary</td>
</tr>
<tr>
<td>median</td>
</tr>
<tr>
<td>medical history</td>
</tr>
<tr>
<td>medical nutrition therapy</td>
</tr>
<tr>
<td>medical record</td>
</tr>
<tr>
<td>medical technologist</td>
</tr>
<tr>
<td>Medium-chain acyl-CoA dehydrogenase deficiency</td>
</tr>
<tr>
<td>Medroxyprogesterone acetate and estradiol cypionate</td>
</tr>
<tr>
<td>megahertz</td>
</tr>
<tr>
<td>member</td>
</tr>
<tr>
<td>membrane</td>
</tr>
<tr>
<td>Memorandum of Agreement</td>
</tr>
<tr>
<td>menstrual</td>
</tr>
<tr>
<td>menstrual history</td>
</tr>
<tr>
<td>menstrual period</td>
</tr>
<tr>
<td>mental age</td>
</tr>
<tr>
<td>mental health</td>
</tr>
<tr>
<td>Mercury</td>
</tr>
<tr>
<td>metabolic, metabolism</td>
</tr>
<tr>
<td>metastasis, metastasize</td>
</tr>
<tr>
<td>Methotrexate</td>
</tr>
<tr>
<td>Methylmalonyl-CoA mutase deficiency</td>
</tr>
<tr>
<td>Microgram</td>
</tr>
<tr>
<td>microgram – 0.000001 gram</td>
</tr>
<tr>
<td>Microhemagglutination assay for antibody to Treponema pallidum</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>midline</td>
</tr>
<tr>
<td>Milk of Magnesia</td>
</tr>
<tr>
<td>milliequivalent</td>
</tr>
<tr>
<td>milliequivalent per liter</td>
</tr>
<tr>
<td>milligrams per deciliter</td>
</tr>
<tr>
<td>milligrams per kilogram</td>
</tr>
<tr>
<td>millimeters of mercury</td>
</tr>
<tr>
<td>millimicron</td>
</tr>
<tr>
<td>minim</td>
</tr>
<tr>
<td>minimal effective dose</td>
</tr>
<tr>
<td>minimum inhibitory concentration</td>
</tr>
<tr>
<td>misoprotol</td>
</tr>
<tr>
<td>missed opportunity</td>
</tr>
<tr>
<td>mitral valve</td>
</tr>
<tr>
<td>mitral valve prolapse</td>
</tr>
<tr>
<td>mixture</td>
</tr>
<tr>
<td>Mobilizing for Action through Planning and Partners</td>
</tr>
<tr>
<td>monoamine oxidase</td>
</tr>
<tr>
<td>monocytes</td>
</tr>
<tr>
<td>Mononucleosis</td>
</tr>
<tr>
<td>Monosodium glutamate</td>
</tr>
<tr>
<td>Monozygotic</td>
</tr>
<tr>
<td>months old</td>
</tr>
<tr>
<td>mother</td>
</tr>
<tr>
<td>mother &amp; father</td>
</tr>
<tr>
<td>Term</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>mouth</td>
</tr>
<tr>
<td>moves all extremities</td>
</tr>
<tr>
<td>moves all extremities well</td>
</tr>
<tr>
<td>Mucopurulent cervicitis</td>
</tr>
<tr>
<td>Mucous Membrane</td>
</tr>
<tr>
<td>Multi-drug resistant</td>
</tr>
<tr>
<td>Multi-drug resistant TB</td>
</tr>
<tr>
<td>Multipara</td>
</tr>
<tr>
<td>multiple</td>
</tr>
<tr>
<td>Multiple carboxylase deficiency</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
</tr>
<tr>
<td>Multi-Vitamin</td>
</tr>
<tr>
<td>murmur</td>
</tr>
<tr>
<td>muscle</td>
</tr>
<tr>
<td>musculoskeletal</td>
</tr>
<tr>
<td>Mycobacteria other than TB</td>
</tr>
<tr>
<td>Mycobacterium avium complex</td>
</tr>
<tr>
<td>Mycobacterium Tuberculosis</td>
</tr>
<tr>
<td>Myocardial infarction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>nanogram</td>
<td>ng</td>
</tr>
<tr>
<td>nanoliter</td>
<td>nl</td>
</tr>
<tr>
<td>nanometer</td>
<td>nm</td>
</tr>
<tr>
<td>nanosecond</td>
<td>ns</td>
</tr>
<tr>
<td>natural family planning</td>
<td>NFP</td>
</tr>
<tr>
<td>nausea and vomiting</td>
<td>N&amp;V</td>
</tr>
<tr>
<td>nausea, vomiting, diarrhea</td>
<td>NVD</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Necrotizing enterocolitis</td>
<td>NEC</td>
</tr>
<tr>
<td>Negative Intraepithelial Lesion</td>
<td>NIL</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit</td>
<td>NICU</td>
</tr>
<tr>
<td>nervous</td>
<td>nerv</td>
</tr>
<tr>
<td>nervous system</td>
<td>NS</td>
</tr>
<tr>
<td>Neural Tube Defect</td>
<td>NTD</td>
</tr>
<tr>
<td>New tuberculin (tuberculin residue)</td>
<td>TR</td>
</tr>
<tr>
<td>newborn</td>
<td>NB</td>
</tr>
<tr>
<td>Newborn, Term, Normal, Female/Male</td>
<td>NBTNF/M</td>
</tr>
<tr>
<td>nickel</td>
<td>Ni</td>
</tr>
<tr>
<td>Nicotine Replacement Therapy</td>
<td>NRT</td>
</tr>
<tr>
<td>nitrogen</td>
<td>N</td>
</tr>
<tr>
<td>nitroglycerin</td>
<td>NTG</td>
</tr>
<tr>
<td>no acute distress or no apparent distress</td>
<td>NAD</td>
</tr>
<tr>
<td>no complaints</td>
<td>N/C</td>
</tr>
<tr>
<td>no evidence of disease</td>
<td>NED</td>
</tr>
<tr>
<td>no known drug allergies</td>
<td>NKA, NKDA</td>
</tr>
<tr>
<td>no previous complaints</td>
<td>NPC</td>
</tr>
<tr>
<td>no previous history</td>
<td>NPH</td>
</tr>
<tr>
<td>nocturnal, night</td>
<td>Noc, noct</td>
</tr>
<tr>
<td>non stress test</td>
<td>NST</td>
</tr>
<tr>
<td>nondistended</td>
<td>ND</td>
</tr>
<tr>
<td>Nongonococcal urethritis</td>
<td>NGU</td>
</tr>
<tr>
<td>Nonketotic Hyperglycinemia</td>
<td>NKHG</td>
</tr>
<tr>
<td>Non-nucleoside reverse transcriptase inhibitors</td>
<td>NNRTI</td>
</tr>
<tr>
<td>Nonspecific urethritis</td>
<td>NSU</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory analgesic</td>
<td>NSAIA</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory drug</td>
<td>NSAID</td>
</tr>
<tr>
<td>non-tender</td>
<td>NT</td>
</tr>
<tr>
<td>Non-tender/Nondistended</td>
<td>NT/ND</td>
</tr>
<tr>
<td>Nontuberculosis mycobacteria</td>
<td>NTM</td>
</tr>
<tr>
<td>normal</td>
<td>N, n, NL, norm</td>
</tr>
<tr>
<td>normal full term delivery</td>
<td>NFTD</td>
</tr>
<tr>
<td>normal record</td>
<td>NR</td>
</tr>
<tr>
<td>normal shape, size &amp; consistency</td>
<td>nssc</td>
</tr>
<tr>
<td>normal sinus rhythm</td>
<td>NSR</td>
</tr>
<tr>
<td>normal spontaneous (full term) delivery</td>
<td>NSD, NSFTD</td>
</tr>
<tr>
<td>normal spontaneous vaginal delivery</td>
<td>NSVD</td>
</tr>
<tr>
<td>normal vaginal delivery</td>
<td>NVD</td>
</tr>
<tr>
<td>not elsewhere classified</td>
<td>NEC</td>
</tr>
<tr>
<td>not known</td>
<td>NK</td>
</tr>
<tr>
<td>not significant</td>
<td>ns</td>
</tr>
<tr>
<td>not yet diagnosed</td>
<td>NYD</td>
</tr>
<tr>
<td>nothing by mouth</td>
<td>NPO</td>
</tr>
<tr>
<td>nothing per mouth (at night)</td>
<td>npo, npo/hs</td>
</tr>
<tr>
<td>Nucleic Acid Amplification</td>
<td>NAA</td>
</tr>
<tr>
<td>Nucleoside reverse transcriptase inhibitors</td>
<td>NRTI</td>
</tr>
<tr>
<td>nulliparous</td>
<td>Nullip</td>
</tr>
<tr>
<td>Nurse Case Manager</td>
<td>NCM</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>NP</td>
</tr>
<tr>
<td>nursing</td>
<td>nsg</td>
</tr>
<tr>
<td>Nutrition Education Per Protocols (WIC abbreviation)</td>
<td>NEPP</td>
</tr>
<tr>
<td>Nutritional Risk Criteria Code</td>
<td>NRCC</td>
</tr>
<tr>
<td><strong>O</strong></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>observation and examination</td>
<td>O&amp;E</td>
</tr>
<tr>
<td>observed</td>
<td>obsd</td>
</tr>
<tr>
<td>obstruct, obstruction</td>
<td>obst</td>
</tr>
<tr>
<td>occasional</td>
<td>occ, occas</td>
</tr>
<tr>
<td>occlusal</td>
<td>O</td>
</tr>
<tr>
<td>occlusal radiograph</td>
<td>OR</td>
</tr>
<tr>
<td>oculus dexter – right eye</td>
<td>OD</td>
</tr>
<tr>
<td>oculus sinister – left eye</td>
<td>OS</td>
</tr>
<tr>
<td>office visit</td>
<td>OV</td>
</tr>
<tr>
<td>ointment</td>
<td>oint, ung</td>
</tr>
<tr>
<td>Old Tuberculin</td>
<td>OT</td>
</tr>
<tr>
<td>once a day</td>
<td>id</td>
</tr>
<tr>
<td>on examination</td>
<td>O/E</td>
</tr>
<tr>
<td>one-half</td>
<td>ss</td>
</tr>
<tr>
<td>opening</td>
<td>opg</td>
</tr>
<tr>
<td>ophthalmology, ophthalmoscope</td>
<td>Oph, Ophth</td>
</tr>
<tr>
<td>opposite</td>
<td>opp</td>
</tr>
<tr>
<td>optimal</td>
<td>opt</td>
</tr>
<tr>
<td>oral contraceptive</td>
<td>OC</td>
</tr>
<tr>
<td>oral contraceptive pills</td>
<td>OCP</td>
</tr>
<tr>
<td>Oral Glucose Tolerance Test</td>
<td>OGTT</td>
</tr>
<tr>
<td>Oral Poliovirus vaccine, live, trivalent</td>
<td>OPV</td>
</tr>
<tr>
<td>organization</td>
<td>org</td>
</tr>
<tr>
<td>oriented</td>
<td>Orx</td>
</tr>
<tr>
<td>Orthodox Union</td>
<td>OU</td>
</tr>
<tr>
<td>osteo myelitis</td>
<td>osteo</td>
</tr>
<tr>
<td>other</td>
<td>O, o</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Otitis Externa</td>
<td>OE</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>OM</td>
</tr>
<tr>
<td>otoscope</td>
<td>oto</td>
</tr>
<tr>
<td>ova and parasites</td>
<td>O&amp;P</td>
</tr>
<tr>
<td>oxygen</td>
<td>O, O2</td>
</tr>
<tr>
<td>Oxytocin Challenge Test</td>
<td>OCT</td>
</tr>
<tr>
<td>pack per day</td>
<td>ppd</td>
</tr>
<tr>
<td>pair</td>
<td>pr</td>
</tr>
<tr>
<td>palatal</td>
<td>P</td>
</tr>
<tr>
<td>palpable</td>
<td>palp</td>
</tr>
<tr>
<td>panoramics</td>
<td>PAN</td>
</tr>
<tr>
<td>Papanicolaou smear</td>
<td>pap</td>
</tr>
<tr>
<td>Papillary</td>
<td>Pap.</td>
</tr>
<tr>
<td>Para-aminobenzoid acid</td>
<td>PABA</td>
</tr>
<tr>
<td>Para-aminosalicyclic acid</td>
<td>PAS</td>
</tr>
<tr>
<td>Parathyroid hormone</td>
<td>PH</td>
</tr>
<tr>
<td>parent visitor</td>
<td>PV</td>
</tr>
<tr>
<td>parity</td>
<td>PARA</td>
</tr>
<tr>
<td>partial thromboplastin time</td>
<td>PTT, ptt</td>
</tr>
<tr>
<td>parts per million</td>
<td>ppm</td>
</tr>
<tr>
<td>past family and social history</td>
<td>PFSH</td>
</tr>
<tr>
<td>past history</td>
<td>PH</td>
</tr>
<tr>
<td>past medical history</td>
<td>PMH</td>
</tr>
<tr>
<td>paternal grandfather/grandmother</td>
<td>PGF, PGM</td>
</tr>
<tr>
<td>pathologist</td>
<td>path</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>patient complains of</td>
<td>pt %</td>
</tr>
<tr>
<td>patient, patients</td>
<td>Pat, pt, pts</td>
</tr>
<tr>
<td>pediatrician</td>
<td>PED</td>
</tr>
<tr>
<td>pediatrics</td>
<td>Peds</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease</td>
<td>PID</td>
</tr>
<tr>
<td>penicillin</td>
<td>PCN, pen</td>
</tr>
<tr>
<td>per high density field</td>
<td>/hdf</td>
</tr>
<tr>
<td>per low density field</td>
<td>/ldf</td>
</tr>
<tr>
<td>percussion and auscultation</td>
<td>P&amp;A</td>
</tr>
<tr>
<td>perforation</td>
<td>perf</td>
</tr>
<tr>
<td>periapicals</td>
<td>PA</td>
</tr>
<tr>
<td>perimeter</td>
<td>perim</td>
</tr>
<tr>
<td>Period late, abnormal bleeding; Abdominal pains, pain with intercourse; Infection, STD, abnormal discharge; Not feeling well, fever, chills; String missing, shorter or longer</td>
<td>PAINS</td>
</tr>
<tr>
<td>periodic</td>
<td>per</td>
</tr>
<tr>
<td>peripheral</td>
<td>periph</td>
</tr>
<tr>
<td>permanent</td>
<td>perm</td>
</tr>
<tr>
<td>permanent teeth</td>
<td>1-32</td>
</tr>
<tr>
<td>Pertussis vaccine</td>
<td>P</td>
</tr>
<tr>
<td>Pervasive Development Disorder</td>
<td>PDD</td>
</tr>
<tr>
<td>pharmacy</td>
<td>pharm</td>
</tr>
<tr>
<td>Phenylketonuria</td>
<td>PKU</td>
</tr>
<tr>
<td>phone order</td>
<td>PO</td>
</tr>
<tr>
<td>phosphate</td>
<td>phos, HPO₄</td>
</tr>
<tr>
<td>phosphorus</td>
<td>P</td>
</tr>
<tr>
<td>Pneumocystis carinii pneumonia</td>
<td>PCP</td>
</tr>
<tr>
<td>pneumothorax</td>
<td>Pnx</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>point of entry</td>
<td>POE</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>polio</td>
</tr>
<tr>
<td>Polycystic kidney disease</td>
<td>PKD</td>
</tr>
<tr>
<td>Polycystic Ovarian Syndrome</td>
<td>PCOS</td>
</tr>
<tr>
<td>Polymerase chain reaction</td>
<td>PCR</td>
</tr>
<tr>
<td>Polysaccharide-ribitol-phosphate vaccine</td>
<td>PRP</td>
</tr>
<tr>
<td>Positive Pregnancy Test</td>
<td>PPT</td>
</tr>
<tr>
<td>positive pressure breathing</td>
<td>PPB</td>
</tr>
<tr>
<td>possible</td>
<td>poss</td>
</tr>
<tr>
<td>post-exposure prophylaxis</td>
<td>PEP</td>
</tr>
<tr>
<td>post nasal drip</td>
<td>PND</td>
</tr>
<tr>
<td>posterior</td>
<td>post</td>
</tr>
<tr>
<td>posterior/anterior</td>
<td>P/A</td>
</tr>
<tr>
<td>postpartum</td>
<td>P.P., PP</td>
</tr>
<tr>
<td>postprandial</td>
<td>PP</td>
</tr>
<tr>
<td>Postprandial Blood Sugar</td>
<td>PPBS</td>
</tr>
<tr>
<td>potassium</td>
<td>K, K+</td>
</tr>
<tr>
<td>potassium chloride</td>
<td>KCL</td>
</tr>
<tr>
<td>Potassium hydroxide</td>
<td>KOH</td>
</tr>
<tr>
<td>Prausnitz-küstner test</td>
<td>PK test</td>
</tr>
<tr>
<td>Pregnancy Induced Hypertension</td>
<td>PIH</td>
</tr>
<tr>
<td>pregnancy, pregnant</td>
<td>Pg, preg</td>
</tr>
<tr>
<td>Pregnancy Test Education Materials</td>
<td>PTEM</td>
</tr>
<tr>
<td>Premature Rupture of Membranes</td>
<td>PROM</td>
</tr>
<tr>
<td>premenstrual tension</td>
<td>PMT</td>
</tr>
<tr>
<td>prenatal</td>
<td>PN</td>
</tr>
<tr>
<td>pre-pregnancy weight</td>
<td>PPW</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>prescription</td>
<td>Rx</td>
</tr>
<tr>
<td>present illness</td>
<td>PI</td>
</tr>
<tr>
<td>Presumptive Eligibility</td>
<td>PE</td>
</tr>
<tr>
<td>Preventative Medicine</td>
<td>PM</td>
</tr>
<tr>
<td>prevention, preventive, previous</td>
<td>prev</td>
</tr>
<tr>
<td>previous menstrual period</td>
<td>PMP</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>PCP</td>
</tr>
<tr>
<td>primipara</td>
<td>primip</td>
</tr>
<tr>
<td>private medical doctor</td>
<td>PMD</td>
</tr>
<tr>
<td>probable, problem</td>
<td>prob</td>
</tr>
<tr>
<td>Progestin-only contraceptive pills</td>
<td>POPs</td>
</tr>
<tr>
<td>prognosis</td>
<td>Px</td>
</tr>
<tr>
<td>progress</td>
<td>progr</td>
</tr>
<tr>
<td>Propionic Acidemia</td>
<td>PA</td>
</tr>
<tr>
<td>Prostate specific antigen</td>
<td>PSA</td>
</tr>
<tr>
<td>Protease inhibitors</td>
<td>PI</td>
</tr>
<tr>
<td>protein</td>
<td>Prot</td>
</tr>
<tr>
<td>Protein bound iodine</td>
<td>PBI</td>
</tr>
<tr>
<td>Protein Energy Malnutrition</td>
<td>PEM</td>
</tr>
<tr>
<td>Prothrombin time</td>
<td>proTime, PT</td>
</tr>
<tr>
<td>proximal</td>
<td>prox</td>
</tr>
<tr>
<td>psychiatry, psychology</td>
<td>psy, psych</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>PHN</td>
</tr>
<tr>
<td>pulmonary</td>
<td>pul, pulm</td>
</tr>
<tr>
<td>pulmonary embolism</td>
<td>PE</td>
</tr>
<tr>
<td>pulse</td>
<td>P</td>
</tr>
<tr>
<td>pulse and respiration</td>
<td>P &amp; R</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>pupils equal and react to light</td>
<td>PERL</td>
</tr>
<tr>
<td>pupils equal, round, reactive to light and accommodation</td>
<td>PERRLA</td>
</tr>
<tr>
<td>pupils equally round and reactive to light</td>
<td>PERRL</td>
</tr>
<tr>
<td>purified chick embryo cell</td>
<td>PCEC</td>
</tr>
<tr>
<td>purified protein derivative (tuberculin)</td>
<td>PPD</td>
</tr>
<tr>
<td>Pyrazinamide</td>
<td>PZA</td>
</tr>
<tr>
<td>Pyridoxine</td>
<td>Vitamin B6, B6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>quadrant</td>
<td>quad</td>
</tr>
<tr>
<td>quality control</td>
<td>QC</td>
</tr>
<tr>
<td>Quality Improvement Section</td>
<td>QIS</td>
</tr>
<tr>
<td>QuantiFERON-TB Gold In-Tube test®</td>
<td>QFT-GIT</td>
</tr>
<tr>
<td>quantitative</td>
<td>quant</td>
</tr>
<tr>
<td>quantity not sufficient</td>
<td>QNS</td>
</tr>
<tr>
<td>quantity sufficient</td>
<td>qs</td>
</tr>
<tr>
<td>Quinolone-resistant Neisseria gonorrhoeae</td>
<td>QRNG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Term</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Immune globulin</td>
<td>RIG</td>
</tr>
<tr>
<td>Rabies vaccine, adsorbed</td>
<td>RVA</td>
</tr>
<tr>
<td>radium</td>
<td>Ra</td>
</tr>
<tr>
<td>range of motion, rupture of membranes</td>
<td>ROM</td>
</tr>
<tr>
<td>rapid eye movement</td>
<td>REM</td>
</tr>
<tr>
<td>Rapid plasma reagent (test), Rapid Plasma Regain</td>
<td>RPR</td>
</tr>
<tr>
<td>rate</td>
<td>R, r</td>
</tr>
<tr>
<td>rate and rhythm</td>
<td>R&amp;R</td>
</tr>
<tr>
<td>reaction</td>
<td>react</td>
</tr>
<tr>
<td>ready to feed</td>
<td>RTF</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>recommendation</td>
<td>recc</td>
</tr>
<tr>
<td>recommended dietary allowance</td>
<td>RDA</td>
</tr>
<tr>
<td>Recurrent vulvovaginal candidiasis</td>
<td>RVVC</td>
</tr>
<tr>
<td>red blood cells</td>
<td>RBC</td>
</tr>
<tr>
<td>reflex</td>
<td>refl</td>
</tr>
<tr>
<td>refuse(s) medical assistance</td>
<td>RMA</td>
</tr>
<tr>
<td>Registered Dietician</td>
<td>RD</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>RN</td>
</tr>
<tr>
<td>Registered Therapist</td>
<td>RT</td>
</tr>
<tr>
<td>regular rate and rhythm</td>
<td>RRR</td>
</tr>
<tr>
<td>respiratory rate</td>
<td>RR</td>
</tr>
<tr>
<td>related, relative</td>
<td>rel</td>
</tr>
<tr>
<td>related to</td>
<td>r/t</td>
</tr>
<tr>
<td>release of information</td>
<td>ROI</td>
</tr>
<tr>
<td>Report of Verified Case Tuberculosis</td>
<td>RVCT</td>
</tr>
<tr>
<td>residue</td>
<td>res</td>
</tr>
<tr>
<td>Respiration</td>
<td>R</td>
</tr>
<tr>
<td>Respiratory Distress Syndrome</td>
<td>RDS</td>
</tr>
<tr>
<td>resuscitation</td>
<td>resc</td>
</tr>
<tr>
<td>return to clinic</td>
<td>rtc, RTC</td>
</tr>
<tr>
<td>reverse, review</td>
<td>rev</td>
</tr>
<tr>
<td>review of systems</td>
<td>ROS</td>
</tr>
<tr>
<td>Rhesus (blood factor)</td>
<td>Rh</td>
</tr>
<tr>
<td>riboflavin</td>
<td>Vitamin B2, B₂</td>
</tr>
<tr>
<td>Ribonucleic acid</td>
<td>RNA</td>
</tr>
<tr>
<td>rifabutin</td>
<td>RFB</td>
</tr>
<tr>
<td>rifampin</td>
<td>RIF</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Rifapentine</td>
<td>RPT</td>
</tr>
<tr>
<td>right</td>
<td>D, R, rt</td>
</tr>
<tr>
<td>right arm</td>
<td>RA</td>
</tr>
<tr>
<td>right deltoid</td>
<td>RD</td>
</tr>
<tr>
<td>right eye</td>
<td>RE</td>
</tr>
<tr>
<td>right leg</td>
<td>RL</td>
</tr>
<tr>
<td>right lower lobe</td>
<td>RLL</td>
</tr>
<tr>
<td>right to left</td>
<td>R-L, R/L</td>
</tr>
<tr>
<td>right upper leg</td>
<td>RUL</td>
</tr>
<tr>
<td>right upper lobe</td>
<td>RUL</td>
</tr>
<tr>
<td>risk management</td>
<td>RM</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>RMSF</td>
</tr>
<tr>
<td>roentgenogram</td>
<td>X-ray</td>
</tr>
<tr>
<td>rule out</td>
<td>R/O, r/o</td>
</tr>
<tr>
<td>rupture</td>
<td>rupt</td>
</tr>
<tr>
<td>Salicylic acid</td>
<td>SA</td>
</tr>
<tr>
<td>Sanofi Pasteur</td>
<td>SP</td>
</tr>
<tr>
<td>Saquinavir</td>
<td>SAQ</td>
</tr>
<tr>
<td>science</td>
<td>sci</td>
</tr>
<tr>
<td>screen, ask, validate, evaluate/educate</td>
<td>SAVE</td>
</tr>
<tr>
<td>second, secondary</td>
<td>sec, 2°</td>
</tr>
<tr>
<td>second hand smoke</td>
<td>SHS</td>
</tr>
<tr>
<td>seizure</td>
<td>Sz</td>
</tr>
<tr>
<td>self breast examination</td>
<td>SBE</td>
</tr>
<tr>
<td>self monitoring blood glucose</td>
<td>SMBG</td>
</tr>
<tr>
<td>self testicular exam</td>
<td>STE</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>sensitivity</td>
<td>sens</td>
</tr>
<tr>
<td>sequence</td>
<td>seq</td>
</tr>
<tr>
<td>Serologic Test for Syphilis</td>
<td>STS</td>
</tr>
<tr>
<td>Serous Otitis Media</td>
<td>SOM</td>
</tr>
<tr>
<td>Serum glutamicoxaloacetic transaminase</td>
<td>SGOT</td>
</tr>
<tr>
<td>Severe Acute Respiratory Syndrome</td>
<td>SARS</td>
</tr>
<tr>
<td>Severe Combined Immunodeficiency</td>
<td>SCID</td>
</tr>
<tr>
<td>sexual assault</td>
<td>SA</td>
</tr>
<tr>
<td>Sexual Assault Medical Forensic Exam</td>
<td>SAFE</td>
</tr>
<tr>
<td>Sexual Assault Nurse Examiner</td>
<td>SANE</td>
</tr>
<tr>
<td>Sexual Maturity Rating</td>
<td>SMR</td>
</tr>
<tr>
<td>Sexually Transmissible Infection</td>
<td>STI</td>
</tr>
<tr>
<td>Sexually Transmitted Disease</td>
<td>STD</td>
</tr>
<tr>
<td>Short-chain acyl-CoA dehydrogenase deficiency</td>
<td>SCAD</td>
</tr>
<tr>
<td>shortness of breath</td>
<td>SOB</td>
</tr>
<tr>
<td>shortness of breath on exertion</td>
<td>SOBE</td>
</tr>
<tr>
<td>shoulder</td>
<td>shld</td>
</tr>
<tr>
<td>sibling</td>
<td>sib</td>
</tr>
<tr>
<td>sickle cell trait</td>
<td>AS, A/S</td>
</tr>
<tr>
<td>sickle-cell hemoglobin</td>
<td>HbS</td>
</tr>
<tr>
<td>side effects</td>
<td>S/E</td>
</tr>
<tr>
<td>signal</td>
<td>sig</td>
</tr>
<tr>
<td>signature</td>
<td>sign.</td>
</tr>
<tr>
<td>signs and symptoms</td>
<td>S/S</td>
</tr>
<tr>
<td>Silver Nitrate</td>
<td>AgNO₃</td>
</tr>
<tr>
<td>simultaneously</td>
<td>simul</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>slight</td>
<td>sl</td>
</tr>
<tr>
<td>small</td>
<td>sm</td>
</tr>
<tr>
<td>small for dates</td>
<td>SFD</td>
</tr>
<tr>
<td>small for gestational age</td>
<td>SGA</td>
</tr>
<tr>
<td>social history</td>
<td>SH</td>
</tr>
<tr>
<td>social worker</td>
<td>SW</td>
</tr>
<tr>
<td>sodium</td>
<td>Na</td>
</tr>
<tr>
<td>Sodium Bicarbonate</td>
<td>NaHCO₃</td>
</tr>
<tr>
<td>Sodium chloride</td>
<td>NaCl</td>
</tr>
<tr>
<td>son</td>
<td>S</td>
</tr>
<tr>
<td>South Eastern National Tuberculosis Center</td>
<td>SNTC</td>
</tr>
<tr>
<td>space</td>
<td>sp</td>
</tr>
<tr>
<td>specific gravity</td>
<td>sp gr</td>
</tr>
<tr>
<td>specimen</td>
<td>spec</td>
</tr>
<tr>
<td>spontaneous</td>
<td>spont</td>
</tr>
<tr>
<td>Spontaneous abortion</td>
<td>SAB, spon AB</td>
</tr>
<tr>
<td>Squamous Intraepithelial Lesions</td>
<td>SIL</td>
</tr>
<tr>
<td>standard of care</td>
<td>SOC</td>
</tr>
<tr>
<td>standard operating procedures</td>
<td>SOP</td>
</tr>
<tr>
<td>Staphylococcus</td>
<td>staph</td>
</tr>
<tr>
<td>status post</td>
<td>s/p</td>
</tr>
<tr>
<td>Stavudine</td>
<td>d4t</td>
</tr>
<tr>
<td>Steroidal Anti-Inflammatory Drugs</td>
<td>SAID</td>
</tr>
<tr>
<td>stillborn</td>
<td>stb</td>
</tr>
<tr>
<td>stimulation</td>
<td>stim</td>
</tr>
<tr>
<td>straight</td>
<td>st</td>
</tr>
<tr>
<td>Strategic National Stockpile</td>
<td>SNS</td>
</tr>
<tr>
<td><strong>streptococcus</strong></td>
<td><strong>strep</strong></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>streptomycin</td>
<td>SM</td>
</tr>
<tr>
<td>structure</td>
<td>struct</td>
</tr>
<tr>
<td>Study of Tamixofen and Raloxifene</td>
<td>STAR</td>
</tr>
<tr>
<td>subcutaneous, subcutaneously</td>
<td>SQ, subcu, SC</td>
</tr>
<tr>
<td>Subjective, Objective, Assessment and Plan</td>
<td>SOAP</td>
</tr>
<tr>
<td>substance</td>
<td>subst</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>SIDS</td>
</tr>
<tr>
<td>sulfate</td>
<td>SO₄</td>
</tr>
<tr>
<td>sulfur</td>
<td>S</td>
</tr>
<tr>
<td>sulfuric acid</td>
<td>H₂SO₄</td>
</tr>
<tr>
<td>sunlight protection factor</td>
<td>SPF</td>
</tr>
<tr>
<td>superior, supervision</td>
<td>supr</td>
</tr>
<tr>
<td>surgery</td>
<td>surg, Sx</td>
</tr>
<tr>
<td>symmetrical</td>
<td>sym</td>
</tr>
<tr>
<td>symptoms</td>
<td>Sx, symp</td>
</tr>
<tr>
<td>syndrome</td>
<td>syn</td>
</tr>
<tr>
<td>synthetic</td>
<td>synth</td>
</tr>
<tr>
<td>syphilis</td>
<td>syph</td>
</tr>
<tr>
<td>syringe</td>
<td>syr</td>
</tr>
<tr>
<td>tablet</td>
<td>tab</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>tachy</td>
</tr>
<tr>
<td>TB skin test</td>
<td>TST</td>
</tr>
<tr>
<td>telephone call</td>
<td>t.c.</td>
</tr>
<tr>
<td>telephone order</td>
<td>TO</td>
</tr>
<tr>
<td>temperature</td>
<td>T</td>
</tr>
<tr>
<td>Medical Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>temperature, Pulse, Respiration</td>
<td>TPR</td>
</tr>
<tr>
<td>term birth, live child</td>
<td>TBLC</td>
</tr>
<tr>
<td>terminal</td>
<td>term</td>
</tr>
<tr>
<td>Tetanus antitoxin</td>
<td>TAT</td>
</tr>
<tr>
<td>Tetanus immune globulin</td>
<td>TIG</td>
</tr>
<tr>
<td>Tetanus toxoid</td>
<td>TT</td>
</tr>
<tr>
<td>Tetracycline</td>
<td>TC</td>
</tr>
<tr>
<td>the same</td>
<td>id</td>
</tr>
<tr>
<td>therapeutic abortion</td>
<td>TAB</td>
</tr>
<tr>
<td>therapeutic lifestyle changes</td>
<td>TLC</td>
</tr>
<tr>
<td>therapeutic, therapy</td>
<td>ther</td>
</tr>
<tr>
<td>Thiamin</td>
<td>Vitamin B₁, B₁</td>
</tr>
<tr>
<td>thigh</td>
<td>Fem, T</td>
</tr>
<tr>
<td>three times a day</td>
<td>tid</td>
</tr>
<tr>
<td>three times a night</td>
<td>tin</td>
</tr>
<tr>
<td>three times a week</td>
<td>tiwk</td>
</tr>
<tr>
<td>through</td>
<td>per</td>
</tr>
<tr>
<td>Thyroid Stimulating Hormone</td>
<td>TSH</td>
</tr>
<tr>
<td>Thyroxine</td>
<td>T₄</td>
</tr>
<tr>
<td>to be taken 3x a day</td>
<td>tds</td>
</tr>
<tr>
<td>tolerance, tolerate</td>
<td>tol</td>
</tr>
<tr>
<td>too numerous to count</td>
<td>TNTC</td>
</tr>
<tr>
<td>Toxic Shock Syndrome</td>
<td>TSS</td>
</tr>
<tr>
<td>toxic, toxicity, toxicology</td>
<td>tox</td>
</tr>
<tr>
<td>Toxoplastic encephalitis</td>
<td>TE</td>
</tr>
<tr>
<td><strong>Toxoplasmosis, Other, Rubella, Cytomeglovirus, Herpes simplex (titer)</strong></td>
<td><strong>TORCH</strong></td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>trachea, tracheotomy</td>
<td>trach</td>
</tr>
<tr>
<td>Transformation Zone</td>
<td>TZ</td>
</tr>
<tr>
<td>Transient Ischemic Attack</td>
<td>TIA</td>
</tr>
<tr>
<td>transverse</td>
<td>trans</td>
</tr>
<tr>
<td>treatment</td>
<td>tr, Tr, Treat, Tx</td>
</tr>
<tr>
<td>Trichloroacetic acid</td>
<td>TCA</td>
</tr>
<tr>
<td>Trichomonas</td>
<td>Trich</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>Trig</td>
</tr>
<tr>
<td>tubal ligation</td>
<td>TL</td>
</tr>
<tr>
<td>Tubercle Bacillus</td>
<td>TB</td>
</tr>
<tr>
<td>Tuberculin Units</td>
<td>TU</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>TB</td>
</tr>
<tr>
<td>twice</td>
<td>b</td>
</tr>
<tr>
<td>twice a day</td>
<td>bd, bid</td>
</tr>
<tr>
<td>twice a week</td>
<td>bi-wk</td>
</tr>
<tr>
<td>Tympanic Membrane</td>
<td>TM</td>
</tr>
<tr>
<td>Tyrosinemia type-III</td>
<td>TYR-3</td>
</tr>
<tr>
<td>ultimate</td>
<td>ult</td>
</tr>
<tr>
<td>ultrasound</td>
<td>U/S, US</td>
</tr>
<tr>
<td>ultraviolet germicidal irradiation</td>
<td>UVGI</td>
</tr>
<tr>
<td>umbilical, umbilicus</td>
<td>umb</td>
</tr>
<tr>
<td>unchanged</td>
<td>UC</td>
</tr>
<tr>
<td>unilateral</td>
<td>unilat.</td>
</tr>
<tr>
<td>unknown</td>
<td>unk</td>
</tr>
<tr>
<td>up to date</td>
<td>UTD</td>
</tr>
<tr>
<td>upper and lower</td>
<td>U/L</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>upper arch of the jaw</td>
<td>MAX</td>
</tr>
<tr>
<td>upper gastrointestinal</td>
<td>UGI</td>
</tr>
<tr>
<td>upper respiratory</td>
<td>UR</td>
</tr>
<tr>
<td>upper respiratory infection</td>
<td>URI</td>
</tr>
<tr>
<td>upper respiratory tract infection</td>
<td>URTI</td>
</tr>
<tr>
<td>upper right quadrant</td>
<td>URQ</td>
</tr>
<tr>
<td>urinalysis</td>
<td>UA, U/A</td>
</tr>
<tr>
<td>urinary chorionic gonadotropin</td>
<td>UCG</td>
</tr>
<tr>
<td>urinary output</td>
<td>UOP</td>
</tr>
<tr>
<td>urinary tract infection</td>
<td>UTI</td>
</tr>
<tr>
<td>urine</td>
<td>U, ur</td>
</tr>
<tr>
<td>urogenital</td>
<td>UG</td>
</tr>
<tr>
<td><strong>v</strong></td>
<td></td>
</tr>
<tr>
<td>vaccine administrator</td>
<td>VA</td>
</tr>
<tr>
<td>Vaccine Adverse Reporting System</td>
<td>VAERS</td>
</tr>
<tr>
<td>Vaccines for Children</td>
<td>VFC</td>
</tr>
<tr>
<td>Vaccine Information Sheet or Statements</td>
<td>VIS</td>
</tr>
<tr>
<td>Vaccinia Immune Glogulin</td>
<td>VIG</td>
</tr>
<tr>
<td>vagina, vaginal</td>
<td>vag</td>
</tr>
<tr>
<td>vaginal birth after delivery</td>
<td>VBAC</td>
</tr>
<tr>
<td>vaginal contraceptive film</td>
<td>VCF</td>
</tr>
<tr>
<td>vaginal hysterectomy</td>
<td>Vag Hyst</td>
</tr>
<tr>
<td>valve</td>
<td>val</td>
</tr>
<tr>
<td>variation, variety</td>
<td>var</td>
</tr>
<tr>
<td>Varicella zoster Virus</td>
<td>VZV</td>
</tr>
<tr>
<td>Varicella-zoster Immune Globulin</td>
<td>VZIG</td>
</tr>
<tr>
<td>vascular</td>
<td>Vasc</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Vastus Lateralis</td>
<td>VL</td>
</tr>
<tr>
<td>Venereal Disease Research Laboratory Non-treponemal test for Syphilis</td>
<td>VDRL</td>
</tr>
<tr>
<td>venipuncture</td>
<td>VP</td>
</tr>
<tr>
<td>Venous Thromboembolism</td>
<td>VTE</td>
</tr>
<tr>
<td>Ventricular Septal defect</td>
<td>VSD</td>
</tr>
<tr>
<td>Verbal Lead Risk Assessment</td>
<td>VLRA</td>
</tr>
<tr>
<td>verbal order</td>
<td>VO</td>
</tr>
<tr>
<td>verification of certification</td>
<td>VOC</td>
</tr>
<tr>
<td>vertical bitewings</td>
<td>VBW</td>
</tr>
<tr>
<td>very high density lipoprotein</td>
<td>VHDL</td>
</tr>
<tr>
<td>Very Long-chain acyl-CoA dehydrogenase deficiency</td>
<td>VLCAD</td>
</tr>
<tr>
<td>very low birth weight</td>
<td>VLBW</td>
</tr>
<tr>
<td>very low density lipoprotein</td>
<td>VLDL</td>
</tr>
<tr>
<td>Victims Identification and Notification Everyday</td>
<td>VINE</td>
</tr>
<tr>
<td>vision</td>
<td>vis</td>
</tr>
<tr>
<td>vital signs</td>
<td>VS, V/S, v/s</td>
</tr>
<tr>
<td>Voucher Pick-up</td>
<td>VP</td>
</tr>
<tr>
<td>Vulvovaginal candidiasis</td>
<td>VVC</td>
</tr>
<tr>
<td>warm and dry</td>
<td>w/d</td>
</tr>
<tr>
<td>warm, pink, dry (skin signs)</td>
<td>WPD</td>
</tr>
<tr>
<td>well developed</td>
<td>WD</td>
</tr>
<tr>
<td>well developed, well nourished</td>
<td>WD/WN</td>
</tr>
<tr>
<td>well nourished</td>
<td>WN, w/n</td>
</tr>
<tr>
<td>Western blot</td>
<td>WB</td>
</tr>
<tr>
<td>wet mount</td>
<td>WM</td>
</tr>
<tr>
<td>Term</td>
<td>Abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>white</td>
<td>wh</td>
</tr>
<tr>
<td>white blood cells, white blood count</td>
<td>WBC</td>
</tr>
<tr>
<td>white female</td>
<td>W/F, wf</td>
</tr>
<tr>
<td>white male</td>
<td>W/M, wm</td>
</tr>
<tr>
<td>WIC Food Instruments (WIC abbreviation)</td>
<td>WICFI</td>
</tr>
<tr>
<td>with</td>
<td>c, w, w/</td>
</tr>
<tr>
<td>within normal limits</td>
<td>WNL or wnl</td>
</tr>
<tr>
<td>within the uterus</td>
<td>in utero</td>
</tr>
<tr>
<td>without</td>
<td>š, w/o</td>
</tr>
<tr>
<td>woman who has given birth</td>
<td>para</td>
</tr>
<tr>
<td>Women, Infants, &amp; Children</td>
<td>WIC</td>
</tr>
<tr>
<td>Women’s Health Nurse Practitioner</td>
<td>WHNP</td>
</tr>
<tr>
<td>work up</td>
<td>w/u</td>
</tr>
<tr>
<td>wound</td>
<td>wd</td>
</tr>
<tr>
<td><strong>Z</strong></td>
<td><strong>Z</strong></td>
</tr>
<tr>
<td>zero</td>
<td>Z</td>
</tr>
<tr>
<td>Zidovudine</td>
<td>ZDV</td>
</tr>
<tr>
<td>zinc</td>
<td>Zn</td>
</tr>
</tbody>
</table>

**Symbols**

<table>
<thead>
<tr>
<th>Term</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>birth</td>
<td>*</td>
</tr>
<tr>
<td>change</td>
<td>Δ</td>
</tr>
<tr>
<td>death</td>
<td>†</td>
</tr>
<tr>
<td>difference between</td>
<td>~</td>
</tr>
<tr>
<td>female</td>
<td>♀, O</td>
</tr>
<tr>
<td>male</td>
<td>♂</td>
</tr>
<tr>
<td>microgram</td>
<td>µg</td>
</tr>
<tr>
<td>microliter</td>
<td>µl</td>
</tr>
<tr>
<td>------------------</td>
<td>----</td>
</tr>
<tr>
<td>micrometer</td>
<td>µm</td>
</tr>
<tr>
<td>micromicro-</td>
<td>µµ</td>
</tr>
<tr>
<td>mu, micro-</td>
<td>µ</td>
</tr>
<tr>
<td>once a day</td>
<td>i/d</td>
</tr>
<tr>
<td>one</td>
<td>I</td>
</tr>
<tr>
<td>one half</td>
<td>ss</td>
</tr>
<tr>
<td>pending</td>
<td>(p)</td>
</tr>
<tr>
<td>primary</td>
<td>1°</td>
</tr>
<tr>
<td>secondary</td>
<td>2°</td>
</tr>
</tbody>
</table>

**Vaccine Manufacturers**

<table>
<thead>
<tr>
<th>Glaxo Smith Kline</th>
<th>GSK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Immune</td>
<td>MED</td>
</tr>
<tr>
<td>Merck</td>
<td>MRK</td>
</tr>
<tr>
<td>Novartis</td>
<td>NV</td>
</tr>
<tr>
<td>Pfizer</td>
<td>PFZ</td>
</tr>
<tr>
<td>Sanofi Pasteur</td>
<td>SP</td>
</tr>
<tr>
<td>Wyeth</td>
<td>WYE</td>
</tr>
</tbody>
</table>
# Patient Services Reporting System (PSRS)

## Table of Contents

*(Ctrl+click on text to go directly to sections)*

**Overview** ........................................................................................................................................... 1

**Purpose of Patient Encounter Form (PEF)** ..................................................................................... 1

**PSRS – Core Legacy and GUI (Bridge):**

- Security Clearance .......................................................................................................................... 2
- Sign-On Passwords .......................................................................................................................... 2
- Sign-On Instructions .......................................................................................................................... 4
- Change a Current Password to a New Password Instructions ....................................................... 5
- Sign-Off Instruction .......................................................................................................................... 5
- Message Sending ............................................................................................................................... 5
- Printing ............................................................................................................................................. 6

**CDP Clinic Management System (Portal) Security Clearance** .................................................. 7

**Patient and Household Registration** ............................................................................................ 8

**Setting up New LHD Clinic Sites** .................................................................................................. 8

**PEF Entry and Other Billing Procedures:**

- How to Enter Encounter Services by Document Number .............................................................. 9
- Instructions for Completing the Encounter Entry Screen .............................................................. 9
- PEF Retention ................................................................................................................................... 11
- Instructions for Making Changes to the PEF .................................................................................. 11
- Patient ID Number Change Procedure .......................................................................................... 12
- Merge Patient ID Numbers Procedure ......................................................................................... 12
- Update Patient Master Record ........................................................................................................ 12

**Immunization Registry** .................................................................................................................. 13

**Reason for Visit Codes** ................................................................................................................ 13

**Overview of Appointment by Provider System** ........................................................................ 15

- How to Set Up Provider Records ................................................................................................... 16
- Inquiry for All Provider Records ................................................................................................... 17
- Inquiry for Individual Provider Record – All Dates ....................................................................... 17
How to Set Up Provider Schedule.............................................................................. 17
How to Create a Schedule from Previous Schedules .............................................. 18
How to Change Provider’s Schedule ..................................................................... 19
Single Provider Inquiry .......................................................................................... 19
Multiple Provider Inquiry ....................................................................................... 20
Specific Inquiries by Provider ............................................................................... 20
Scheduling Appointments ....................................................................................... 20
Next Available Appointment Inquiry ..................................................................... 23
Day 32 Procedures .................................................................................................. 24
Consolidating Listing of Patient Appointments ...................................................... 24
Obtain Chart Pull Listing ......................................................................................... 25
Name Look-Up of Patients Who Are Not on Patient File ..................................... 26
Missed Appointment List and Labels .................................................................... 26

Pap Test Results Reporting ..................................................................................... 26
Mammogram and Breast Ultrasound Results Reporting ......................................... 27
CH-47 Patient Services/Supplemental Reporting ..................................................... 29
  Supplemental Reporting Overview ....................................................................... 29
  Entering Supplemental Form ............................................................................... 33
  How to Locate the Patient by ID # ..................................................................... 34
  How to Locate the Patient by Name .................................................................... 34
  How to Build/Update a Supplemental Reporting Record and Service Definitions........................................................................................................ 35
  Procedures for Using the Supplemental System to Report Attending Group Sessions Held In the Clinic ........................................................................... 39
  Procedures for Reporting Community Health Services ................................... 40
  Community Health Services Report Form Instructions (CH-48) .................... 40
  Community Based Service Activity Code Definitions ....................................... 42
  CDP Community Reporting ................................................................................ 46

Medicaid Presumptive Eligibility (PE) - (Maternity Patients Only) ..................... 67
Patient Self-Pay Fee Matrix ..................................................................................... 69
Uniform Percentage Payment Schedule ................................................................... 70
Household Size and Household Income.............................................. 71
Medicaid Eligibility Verification – **KYHealth-Net System** .................. 71
Determining Household Size .............................................................. 73
Household Income Definition............................................................ 76
Computing Household Income............................................................ 78
Applicant Reporting Zero Household Income ........................................ 79
Verification of Household Income......................................................... 79
New Income Information ...................................................................... 81
Patient Choosing NOT to Provide Income ............................................ 81
Billing/Payor Procedures that are Not Part of PEF Entry ......................... 82
Employee Class ID, Description and Provider Class ............................... 96
CPT Provider Classifications ................................................................. 97
Personal Services Contract and Part-Time Employees ............................. 98
Independent Contract, 800 and 600 Number Provider Conversion Table .. 99
“800 Number” Health Providers Not Elsewhere Classified ......................100
Department for Public Health or State University Health Professional
Providing Statewide Services.................................................................101
LHD ICD-10 Cost Centers Listing ..........................................................101
Kentucky County Codes........................................................................102
States Codes.........................................................................................103
OVERVIEW

Kentucky Department for Public Health (DPH) contracts with Custom Data Processing, Inc. (CDP) to provide the Local Health Department (LHD) Patient Services Reporting System (PSRS). PSRS is a computerized statewide LHD information network existing throughout all of the 120 Kentucky counties and most of the LHD satellite service delivery sites. **These LHD network sites are connected electronically to each other and to the Kentucky Department for Public Health (DPH).**

The PSRS offers a complete data management system for the LHDs clinical activities. The system includes the creation of a statewide patient database accessible by the state and each county health center. This database includes information needed to meet all local, state and federal government reporting requirements.

Elements of the PSRS clinic management, which the system currently supports, are as follows:

- Patient encounter/services;
- Appointment scheduling;
- Breast and cervical cancer tracking and follow-up;
- Billing and accounts receivable;
- Community based services; and
- Facilitates patient management from outreach through continuum of care.

The PSRS **Patient Encounter Form (PEF)** is an essential part of the information system and collects the following information:

- The demographic characteristics of the patients;
- The services provided to patients;
- The LHD staff who provide the services;
- The appropriate claim information necessary for billing the patient, Kentucky Medicaid, Managed Care Organizations (MCOs), Medicare, or other third party entities; and
- The information necessary to determine WIC certifications for food instrument issuance.

A tracking system is included for certain cancer screening services. The PSRS is linked with the LHD's financial management system and the personnel system by the assignment of procedure/diagnosis codes which are unique to the Cost Centers (assigned by the AFM Budget Branch) used for budgeting and costing services. The provider number is the unique employee classification identification number which is consistent with the identifier used in the personnel system. The PEF is designed to fit into an online automated information network, but it can be utilized without a computer network.

The PEF collects data, categorizes the service information by type of visit through the use of universally accepted and AMA approved CPT (procedure) and ICD (diagnosis)
codes and provides third party billing information. It is designed to relieve the service providers from some of the reporting burden. However, the service provider maintains full accountability for what is coded to the PEF. Oftentimes, the provider simply checks or enters the CPT/HDPT procedure codes, the ICD codes and their provider number. The computer assigns the Cost Center and the payment source, i.e., Medicaid, MCO, Medicare, patient pay, etc.

In order to use the system for patient services, security clearances (permissions) are obtained. The security is controlled first for the computer site, secondly by the individual person approved to use the network and then by the particular system within the network. Only the LHD Director or their authorized designee on file with the Local Health Operations (LHO) Branch is authorized to submit a security access request to the LHO Branch for the individual’s system access. All current (up-to-date) security access request forms are located on the LHD Forms webpage. Only security requests forms, available on the LHD Forms webpage, are accepted by the LHO Branch.

The system allows local sites to enter the patient services data via the Legacy CORE Bridge Software or the preferred current GUI software as the service occurs. Online inquiries and reports are available at each of the remote sites, which provide immediate access to data necessary for quality patient care and management of the clinic site.

CORE LEGACY AND GUI (BRIDGE)/PSRS SECURITY CLEARANCE

In order to access CDP’s online network system (data reporting systems) and to access the system for patient services using Core/GUI Bridge, a user security access code must be obtained. Each component of the network has its own unique security access.

Bridge security is controlled first for the computer site, second by the individual person (user) approved to use the LHD network and then by the particular system within the LHD network.

To obtain a user security access clearance, the Local Health Department (LHD) Director or his/her authorized designee must submit a signed/authorized request to the Local Health Operations (LHO) Branch. The security for PSRS/Bridge is setup based only on the permissions requested by the LHD Director/authorized designee using the Local Health Network Security Request form located on the LHD Forms webpage.

PSRS GUI AND CORE BRIDGE SIGN-ON PASSWORDS

LHD employees shall not share PSRS KY #’s. Additionally, generic accounts cannot be setup for multiple users to access. Each user must have their own user access setup within PSRS and be assigned their own PSRS KY#.

Prior to signing on the Core Bridge software, all users must sign on the Department’s Local Area Networks (CHSDPHNT and CHSDPHLHD), which serves the Frankfort central office and the LHDs. Core Bridge users are required to have a unique password. If there should
be any questions regarding the Local Area Networks security, contact your local IT administrator. All questions regarding the Core Bridge software security should be directed to the LHD network security officer of the Local Health Operations (LHO) Branch at 502-564-6663 Option 1, or via email.

All users are required to change their GUI and Legacy Core Bridge/PSRS passwords **every forty-five (45) days**. A user cannot re-use the last five (5) passwords. If a user account is **inactive** for sixty (60) days, the user’s account will be marked as inactive and will require a **manual reset** by the LHO Branch. For inactive user accounts, the LHD Director or Authorized Designee on file with the LHO Branch will need to email the LHO Branch. Within the email request, provide the user’s assigned PSRS KY# and request the account be reactivated. This is to ensure only authorized users have access to the Legacy Bridge/PSRS system.

If any updates to the user’s PSRS security access are needed the LHD Director or his/her authorized designee must submit a signed/authorized request to the LHO Branch. The LHD Director/authorized designee must use only the CURRENT PSRS Local Health Network Security Request Form.

LHDs should allow a minimum of one (1) business day following the date the correctly completed security request form email submission was received by LHO for the request to be processed by the LHO Branch. If a social security number (SSN) is needed, the LHD should fax the PSRS Security requests to: 502-564-4057. Type “Security” in the subject line of the fax cover page.

Please note that **email is the preferred method of security request submission** unless the user’s social security number if provided. LHD Director or authorized designee must sign Security Request Form when faxed. Due to HIPAA requirements, when providing a user’s SSN, the LHD must submit request via fax to the LHO Branch. Mail requests are also accepted and should be forwarded to the following address:

Department for Public Health  
Division of Administration and Financial Management  
Local Health Operations Branch  
275 East Main St., HS1W-B  
Frankfort, KY 40621

ATTN: LHD Network System Security Officer
CORE BRIDGE SIGN-ON INSTRUCTIONS

1) With cursor in HOME position:
   a. Type command: ** (hit F12 key)
   b. System response: SRI PARSING STARTED.

2) With cursor in HOME position:
   a. Type command: /SIGNON,KY? ? ? ?
   b. (Insert your assigned 4 numbers, then hit F12 key)
   c. System response: PLEASE ENTER YOUR CURRENT PASSWORD

3) With cursor in HIGHLIGHTED PASSWORD position:
   a. Type YOUR PASSWORD
   b. (Then hit F12 key)
   c. System response: User: KY???? SIGN ON ...etc.

4) With cursor in HOME position:
   a. Type command: /SRI-NDL (hit F12 key)
   b. System response: NDL PARSING STARTED.

At this point sign-on is complete for Core Bridge and PC is in NORMAL OPERATION MODE.

The default password is assigned at the time PSRS access is authorized and a KY Number (KY#) is created, and anytime a PSRS password reset is requested. The LHO Branch Security Coordinator will provide the default password and the assigned KY# to the LHD Director and/or LHD Director’s designated authority on file with the LHO Branch. The LHD Director or designated authority will provide the user’s PSRS security access credentials and default password to identified PSRS user (employee). After entering default password at initial sign on and at each password reset the user must select a unique password.

Passwords must be five characters in length and formatted as numeric, numeric, uppercase alpha, numeric, numeric. e.g. 19A72. Do not use information that is obvious to others. Try not to use a password you cannot remember in the future. Do not write down your password and leave it accessible to other users. All password resets, completed by the LHO Branch, to the default password, must be changed by the user from the default to an acceptable password before close of business on the date of reset or the system will lock user out, requiring another password reset by LHO.
CORE BRIDGE CHANGE A CURRENT PASSWORD TO A NEW PASSWORD INSTRUCTIONS

User must be already signed on to change their current password to a new password. Passwords must be five characters in length and formatted as numeric, numeric, alpha, numeric, numeric, e.g. 19A35. Do not use information that is obvious to others. Try not to use a password you cannot remember in the future. Do not write down your password and leave it accessible to other users.

1. With cursor in HOME position-
   a. Type command: ** (hit F12 key)
   b. System response: SRI PARSING STARTED.
2. With cursor in HOME position-
   a. Type command: */NEWPASS (hit F12 key)
   b. System response: Please enter existing Password:
3. With cursor in HIGHLIGHTED existing Password block- type your current password.
4. Tab cursor to HIGHLIGHTED New Password 2 Times block- type the password you wish to use in each of the blocks (hit HOME key then hit F12 key).
   a. System response: PASSWORD UPDATED
5. With cursor in HOME position-
   a. Type command: */SRI-NDL (hit F12 key)
   b. System response: NDL PARSING STARTED.

At this point password has been successfully changed and PC is in NORMAL OPERATION MODE.

CORE BRIDGE SIGN-OFF INSTRUCTIONS

1. With cursor in HOME position-
   a. Type command: ** (hit F12 key)
   b. System response: SRI PARSING STARTED.
2. With cursor in HOME position-
   a. Type command: */SIGNOFF (hit F12 key)
   b. System response: User: KY???? SIGNOFF
3. With cursor in HOME position-
   a. Type command: */SRI-NDL (hit F12 key)
   b. System response: NDL PARSING STARTED.

At this point sign-off is complete for Core Bridge.

MESSAGE SENDING

The user has the ability to send message(s) and/or data screen(s) from station to station within the statewide network. The user must know the number assigned to the station.
where the message is to be sent. The Local Health Operations Branch staff may be reached at station # 2168 (CDM2168).

To send a message:
   a. With cursor in HOME position-
   b. Type command:  \textit{CDM(station#) (typed message...)} (hit F12 key)

To send a data screen:
   a. First user must remove the screen’s form- hit the FRM key or CTRL key followed by the Q key-
   b. With cursor in HOME position-
   c. Type command:  \textit{CDM(station#) (screen...)} (hit F12 key)

\textbf{Printing From Printer Queues:}

The user must reactivate the printer(s) each morning to open printer queues, which allows print messages (for example: patient services reporting system: patient receipts in queue 16) to print when requested during the workday.

If printer is used for printing messages from ALL queues, key the following command:
   a. With cursor in HOME position-
   b. Type command:  \textit{MQP (printer#) 98} (hit F12 key)
   c. System response: Prtr # not busy queued for: 06 07 08 09 10 11 12 13 14 15 16

To open printer for particular queue(s), key the following command inserting the appropriate print queue number(s):
   a. With cursor in HOME position-
   b. Type command:  \textit{MQP (printer#) (print queue#)} (hit F12 key)
   c. System response: Prtr # not busy queued for: \textit{(whichever print queue)}

To close all queues:
   a. With cursor in HOME position-
   b. Type command:  \textit{MQP (printer#) 0} (hit F12 key)
   c. System response: Prtr# not busy queued for: \textit{(nothing)}

\textbf{Report Printing:}

Overnight processing of data entered daily into the reporting system creates numerous reports used for audit trail purposes. These daily reports are automatically sent to a designated printer and not to a particular printer queue as mentioned above.

Each morning user(s) must check to see that ALL reports created overnight were actually printed. Occasionally reports may not print as needed overnight (interference on the data line transmission or an electrical power failure might result in a partial report being printed or maybe not printed at all).
To obtain a list of all Patient Services Reporting System (PSRS) reports created overnight:

a. With cursor in **HOME** position-
b. Type command: **QIAI (computer site#) (hit F12 key)**
c. System response: (List of reports, their date of creation, number of pages, etc.)

To request that a created report print:

a. With cursor in **HOME** position-
b. Type command: **QUPR (computer site#) (printer#) (report#) ALL**
c. Hit F12 key or **CDS3** (Hit F12 key) and fill in appropriate data requested on the screen.
d. System response: (Acknowledgement from system that report has been sent to the printer).

**SplashBI/L-Drive/E-Reports/DataMart** Security request forms are available on the **LHD Forms webpage**

**CDP CLINIC MANAGEMENT SYSTEM (PORTAL) SECURITY CLEARANCE**

In order to access CDP’s **web-based** Clinic Management System (CMS) – **PORTAL**, a secured user name must be obtained. Access to PORTAL is controlled through permissions given to specific groups available within the CMS/PORTAL web-based system.

**LHD employees shall not share CMS/Portal user accounts.** Additionally, generic accounts cannot be setup for multiple user to access. Each user must have their own user access setup within CMS/Portal.

To obtain security access clearance, the LHD Director or his/her authorized designee must submit a signed/authorized request to the Local Health Operations Branch. The security for CMS/PORTAL is setup based only on the permissions requested by the LHD Director/authorized designee using the CURRENT CMS Portal Security Request Form located on the **LHD Forms webpage**

LHDs should allow one (1) business day following the date an accurately completed and submitted security request form was received by LHO for the request to be processed by the LHO Branch via email. When appropriate, fax the request to 502-564-4057. Type “Security” in the subject line on the fax cover page.
Please note that email is the preferred method of submitting security requests. However, if a security request contains the user’s SSN, the security request form MUST be FAXED due to HIPAA guidelines/requirements. The LHD Director must sign security request when form is faxed to ensure authenticity.

Mailed security requests are also accepted, when the request form is signed by the LHD Director, and forwarded to the following address:

Department for Public Health
Division of Administration and Financial Management
Local Health Operations Branch
275 East Main St., HS1W-B
Frankfort, KY 40621

ATTN: LHD Network System Security Officer

**PATIENT and HOUSEHOLD REGISTRATION**, for medical services provided to the patient and reported through the Patient Encounter Reporting System, is to be completed through the CMS-Portal web-based system. The [Clinic Management System (CMS) User Manual](#) is available online.

On the CDP webpage, click DOWNLOADS (top of page), click CUSTOMER DOCUMENTS. Users will then be required to enter a username and password to get to the document. Contact CDP Customer Support for this username and password. Users may call 866-237-4814 or email. Once in the folder, the user manual is split into three (3) sections. Users will need to download all three (3) sections to get the entire manual.

The user name and password can also be found on the LHD intranet site which can be found on the [LHD Information webpage](#) using the LHD Intranet access.

**TO SETUP A NEW LHD CLINIC SITE**: contact the LHO Branch for procedural instructions and guidelines concerning to site-naming format, Medicaid, NPI, CLIA, and Taxonomy numbers.

After receiving Medicaid/NPI/CLIA/Taxonomy numbers from payor source (e.g. Medicaid/MCO, private insurance company, Medicare) contact the LHO Branch to notify ready to complete the setup process to start billing for services at the new clinic site.

**Registrations and Income Determination, Authorizations, Certifications and Consents Forms are available on the [LHD Forms webpage](#) and/or the [CCSG](#).
PEF ENTRY PROCEDURES AND OTHER BILLING PROCEDURES

CH-45, PATIENT ENCOUNTER FORM (PEF) and the PEF CODING SHEET are available on the LHD Forms webpage.

HOW TO ENTER ENCOUNTER SERVICES BY DOCUMENT NUMBER
After the registration screen(s) have been built, services may be entered. The user must be logged onto the PEF System, and simply recall the menu. For encounter document numbers that have been created for a specified HID/LOC/Site, the user must be logged into the PEF System HID/LOC/Site specific to that site.

COMMAND: XEBARCAL<XMIT>

Enter X by PEF number, and enter the PEF number assigned for the PEF. The PEF number will be in the top right corner of the PEF Label. After you have transmitted the menu screen, the encounter entry screen will be displayed from registration.

Enter the service data now. Generally only a couple of entries will be necessary, i.e., the service code(s) and provider number. You cannot enter the next encounter through the PEF screen; you must recall the menu and enter the next document number. Another function for entering encounters is XEBAPEF <space><PEF#><XMIT>

If needed, subsequent encounters may be entered through this command by entering the next PEF number in the CUR field. When the PEF number is entered the next encounter will be displayed.

INSTRUCTIONS FOR COMPLETING THE ENCOUNTER ENTRY SCREEN

The Encounter Entry Screen will be brought forward filled in with information which was entered on the Registration Screen. Insurance Code, FFC, LEP, CNCT Cd and Ps/P must be completed on the Encounter Entry Screen. Instructions for completing these fields are included in the PEF instructions.

There is space for 12 CPT/HDPT codes in the top section of the screen. CPTs which do not require the ICD, units, referrals, or overrides (CPT classes 50, 60, and 70) may be entered in the bottom (overflow) section.

Additional PEF Entry Screen Fields:

- **At**: Attending physician (Fayette County Use Only)
- **Se**: Sec. Prov. (Fayette County Use Only)
- **Ap**: (Enter “X”) Used to tell the system to bring forward the appointment screen
- **Bl**: (Enter “X”) This item is to tell system to bring forward the bill screen when there is an exception to demand the bill screen.
If “No Home Contact” is indicated on the patient computer master record and the patient has a previous balance containing family planning or STD services, the bill screen will be displayed with today’s charges and only non-family planning and non-STD previous balances. If the patient is alone and/or if the entire account including previous family planning or STD charges is needed, an “A” is entered in the bill screen box. All balances will be displayed and will be included on the printed bill/receipt.

Lx Fayette County Use Only

SR Enter “Y” if you want the Supplemental Screen returned to enter services that cannot be entered on the Encounter Form.

Cur The Encounter number for the next PEF may be entered for encounters being entered in a batch mode from remote sites.

Once the services are entered and the screen is transmitted, if there is a patient fee, the bill screen will be displayed. The bill screen indicates the charge and any previously owed balances. If money is collected enter the amount collected for Billing Code 1 (Patient Self-Pay) in the “Bc1” field. Enter the amount collected for “other”, such as Billing Code 15 (Patient Paid Co-Insurance and Deductible) in the “Other” field, and transmit the screen. The patient bill/receipt prints. Remove the receipt from printer and initial the receipt and give it to the patient. A copy of the receipt should be attached to the PEF. For Billing code 1 or Billing Code 15 payments received through the mail and payment is entered through PEF entry, a “$” is entered in the Ps/P” field, put a “Y” in “Bl” field and transmit. On the bill screen in the “Col: Bc1” field enter the amount received (Patient Self-Pay).

If a payment is received that should apply to a Co-payment for insurance, the amount received should be entered in the “CoP” field. Transmit the screen when payment entry is complete. A receipt should be sent to the patient and a copy should be attached to the encounter document. If no money was collected, but a bill for the patient is needed, put a “Y” in the Print Bill block and transmit.

Fields displayed on the bill screen are as follows:

Vs [ ] Visit charge for patient
Ag [ ] Agency assumed amount
Bc1 [ ] Billing Code 1 – Amount patient actually owes
Otr [ ] Total amount due from patient’s visit for Co-Insurance (PC15)
Prv: Bc1 [ ] Balance from previous visits that was Self-pay
Otr [ ] Previous balance for Co-Insurance (PC15)
Due [ ] Amount due for Private Pay and Co-Insurance
Col:Bc1 [ ] Amount collected today for Private Pay
Otr [ ] Collected today for Co-Insurance

Don [ ] Today’s donated amount

Prn [ ] Enter X or Y if need bill printed – Enter “F” in this field when entering a service provided by an Independent Contractor following receipt of Invoice and medical record documentation. Two (2) “F” labels will be generated. Should you need more than two “F” labels, 3-9 may be entered and that number of labels will be printed.

#Cp [ ] Enter # of bill copies you need printed

**Insurance Billing:** If 999 is entered in the INSCD field of the PEF entry screen, and total payment of the invoice is made then an insurance bill will be immediately created at PEF entry. Patient Paid Co-Insurance/Co-Payment (Billing Code 15) will be billed at this time.

**Other third party billing:** If 999 is entered in the (CnctC) field of the PEF entry screen; another third party bill will be immediately created.

Due to the varied nature of the services that are covered by other third parties, it is impossible to have the Patient Services Reporting System automatically determine if the services provided to a patient can be billed to another third party. When the PEF is entered for a visit that is covered, override the payor code with a “P8”.

**Patient Encounter Forms:**

All voided PEFs must be retained along with the daily entry PEFs and Supplemental forms. Review the KDLA Retention Schedule for LHDs.

**Instructions for Making Changes to PEF**

Corrections/changes that may be needed on a PEF, on the same day the PEF is entered for the first time, can be made anytime on that same day. The PEF should be opened through the “Document Inquiry” command on the Patient Encounter Entry System menu page. Corrections can be made on the PEF and then transmitted. If money for payment of services was originally entered on the document, the billing process must be completed again for the payment to post correctly to the patient’s A/R.

Corrections/changes that may be needed on a PEF, on a day other than the day the PEF was first entered, must be processed through Patient Encounter History. The desired encounter should be selected from the (PERI), changes made, put “QUIT” in the “Pf” field at the bottom right of the page, then Transmit. A status message box should appear saying “Encounter History Maintenance Finished”. If the LHD has multiple encounters to change, the next PEF number may be entered into the “Pf” field and then transmitted.
Corrections/changes made, on a day other than the date the PEF was first entered, do not automatically change the patient accounts/receivable (A/R) page. Most A/R changes have to be made in the patient’s A/R manually. Patient A/Rs for third party billing will be available according to the specific billing cycle.

PATIENT ID NUMBER CHANGE PROCEDURE

The system will not allow the operator to change a patient’s ID number when building or updating the patient’s master record. Enter the following:

**COMMAND:**

```
PCCK <Space><30><Space><LOC><Space><The Patient’s Old ID#>
<Space><LOC><Space><Patient’s New ID Number><Space><CHGIT><XMIT>
```

A patient ID number change should be made **PRIOR** to Registration or any other action. Failure to do so may result in Bridge/Portal issues with patient record.

A patient’s name may be changed when building or updating a patient’s master record by simply typing over the name with the correct name.

MERGE PATIENT ID NUMBERS PROCEDURE

To prevent having duplicate patient records for the same patient use the merge patient ID number if more than one patient record exists in system:

**COMMAND:**

```
MPAT<Space><30><Space><LOC><Space><Old Patient ID#><Space><LOC><Space><Current Patient ID #><Space><MERGE><XMIT>
```

Keeping the patient’s correct ID Number in the system is critical. Periodically each health department will be sent a listing of patients who are in the system under two or more numbers. This listing is to be reviewed, and changes made to the record in the system. Special security access on user’s KY Number is required for this function.

UPDATE PATIENT MASTER RECORD

At times it will be necessary when updating a patient’s master record (using PSIQ) to clear a field on the screen, i.e., no home contact, patient’s address, patient’s phone #, etc. The following symbols must be used, as spaces remove nothing.

- The dash (-) is only used with No Home Contact
- The asterisk (*) is used to clear alpha fields
- The zero (0) is used to clear numeric fields, i.e., Income, Phone #
- The (N) is used to clear flags; Insurance
- Combination Fields that have two fields to fill in -
- Medicare [Y] Medicare # [   ] must first have the flag “Y” changed to “N” before system allows user to remove number # by keying ******.

IMMUNIZATION REGISTRY

Information pertaining to the Kentucky Immunization Registry can be found online. Click here to access the WebIZ Kentucky Immunization Registry secured website portal. Reference the Training Guidelines and Program Descriptions Section for information related to Immunization Linkage Intervention.

REASON FOR VISIT CODES

Consistent with the Department for Public Health and LHDs’ philosophy of patient centered health care, the reason for appointment/visit addresses broad categories of services; preventive medical, preventive counseling, other medical, other counseling, laboratory, radiology, etc.

With the combination of the visit type, as previously described, the provider type and the Cost Center, the reason for appointments and visits are further defined.

The code is made up of three subsets of codes. The first subset consists of two alpha characters for the visit type. The second subset is a single-digit code which identifies the provider type. The third subset is a two-digit code which identifies the Cost Center.

On the following page is a matrix of logical codes for reasons for appointment and visit.

The reason for visit code is used to identify the purpose of the appointment being made. If an appointment has not been made and the patient is seen without an appointment, the reason for visit is required to be entered on the registration screen. This code is used to trigger certain flags for the appointment/registration staff, e.g., patient income information is required, health checkup is due so an appointment can be made, and proof of identity, residence and income are needed for WIC certification or re-certification. Also it is necessary to know the type of provider staff to schedule. To view a code for your site, use the following command:

PFIA<space>30<space>HIDLOC<space>APPT REASON<XMIT>
## REASON FOR VISIT CODES*

<table>
<thead>
<tr>
<th>800 PED/AD</th>
<th>802 FP</th>
<th>803 MAT</th>
<th>804 WIC</th>
<th>805 NUTR</th>
<th>806 TB</th>
<th>807 STD</th>
<th>809 DIAB</th>
<th>810 ADULT</th>
<th>813 CANCR</th>
<th>853 HANDS</th>
<th>863 EPSDT</th>
<th>712 DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM300</td>
<td>LB302</td>
<td>LB503</td>
<td>LB504</td>
<td>LB306</td>
<td>LB207</td>
<td>LB509</td>
<td>IM310</td>
<td>LB213</td>
<td>OC953</td>
<td>OM372</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB300</td>
<td>LB502</td>
<td>LB903</td>
<td>OC304</td>
<td>LB506</td>
<td>LB307</td>
<td>OC309</td>
<td>IM910</td>
<td>LB313</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OC400</td>
<td>LM202</td>
<td>OC303</td>
<td>OC404</td>
<td>OC306</td>
<td>LB507</td>
<td>OC409</td>
<td>LB310</td>
<td>LB513</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OC900</td>
<td>OC302</td>
<td>OC403</td>
<td>OC904</td>
<td>OM106</td>
<td>OC307</td>
<td>OM209</td>
<td>LB510</td>
<td>OC313</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OM100</td>
<td>OC402</td>
<td>OM103</td>
<td>OM204*</td>
<td>OM206</td>
<td>OC407</td>
<td>OM309</td>
<td>OC310</td>
<td>OC413</td>
<td>XR572</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OM200</td>
<td>OM102</td>
<td>OM203</td>
<td>OM304**</td>
<td>OM306</td>
<td>OM107</td>
<td>OC410</td>
<td>OM113</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OM300</td>
<td>OM202</td>
<td>OM303</td>
<td>OM404**</td>
<td>OM906</td>
<td>OM207</td>
<td>OC910</td>
<td>OM213</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC300</td>
<td>OM302</td>
<td>XR503</td>
<td>VP404</td>
<td>XR506</td>
<td>OM307</td>
<td>OM110</td>
<td>OM313</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF100</td>
<td>PM102</td>
<td>VP504</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF200</td>
<td>PM202</td>
<td>VP904</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF300</td>
<td>PM302</td>
<td>VC304</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM100</td>
<td>VC404</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM200</td>
<td>VC504</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM300</td>
<td>VC904</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WO800</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XR500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** First two characters = VISIT TYPE. Third digit = PROVIDER TYPE. Fourth and fifth digits = COST CENTER

* Other Reason for Visit Codes may be assigned using the combination of the listed Visit Type – Provider Type – Cost Center. The matrix is not all inclusive.

** These codes are to be used only for WIC certification and re-certification visits.
VISIT TYPE

<table>
<thead>
<tr>
<th>VISIT TYPE</th>
<th>PROVIDER TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM = Preventive Medical</td>
<td>1 = Physician/Dentist</td>
</tr>
<tr>
<td>IM = Immunization Visit</td>
<td>2 = APRN/CNM/PA</td>
</tr>
<tr>
<td>PC = Preventive Counseling</td>
<td>3 = Nurse</td>
</tr>
<tr>
<td>OM = Other Medical</td>
<td>4 = Allied Health Provider</td>
</tr>
<tr>
<td>OC = Other Counseling</td>
<td>5 = Lab/X-ray Tech/CMA/Dental Hyg.</td>
</tr>
<tr>
<td>LB = Laboratory/Pathology Services</td>
<td>9 = Admins./Clinic Asst./Para-Prof.</td>
</tr>
<tr>
<td>XR = Radiology/Imaging</td>
<td>VC = VOC Transfer</td>
</tr>
<tr>
<td>VP = Food Instrument (Voucher) pick-up</td>
<td></td>
</tr>
</tbody>
</table>

COST CENTER

<table>
<thead>
<tr>
<th>COST CENTER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 = Pediatrics/Adolescent</td>
<td>08 = KEIS</td>
</tr>
<tr>
<td>09 = Diabetes</td>
<td>*W0800 = DCBS Lab Specimen Collection</td>
</tr>
<tr>
<td>02 = Family Planning</td>
<td>10 = Adult Health</td>
</tr>
<tr>
<td>03 = Maternity</td>
<td>*W0810 = Other Lab Specimen Collection</td>
</tr>
<tr>
<td>04 = WIC</td>
<td>13 = Breast/Cervical Cancer</td>
</tr>
<tr>
<td>05 = Nutrition</td>
<td>53 = HANDS</td>
</tr>
<tr>
<td>06 = TB</td>
<td>72 = Dental</td>
</tr>
<tr>
<td>07 = STD</td>
<td></td>
</tr>
</tbody>
</table>

EDITS

- Visit Type PM is acceptable with Cost Centers 800, 802, 810, 813 and 712.
- Visit Types OM, OC, VP, and VC are the only types acceptable in 804 WIC. WIC certifications and re-certifications should be either OM204, OM304 or OM404.
- Visit Type IM is acceptable for Cost Centers 800 and 810 only.
- Visit Types W0800 & W0810 will bypass registration items except Patient ID, Name, Birth Date, Sex and Race.

OVERVIEW OF PSRS APPOINTMENT BY PROVIDER SYSTEM

Prior to entering patient appointments by providers into the PSRS, there are several foundation files that must be created in order for the actual scheduling process to begin. The files are as follows:

Calendar Record:

The LHD calendar year is established and keyed in by Custom Data Processing (CDP). The standard workdays contain all starting Monday dates for previous year, current year and next year.

Following KRS 18A.190, KRS 2.110 and KRS 2.190, the LHD calendar also contains all the state government observed holidays, which the system will automatically blank out when setting up a providers' schedule. Until Kentucky state holiday dates are
released by the Kentucky Personnel Cabinet and entered by CDP into the LHD Network Systems, it will be up to the LHDs to ensure they do not schedule during dates that are typically observed as state holidays. Therefore, by January 1 of each year, CDP will open up all calendar dates to the LHDs so scheduling can occur to avoid delays.

Once the Kentucky Personnel Cabinet determines and releases each year’s state holidays, the LHO Branch will make those dates available to CDP to enter into the systems. CDP will set up and maintain this calendar record. To see the dates use the following command: APIL<space>30<XMIT>

**Provider Record:**

Screen CDS974<XMIT> - Each provider or group of providers must be assigned a 2-digit code and set up as a separate record. The individual health department is responsible for setting up these codes.

Since the employee making the appointment must enter their employee number, it will be necessary to enter the name and 5-digit provider number of those employees making appointments to the employee file prior to their being able to enter and modify appointments. A security system has been set up for employees who are authorized to set up the provider's schedules. To obtain security access/clearance, the LHD director or his/her designee must present a signed request. All employees can make appointments.

**Provider Schedule:**

Screen CDS970<XMIT> - Each provider must be set up with a schedule for available hours per week. These provider schedules can be set up for the next 6 months.

Once the health department has started using the appointment system by provider, do not use the CDS341 screen or the ESNM function to schedule appointments.

"Appointment by provider" must be flagged YES on HID/LOC/S Maintenance screen (CDS288) by the Local Health Operations Branch staff.

**HOW TO SET UP PSRS PROVIDER RECORDS**

Each provider or group of providers must be assigned a code by the LHD. Codes must be numeric from 01-99. In order to schedule appointments by provider, a record must be set up for each provider/group of providers.

Screen CDS974 is used to setup and maintain the provider codes and names and the screen will appear as follows:

- Enter 30 in client field;
- Enter your HID/LOC/SITE;
- Enter the type of action as noted on the screen;
- Enter the two-digit provider code; and
- Enter the initials of the first and middle name, and entire last name.
When setting up provider codes and you would like to group providers under one provider number you may use an identifier such as nurse, RN, LPN, etc.

**INQUIRY FOR ALL PSRS PROVIDER RECORDS**

You should run a listing of providers/provider groups to make sure they have all been entered. The last week dates need to be watched closely and extended as needed since appointments cannot be made past this date. The system will only allow appointments to be made six months from today's date. An "*" indicates provider has been deleted. Use the following command to obtain a current list of provider records:

```
APIR<space>30<space><HID/LOC/SITE><XMIT>
```

**INQUIRY FOR INDIVIDUAL PROVIDER RECORD - ALL DATES**

To get a listing of valid dates for an individual provider, the following command should be entered:

```
APIR<space>30<space><HID/LOC/SITE><space><PROVIDER NUMBER><XMIT>
```

**HOW TO SET UP PSRS PROVIDER SCHEDULE**

**CDS970<XMIT>**

This screen is used only once for each provider in order to complete the initial schedule of the provider.

Once the provider record is set up, you must set up a schedule for each provider/provider group for each week with the hours the provider will be available for appointments.

A schedule can be set up for Monday thru Saturday from 7:00 a.m. - 8:45 p.m. Appointment times are established on 15-minute intervals. Each dash ( - ) represents 15 minutes. Each provider/provider group schedule must be established by entering dashes for each 15-minute interval, which provider is not available for appointment scheduling and the number of appointments the provider/provider group can accommodate for each 15 minutes is available.

Once the schedule is entered, inquiries into the schedule may be made to see the provider schedule by week.

Instructions for completing the screen are as follows:

1. **Client:**
   - The client number is always 30.
   - Enter HID/LOC/SITE the provider/provider group will be scheduled for the action:
     - N - New
     - C - Change
     - D - Delete
     - R - Reactivate
2. Provider Code:
Enter 2-digit provider identifier. The provider # must be on file.

3. Beginning Date:
   - Enter the first Monday date that the schedules will begin.
   - This date cannot be more than 6 months from today’s date and must always be a Monday date.

**Weeks to Repeat:** Enter the 2-digit number of weeks you wish to repeat on the particular provider’s schedule. The first week will count as one of the weeks and weeks should not exceed 6 months. The week(s) that the schedule will be the same can be duplicated by entering # of weeks to repeat. Do not set up for more than one week if the schedule needs to be modified.

1. # APT:
   - Enter the number of appointments, up to a maximum of nine, the provider can have for each 15-minute period.
   - If the provider is not available, enter a dash.
   - All time slots must have an entry in APT.
   - If you have a 9 in the APT column and you make 10 appointments the screen cannot show the 10 for appointments or the “X” for overbook.
   - If you do not want staff to be able to overbook, call CDP at (502) 695-1999 to place an “Overbook Block” on your system, which will allow only certain individuals to overbook on the schedule.

2. AREA Optional:
   - The health department must designate the area code.
   - Enter the area that the provider will be working in.

3. TYPE Optional:
   - The health department may designate the type of appointment.
   - Enter the type of appointment.
   - This may be an alpha or numeric character, i.e., W could be for WIC, P for Pre-natal, S for screening, etc.
   - When transmitting, the cursor must be at the bottom of the screen.

**HOW TO CREATE A SCHEDULE FROM PREVIOUS SCHEDULES IN PSRS**
After the initial establishment screen, you can use the following function to fill in the schedule from another schedule. By changing the action, date, number of weeks, to repeat and making any schedule changes, you can transmit this screen and extend the schedule for an additional time period.

Enter the following:

```
APIP<space>30<space><HID/LOC/SITE><space><DATE><space><PROVIDER#><XMIT>
```

The action N is for new and will be used to extend a schedule. The action C is for change and will be used when modifying a schedule.
When extending a schedule, the beginning date must always be a Monday of a provider's schedule, if you come to a point at which you need to create additional schedules, instead of having to re-key all the data into the schedule.

When modifying a schedule, weeks to repeat can only be one week at a time. The schedule can be modified using this command; however, only a week at a time can be modified.

When using this screen to modify a schedule, make sure a listing of patients scheduled is printed out prior to modifications being made.

**HOW TO CHANGE PSRS PROVIDER'S SCHEDULE**

To modify or set up existing schedules for provider(s)/provider groups due to sickness, meetings, etc., the operator should call up **CDS971<XMIT>** and make the changes. Instructions for completing the screen are as follows:

1. Enter the HID/LOC/SITE
2. Enter the Action:
   - Action A is entered for Available; or
   - Action N is for Not Available.
3. Enter the providers that need to be modified.
   - If all Providers are to be modified, enter 999, or list all providers’ numbers.
4. Enter the date(s) that the schedule will be modified.
   - You can enter more than one date, however, be sure to leave space between these dates.
5. Enter the military time range where modifications need to be made.

Prior to modifying a provider's existing schedule you must print out a listing of patients’ schedules for the provider(s) in order to reschedule the patients’ appointments. Those appointments must be voided out and re-entered after the patient has been contacted.

**SINGLE PROVIDER INQUIRY**

Once a Provider's schedule is set up, you can do an inquiry and view the provider's schedule for a week. A Provider's schedule may be reviewed by entering the Monday's date of the week to be reviewed. An "X" in the Remn slot means there is an overbook.

If you have a 9 in the book column and you have 10 or more patients scheduled at the same time it will only show 9 in the book column and 0 in the REMN column instead of an “X”. Enter the following:

```
APIW<space>30<space><HID/LOC/SITE><space><DATE><space><PROVIDER#><XMIT>
```
MULTIPLE PROVIDER INQUIRY
You can also receive an inquiry for all providers for a specific date. The command is the same as that for a single provider except that provider number will not be entered. Enter the following:

\[ \text{APIW<space>30<space><HID/LOC/SITE><space><DATE><XMIT>} \]

For multiple provider inquiries you get only the schedule for the day you have requested.

SPECIFIC INQUIRIES BY PROVIDER
The user may do an inquiry by type of visit if type has been defined in setting up the provider's schedule. For a specific Type (must be defined in Provider's Schedule) the following command is used:

\[ \text{APIW<space>30<space><HID/LOC/SITE><space><DATE><space><PROVIDER>\space<Type><XMIT>} \]

SCHEDULING APPOINTMENTS IN PSRS
Upon receiving a patient's request for a future appointment, the terminal operator will enter one of the following commands:

\[ \text{APIN<space>30<space><COUNTY CODE><space><Patient ID #><XMIT>} \]
\[ \text{APIN<space>30<space><COUNTY CODE><space><Patient Name><XMIT>} \]

If this entry results in either an exact match on patient name or patient ID, the appointment entry screen will be returned for the operator to complete.

If an exact match is not found when a patient ID number is used, a screen will return so that the patient's name can be entered. If an exact match is not found when a patient's name is used, a list of names that is at least as far along in the alphabet as the name that was keyed in will be displayed. If the correct name is listed, the operator should place the cursor to the left of the name and key in an "X". The operator should then transmit the screen, which will then result in the appointment screen being returned.

If the correct name is not listed, an "A" should be entered to the left side of the top line, which is blank, and the screen transmitted. Another screen will be returned containing appointment names not in file look-up. If the patient's name is not on the list, an "X" should be placed on the top line and the screen should be transmitted. The appointment screen will be returned for the operator to complete. All information on the Appointment Screen will transfer to the Registration Screen.

If there is more than one exact hit on the name, the following screen is returned with the patient ID number and birth date for each patient. The operator should
place a "X" by the patient with the correct ID number and birth date and transmit. The appointment screen will then be displayed. The following data must be entered:

**HID/LOC/SITE:** The system will automatically place the HID/LOC/SITE in the appointment record. If there are multiple sites within a district, you must enter an alpha/numeric suffix for the site for new patients.

**Exist Flag:** If patient is on file "Y" will be filled in; "N" will appear if the patient is not on file.

**Patient Identification:** Will be filled in for patients on file; for patients not on file, fill in with Social security number or pseudo number.

**Appt No Home:** Applicable only to Fayette County.

**Contact:**

**Special Elig:** Applicable only to Fayette County.

**Patient Name:** Enter first, middle initial and last name.

**Birth:** Enter patient's date of birth.

**WCO:** WIC other (is a y/n field, if yes, it means child is getting WIC benefits from another source.)

**NEL:** Not eligible for WIC, is a y/n field.

**Address:** Enter patient's address.

**City, State, Zip:** Enter city, state, zip code.

**Phone Number:** Enter patient's phone number if possible.

**Book:** This is set up by CDP and has to do with overbooking.

**Override:**

**INIT CNT:** The date that the patient was initially contacted for the WIC program.

**LFUCG #:** Only applicable to Fayette County.

**Action:** Enter action code (listed on screen).

**Date:** Enter appointment date.

**Time:** If scheduling by provider, leave blank and the provider schedule will be returned to complete scheduling.
Provider: If provider is known, enter the provider. If specific provider number is not entered, schedule screen will be returned for all providers for the specified date. If the Provider number is entered and the time is left blank, the scheduling screen will be returned for the whole week for the provider entered.

Length: If this field is left blank the system will pull length from the service file. The service file is 0 unless the LHD has called in with a specified time. If screen is blank and no time is specified on the service record, it will default to 15 minutes.

Type: If scheduling screen is returned, will only show the available times for the specified type.

Area: If scheduling screen is returned, will only show the times for the specified area.

Reason For Appointment: First service is required for all appointments. The last three are optional. Put the service for which the patient is primarily being seen first. It is important for system accuracy that the services expected field be filled in correctly and completely. Much of the billing system depends on these codes for proper functions and editing.

Labels/Date: Will pull up address and Medical Record labels on all patients. If needed, you may also pull up appointment labels from this screen by entering the number of appointment labels needed in the label block marked “A”.

Next Patient
Name: Can specify the next patient ID or name to be scheduled. This can only be used if the provider scheduling screen is not pulled up.
Clerk: Enter employee ID number.

HH Screen: Enter “X” or “Y” if household screen is needed.

After you have transmitted the scheduling screen, if you did not enter the time, another scheduling screen will be returned and the appointment should be completed from that screen. If the provider's number was entered, the screen will have the provider(s) schedule for the week. If no provider was specified you will get a list of all the providers available for that particular date. If the area and/or type was entered, only those available time slots for the area/type will be shown. If the appointment is a Saturday date leave the provider number blank on this screen also and the system will then pull up Saturday's schedule.
The screen for a single provider provides the number of appointments booked, the number remaining, area and type of appointment. To schedule the appointment, put in the time. If there is not a possible time slot, blank out the appointment date and provider number and put in the alternate date and alternate provider number in the fields listed. The screen will be returned with the new week and allow you to enter the desired time and provider. If an "X" appears in the Remn appointment field that means you have overbooked. To have an overbook block placed on your appointment system, contact CDP at 502-695-1999.

The multiple provider screen shows the remaining appointments and the types. Put in the provider number and time. If no time slots are available to schedule the appointment, blank out the appointment date and put another date in the alternate date field. A new screen will be returned. The label types mentioned previously may be pulled from this screen also.

NEXT AVAILABLE APPOINTMENT INQUIRY
The Appointment System has been modified so that the user can do inquiries to determine the next available appointment. This can be done for a particular provider or for all the providers at your site.

In order to do this inquiry, the user must first bring up the appointment setup screen. This can be accomplished by doing the APIN function.

The user should enter an “L” in the action field and a reason for visit. The user may also enter the date and/or the provider. The date and provider are optional.

If the user only enters the action “L” and a reason for visit, the system, starting with today’s date, will search through the providers looking for available appointments. If the system locates providers that have open appointments for today, it will return a list containing all the providers who still have appointments open. If all the appointments are filled for today, the system moves on to the next available day. The system will continue this cycle until it locates a provider with open appointments.

If the user enters the action “L”, a provider number and a reason for visit, the system, starting with today’s date will locate the first day that appointments are available for the provider entered. Once an open appointment has been located for the particular provider, the system will return the entire week’s schedule.

If the user enters the action “L”, a date and reason for visit, the system, starting with the date entered will search through the providers looking for available appointments. If the system locates providers that have open appointments for the date entered, a list containing all the providers with open appointments will be returned. If all the appointments are filled for the date entered, the system will move on to the next date. The system will continue this cycle until it locates a date with open appointments.

If the user enters the action “L”, a date, provider and a reason for visit, the system, starting with the date entered, will try and locate an available appointment for the
date and provider entered. Once an open appointment has been located for the particular provider, the system will return the entire week’s schedule. If the system is unable to find an open appointment for the date entered, it will move on to the next day.

Due to the time involved in locating the next available appointment, the system will only maintain the next 20 available dates for a provider. However, as schedules are filled, existing schedules are updated, and new schedules are set up, these 20 dates will be updated continuously. If the user enters a date which is outside the next available date, the system will return the following message:

“DATE OUTSIDE NEXT AVAILABLE DATE RANGE”.

**DAY 32 PROCEDURES**

The appointment system will only allow provider schedules 6 months in advance from today’s date. For return visits outside this 6-month period, you can use Day 32 as a reminder. On the appointment system, enter the month and year you need to see the patient and the day will be 32. Ex. 10322000. The provider is an optional field when setting up day 32. The appointment schedule functions all work with day 32 (POIE, POIX, POIA, CDS288). The process should be set up so that at any time, a listing can be printed of all your day 32 appointments for the current month. With your listing, contact the patient and schedule a valid appointment.

**CONSOLIDATED LISTING OF PATIENT APPOINTMENTS**

The user has the ability to call out several different schedules at any time throughout the day. To obtain a listing of all the patients scheduled for a specific day, the following should be used:

**POIE<space>30<space><HID/LOC/SITE><space><DATE><space>ALL<XMIT>**

**OPTIONS - A (AREA); T (TYPE); P (PROVIDER)**

This report is sent to printer queue 10 and the queue must be opened in order for the report to print. To obtain a listing of all appointments within a range of time for any day enter:

**POIX<space>30<space><HID/LOC/SITE><space><DATE><space><FROM TIME TO TIME><XMIT>**

**OPTIONS - A (AREA); T (TYPE); P (PROVIDER)**

The specific Cost Center is also available and is called out through entering:

**POIE<space>30<space><HID/LOC/SITE><space><DATE><space><COST CENTER><XMIT>**

**OPTIONS - A (AREA); T (TYPE); P (PROVIDER)**
This report is sent to printer queue 10 and the queue must be opened up in order for
the report to print.

To obtain a listing of appointments by individual providers, (1 provider per page) the
following command should be used:

**POIA**<space>**30**<space><HID/LOC/SITE><space><DATE><XMIT**

After this command has been transmitted operator will get the STATUS LINE
MESSAGE **Your Job will be processed shortly**; *Job has been submitted*. The
user should then call out and print Report 905 by using **CDS3**<XMIT>.

Sample reports obtained from these commands are at the back of this section.

**OBTAIN CHART PULL LISTING IN PSRS**

This listing is used to pull medical records of patients with scheduled appointments
and to print labels. The operator may obtain up to five (5) dates of scheduled
appointments at one time. Dates cannot exceed two (2) weeks from the date
entered. This listing may be obtained in numeric or alpha sequence. These reports
cannot be requested immediately, they are generated overnight. The operator should
enter the following: **CDS288**<XMIT>

The operator should complete only the top part of the screen.

COMMAND:

- **Client Field - 30**
- **Action - C**
- **HID/LOC/SITE** – your HID/LOC/SITE
- **Labels/Patient** - Number of labels per patient, you may enter 1 - 9.
- **Chart # Seq** - Y for listing by the medical record #, N if you want alpha listing.
- **Labels (1 or 2 across)** - 1 for single roll of labels, 2 for 2 across labels.
- **Dates to Pull** - dates of scheduled appointments you want to be printed.
- **Chart Pull Rpt Ar To Split** - if you want these split out by Reporting Area.

After the CDS288 screen is transmitted, the operator should review the information
to ensure pull dates are correct. To review, enter the following command:

**PSIL**<space>**30**<space><HID/LOC/SITE><XMIT**

To obtain requested listing and/or labels - user must call out and print Report 300
Pull Listing and/or Report 301 Labels the next working day.
NAME LOOK-UP OF PATIENTS WHO ARE NOT ON PATIENT FILE

An inquiry may be done on a patient who has an appointment but does not have a record in the patient files. The following command should be entered.

APIO<SPACE>30<SPACE><COUNTY CODE><SPACE><PATIENT NAME><SPACE><XMIT>

EXAMPLE: APIO 30 500 JOHN T GIGGY<XMIT>

By placing an "X" beside the name, the patient’s appointment screen will be displayed showing the appointment date, time, etc. If the patient is not on file, place an “ X “ on the top line, and a blank appointment screen will be displayed for you to complete.

MISSING APPOINTMENT LIST AND LABELS

Health departments may obtain a missed appointment list daily. If you wish to have this report printed at your health department, contact the CDP Customer Support Helpdesk or the LHO Branch and request that Report 865 be run for your site. You may also request Report 864, which will print labels for use in contacting these patients. The reports are run nightly for appointments missed on the previous day.

PAP and HPV TEST RESULTS REPORTING

When the CPT Codes 87624, 87625, 88141, 88142, 88143, 88164, 88165, 88174 or 88175 are entered from the PEF it will be posted to the patient’s encounter record and will go on the Pap/HPV Log in a pending status until the results are entered.

Once the results are received from the Lab (reviewed and coded by the nurse) the support staff will enter the results in the Results Pending Screen as follows:

PERS<SPACE><30><SPACE><County Code><SPACE><Patient ID Number><SPACE>

<87624, 87625, 88141, 88142, 88143, 88164, 88165, 88174, 88175><SPACE><Date Pap/HPV Test Collected><SPACE><XMIT>

The Results Pending screen will come back with a space for the result code and the date the result was collected by the LHDs. Fill in the screen with the Pap result code (see code list below) and the date collected in the 6-digit format (Mo. Day, Yr.).

PAP Category Explanation –
User may need to use # before each number below depending on system programming

1. Negative for Intraepithelial lesion and negative for Intraepithelial lesion with presence of organisms or reactive cellular changes
2. Atypical squamous cells of undetermined significance (ASC-US)
3. Atypical Squamous Cells cannot rule out high grade (asc-h)
4. low grade Intraepithelial neoplasia (cin I, Mild dysplasia, HPV) (LSIL)
5. high grade Intraepithelial neoplasia (CIN II, CIN III, Moderate Severe Dysplasia, and Carcinoma In Situ) (HSIL)
6. Squamous Cell Carcinoma
7. Other – describe, includes Adenocarcinoma or Adenoma carcinoMa-In-Situ
8. Unsatisfactory
9. ABNORMAL Glandular Cells of Undetermined Significance (AGC), ATYPICAL GLANDULAR, ATYPICAL ENDOCERVICAL, ATYPICAL eNDOMETRIAL

The Results Pending screen will come back with a space for the result code and the date the result was collected by the LHDs. Fill in the screen with the HPV result code (see code list below) and the date collected in the 6-digit format (Mo., Day, Yr.).

**HPV Category Explanation**

User may need to use # before each number below depending on system programming

1. POSITIVE
2. NEGATIVE
3. UNKNOWN

Pap or HPV Tests, which are not paid for by the LHD, are to be reported on the Supplemental System. See Supplemental Reporting System Section for instructions on reporting results of these Pap or HPV tests.

**MAMMOGRAM and BREAST ULTRASOUND RESULTS REPORTING**

Since most mammograms are provided at a location other than the LHD, the ACH-16 Form must be received before the bill is paid and the PEF entered. The ACH-16 is the result report from the radiologist. Upon receipt of the ACH-16, and after the nurse makes sure the ACH-16 and the mammography report agree, the mammography results must be entered in the KWCSP Data Collection screen. When the bill is received, the mammogram service is to be recorded on the PEF and entered into the system. If the result entered in the PEF does not match the result entered in the KWCSP Data Collection screen, an error message will be displayed. In this case, verify the result with the nurse or Nurse Case Manager before making any correction of the mammogram result data on the KWCSP screen to match the result entered in the PEF.

It is imperative that the correct results are reported for the screening mammography in the KWCSP Data Collection screen and the PEF. CPT Codes 77055 & 77065, 77056 & 77066, 77057 & 77067, G0202, G0204, G0206 and G0279 require one of the codes 0-6 be entered in the override area preceded with an “R”. Or if the mammograms are contracted and paid by professional and technical component, modifier codes 26 and TC are entered in the PEF for each of these CPT codes; however, enter the codes 0-6 only for the 26 modifier, not for the TC modifier. The ACH-16 is not required for follow-up of 77057 & 77067. If the mammogram is provided by a mobile unit, the mammogram CPT of 77055 & 77065, 77056 & 77066, 77057 & 77067, G0202, G0204 or G0206 and G0279 may be reported without the result. The mammogram will get posted to the mammogram log in pending status awaiting the results.
The mammogram CPT codes listed above must have an 80000 HDPT/CPT code listed/entered first on the same PEF. The 80000 code must have a valid ICD which will tell the system the reason for the mammogram.

The Primary ICD Code to use with the 80000 Code for the CPT 77057 & 77067 and G0202 Screening Mammogram isZ12.31; the 77055 & 77065, 77056 & 77066, G0204, and G0206 are to be reported with one of the billable ICD codes below:

| N60.09 | N62 | N64.52 |
| N60.19 | N63 | N64.53 |
| N60.29 | N63. | N64.59 |
| N60.39 | N64.1 | N64.82 |
| N60.49 | N64.2 | N64.89 |
| N60.89 | N64.3 | N64.9 |
| N60.99 | N64.4 | N64.52 |
| N61 | N64.51 |

The one-digit result codes to be reported on the same line as the 77055 & 77065, 77056 & 77066, 77057 & 77067 andG0202, G0204, G0206 and G0279. The BIRADS codes for mammograms and breast ultrasounds are as follows:

- 0 Assessment Is Incomplete
- 1 Negative
- 2 Benign Finding
- 3 Probably Benign
- 4 Suspicious Abnormality
- 5 Highly Suggestive Of Malignancy
- 6 Known Biopsy-Proven Malignancy

Breast ultrasounds (76641 and 76642) results reporting should follow the same instruction as listed above for mammograms; however, breast ultrasounds are not part of the ACH-16 Form.

Mammograms and breast ultrasounds which are not paid for by the LHD are to be reported on the Supplemental System. See Supplemental Reporting System Section for instructions on reporting results of these mammograms. You will not have a KWCSP Data Collection Screen for these patients.

The Pap/HPV log report and the mammogram/breast ultrasound log report runs monthly. Pap/HPV log report (323) and Mammogram/Breast Ultrasound log report (676) should be reviewed monthly to assure results are listed for each patient reported through the Patient Encounter Reporting System or the Supplemental Reporting System.
If the Pap/HPV is on the 323 Report with no result; the PERS (with Pt#, CPT code, Date) screen will need to be used to enter the Pap or HPV result. If the mammogram/breast ultrasound is on the 676 Report has no result: the PERS (with Pt#, CPT code, Date) screen will need to be used to enter the mammogram/breast ultrasound result. (This is the same screen used to report Pap results.) If the mammogram/breast ultrasound is on the 676 Report as INCOMPLETE, that would be for a “0” incomplete assessment result reported.

If mammogram or breast ultrasound results are not entered in the system at the patient encounter entry; the patient encounter history screen will also need to be revised with the results. For patients that qualify for the KWCSP; the patient’s cancer screen will need to be updated with result information.

**PSRS SUPPLEMENTAL SERVICES REPORTING OVERVIEW**

The **PSRS Patient Services Supplemental Reporting System** collects and stores patient services data, which are not reported through the Patient Encounter Form (PEF). Such data include face-to-face encounters as well as other patient services which the health department does not provide directly or does not pay, e.g. services for Medicaid patients, those with insurance or other third party which the providing agency bills rather than the health department. There are 100 service codes (900-999) which may be assigned and used at the discretion of the health departments.

Pediatric Outreach/Follow-up, Cancer Outreach, EPSDT Outreach have been removed from the supplemental form. However, if your health department would like to continue to count these activities, you may use the codes 900 through 999 designated for discretionary use to track these services.

This data is collected on the **CH-47, Patient Services Supplemental Reporting Form**. It is entered and stored on a separate computer file but is linked through the patient identification number.

If a patient record created from a patient encounter form (PEF) exists on the system, the patient data will be linked with the patient identification number.

**NUTRITION EDUCATION CLASSES (805):**

- **Service Code:** 36  
  **Definition:** Nutrition Education Class (other than WIC)

Nutrition Education may be provided in group settings other than WIC to provide a common message in a cost effective manner. The topics listed below are approved by the Nutrition Services Branch and can be provided by Nutritionist, Registered Dietitian, Certified Nutritionist, Nurse or Health Educator. Documentation must be included in the client’s medical record. Class details can be obtained from the Nutrition Services Branch by calling (502) 564-3827.
<table>
<thead>
<tr>
<th>Class</th>
<th>Target Audience</th>
<th>Class Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose 1% or Less Curriculum</td>
<td>Choose 1% or Less Workgroup/ Elementary, Middle and High School</td>
<td>Low fat dairy choices, video, taste testing protocol, handout</td>
</tr>
<tr>
<td>Eat Smart Play Hard (ESPH)</td>
<td>United States Department of Agriculture/Age 3 to 12</td>
<td>Eat Smart Play Hard – Taste the Colors ages 3 to 4; ESPH – Snack Smart ages 5 to 7; ESPH – Power Up with Breakfast age 8 to 10; ESPH – Choose Drinks That Count! Ages 11 to 12.</td>
</tr>
<tr>
<td>Nutrition Voyage: The Quest To Be Our Best (Team Nutrition)</td>
<td>United States Department of Agriculture/Middle School Age</td>
<td>Lesson Plans for grades 7 &amp; 8 – three lesson plans for each grade level focusing on making healthy food and physical activity choices</td>
</tr>
</tbody>
</table>

**CANCER (When Provider Bills Medicaid or Other Third Party) (813):**

The services will be documented in the Medical Record. The ONLY mammograms, breast ultrasounds, HPV tests and paps that are to be reported here are the ones who have Medicaid/Medicare or other third party (OTP) payment and the provider bills for these services.

<table>
<thead>
<tr>
<th>SERVICE CODE:</th>
<th>DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Screening mammogram for LHD patient when patient has Medicaid/Medicare or other third party payer.</td>
</tr>
<tr>
<td>57</td>
<td>Diagnostic mammogram for LHD patient when patient has Medicaid/Medicare or other third party payer.</td>
</tr>
<tr>
<td>58</td>
<td>Pap Smear for LHD patient when lab bills Medicaid/Medicare or other third party payer.</td>
</tr>
<tr>
<td>86724</td>
<td>HPV Test</td>
</tr>
<tr>
<td>76641</td>
<td>Breast Ultrasound – Unilateral Complete</td>
</tr>
<tr>
<td>76642</td>
<td>Breast Ultrasound – Limited</td>
</tr>
</tbody>
</table>

Enter the one-digit code that identifies the result of mammogram and breast ultrasounds

<table>
<thead>
<tr>
<th>BiRads CATEGORY:</th>
<th>DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Assessment Incomplete</td>
</tr>
<tr>
<td>1</td>
<td>Negative</td>
</tr>
<tr>
<td>2</td>
<td>Benign Finding</td>
</tr>
<tr>
<td>3</td>
<td>Probably Benign</td>
</tr>
<tr>
<td>4</td>
<td>Suspicious Abnormality</td>
</tr>
<tr>
<td>5</td>
<td>Highly Suggestive Of Malignancy</td>
</tr>
<tr>
<td>6</td>
<td>Known Biopsy-Proven Malignancy</td>
</tr>
</tbody>
</table>
Enter the one-digit code that identifies the result of the pap. User may need to use # before each number below depending on system programming

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Negative for Intraepithelial lesion and negative for Intraepithelial lesion with presence of organisms or reactive cellular changes</td>
</tr>
<tr>
<td>2.</td>
<td>Atypical squamous cells of undetermined significance (ASC-US)</td>
</tr>
<tr>
<td>3.</td>
<td>Atypical Squamous Cells cannot rule out high grade (asc-h)</td>
</tr>
<tr>
<td>4.</td>
<td>Low grade Intraepithelial neoplasia (cin I, Mild dysplasia, HPV) (LSIL)</td>
</tr>
<tr>
<td>5.</td>
<td>High grade Intraepithelial neoplasia (CIN I, CIN II, Moderate-Severe dysplasia, or carcinoma-in-sit) (HSIL)</td>
</tr>
<tr>
<td>6.</td>
<td>Squamous Cell Carcinoma</td>
</tr>
<tr>
<td>7.</td>
<td>OTHER-DESCRIBE, INCLUDES Adenocarcinoma or Adenonoma carcinoMa-In-Situ</td>
</tr>
<tr>
<td>8.</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>9.</td>
<td>ABNORMAL Glandular Cells of Undetermined Significance (agc), ATYPICAL GRANDULARY, ATYPICAL ENDOCERVICAL, ATYPICAL ENDOMETRIAL</td>
</tr>
</tbody>
</table>

HPV result code to be entered:

1 = Positive  
2 = Negative  
3 = Unknown

**MEDICAID TREATMENT FUNDS (BCCTP) (813):**

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>213</td>
<td>Precancerous Breast Conditions</td>
</tr>
<tr>
<td>214</td>
<td>Cancerous Breast Conditions</td>
</tr>
<tr>
<td>215</td>
<td>Precancerous Cervical Conditions</td>
</tr>
<tr>
<td>216</td>
<td>Cancerous Cervical Conditions</td>
</tr>
</tbody>
</table>

**DELIVERY (803):**

For patients that have participated in the State Prenatal Program, the codes below should be entered for deliveries in which the providers have billed Medicaid or other third party directly. For the services listed below, documentation in the medical record is required. The Supplemental Reporting Form should be completed upon receipt of documentation of delivery or miscarriage.

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Vaginal delivery by provider who bills Medicaid or other third party.</td>
</tr>
</tbody>
</table>
71 C-Section delivery by provider who bills Medicaid or other third party.
72 Treatment for miscarriage by provider who bills Medicaid or other third party.

PRENATAL CLASSES (803):
The code below should be entered each time a patient participating in the State Prenatal Program attends a prenatal class. Applicable curriculum or material would include: March of Dimes, Healthy Babies Are Worth the Wait, DPH approved curriculum or a hospital provided prenatal/childbirth class.

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7301</td>
<td>Prenatal Class/Childbirth Class</td>
</tr>
</tbody>
</table>

DENTAL (712):
(For information regarding these codes, contact the Oral Health Program at (502) 564-3246)

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0140</td>
<td>Examination by Dentist</td>
</tr>
<tr>
<td>D1211</td>
<td>Dentist follow-up</td>
</tr>
<tr>
<td>D1351</td>
<td>Dental Sealant (report referral)</td>
</tr>
</tbody>
</table>

LEAD TEST (When provider bills Medicaid or OTP) (800, 803, 810):

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>L01</td>
<td>Lead Test Pediatric</td>
</tr>
<tr>
<td>L02</td>
<td>Lead Test Maternity</td>
</tr>
<tr>
<td>L03</td>
<td>Lead Test Adult Health (age 16 years or older)</td>
</tr>
</tbody>
</table>

FLUORIDE (800):
The fluoride program is primarily for pre-school children (6 months – 6 years) who are not presently receiving fluoridated drinking water, other fluoride supplements, or vitamins with fluoride. Whether or not a child is receiving fluoride can be determined by the answers to questions on the questionnaire and consent form (OH-9).

For patients with abnormal fluoride test results from water samples submitted to the State Lab, issuing of fluoride supplements (drops or tablets) and follow-up should be followed per protocol. If the test results from the water sample are > 2.0 ppm, call the Oral Health Program Administrator at 502-564-3246 for further clarifications and directions.

FLUORIDE SUPPLEMENTS – Fluoride supplements given when patient is not in the clinic (e.g. mother picks up the supplement for child) should be reported in the supplemental system using the following codes:
### SERVICE CODE DEFINITION

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0001</td>
<td>Fluoride Drops 1st dose</td>
</tr>
<tr>
<td>S0002</td>
<td>Fluoride Drops Refill</td>
</tr>
<tr>
<td>S0003</td>
<td>Fluoride Tablets 1st dose</td>
</tr>
<tr>
<td>S0004</td>
<td>Fluoride Tablets Refill</td>
</tr>
</tbody>
</table>

**FLUORIDE WATER TESTING** – Water samples tested for fluoride content should be reported in the supplemental system using the following code:

<table>
<thead>
<tr>
<th>SERVICE CODE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0009</td>
<td>Fluoride Water Testing</td>
</tr>
</tbody>
</table>

Type of water specimen should be reported using one of the following codes:

<table>
<thead>
<tr>
<th>SPECIMEN CODE</th>
<th>TYPE OF WATER SPECIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Well Water (Denote well depth)</td>
</tr>
<tr>
<td>32</td>
<td>Cistern Water</td>
</tr>
<tr>
<td>37</td>
<td>Other</td>
</tr>
</tbody>
</table>

### LHD DISCRETIONARY Codes – 900 through 999

**PROVIDER and RESULT/REFERRAL/SPECIMEN:**

Enter the LHD provider number of the provider who performed the service.

Enter the result codes and dates for mammograms, breast ultrasounds, pap smears, HPV tests, and Lead tests for patients that have a third party payer and have either been referred to an outside provider or the LHD have collected the specimen and sent to an outside provider.

Services such as; Cancer and Lead (patients with a third party payers) when the service is performed by an outside provider with a LHD assigned number, you may use their assigned number. If the service is performed by an outside provider without a LHD assigned number, you may use the LHD employee’s assigned number who referred the patient.

Enter specimen codes for type of water tested listed under the Fluoride section.

### ENTERING SUPPLEMENTAL FORM:

When entering supplemental service data, if the patient has a PEF record, the name, birth date, sex, and race fields do not need to be completed. These fields will be filled in on the screen by the computer. If a PEF record does not exist, but a supplemental record does exist, the entry screen will be filled in with patient's name, birth date, sex, and race for subsequent supplemental record entries.

Patient master records are now created in the supplemental system and these records will be interfaced with the PEF system. A patient with a supplemental record will be accessed to pull common demographic data to the PEF system.
There are five commands for computer screens for the supplemental reporting component of the system. The following pages contain instructions for using these screens.

**HOW TO LOCATE THE PATIENT BY ID NUMBER:**
The user must first determine if the patient has a record in the patient encounter system or the supplemental system. The patient is indexed in the system by identification number and name. The user should do an inquiry by ID # and name prior to entering data on the screen to avoid duplication.

**TO LOCATE A PATIENT BY PATIENT ID # THE FOLLOWING COMMAND SHOULD BE ENTERED:**

```
CMIP <space> 30 <space> <LOC> <space> <PATIENT ID NUMBER> <XMIT>
```

The system will search the files for patient ID #. If the ID # is found, the Services Reporting Screen will be returned to enter data. Note that certain fields will be filled in with information that was entered previously on a PEF or a Supplemental Form. Those fields must be updated with the information noted on the Supplemental Reporting Form. **Note: By updating the fields, the patient record will be updated the same as updating on the patient maintenance file.**

If the patient's ID # was not found, the system will automatically display a name look-up. The system will search for the patient's name. If the patient's name is identified, the Supplemental Reporting Screen will be displayed to enter the service. If the patient's complete name is not identified, the system will automatically display the names in the alphabet closest to the name keyed. If the patient's name is not listed on the name look-up, place an "X" in the bracket on the blank line and transmit. The Supplemental Reporting Screen will be displayed with the HID location, ID number, and name. Complete the screen.

After completion of the screen, transmit for entry into the system.

**HOW TO LOCATE THE PATIENT BY NAME:**
To locate the patient by name, the following command should be entered:

```
CMNM <space> 30 <space> <LOC> <space> <PATIENT NAME> <XMIT>
```

The system will search the files for the patient's name and the name look-up screen will be displayed. If the patient's name is listed, the user should place an "X" before the name and transmit. If the Supplemental Reporting Screen is returned, note that certain fields will be filled in with information that was entered previously on a PEF or a Supplemental Reporting Form. Now complete and/or update the screen as necessary.

If the patient's name does not appear on the name look-up list, an "X" should be placed in the bracket by the blank line. The Supplemental Reporting Screen will be displayed with HID location and name. Complete the screen.
If the patient's name is listed **twice** on the name look-up screen, the operator will have to determine which one is the correct person. The CMNM command should be entered again using the complete name, including middle initial of the patient. Once this command is transmitted, the duplicate names showing ID number and date of birth will be displayed for you to select from.

By placing an "X" before an ID number, the system will display a Supplemental Reporting Screen for completion.

**HOW TO BUILD/UPDATE A SUPPLEMENTAL REPORTING RECORD AND SERVICE DEFINITIONS**

Illustration of a patient who has had a previous supplemental reporting or PEF encounter. Fields pertaining to the service must be updated.

Following are instructions for entering supplemental data on the computer screen and to print a label to be placed on the supplemental reporting form. Make sure you have queued your printer for labels.

**CLIENT:** Will always be 30.

**ACTN:** If entering services for the first time the system automatically places an "N" for new. On subsequent visits a "C" will appear. To delete a document, enter a "D," or to reactivate enter a "R."

**HID/LOC/SITE:** The HID/LOC will be displayed on the screen. If there are multiple sites within a district, enter the alpha suffix for the site.

**PATIENT ID/ MDCD#** If the patient already has an ID number in the system, it will not be necessary to re-enter. If the patient’s ID number is not brought forward to the screen, enter patient’s identification number.

This number is the primary means of identifying and counting patients. Accurately recording the same patient number on every visit is important. The patient’s ID number is his/her Social Security or pseudo number. It is no longer the Medicaid number. For instructions on assigning pseudo numbers, see registration section.

**MEDICAID #** If the patient’s Medicaid number is not brought forward to the screen, enter the patient’s Medicaid number. Patients who have applied or are potentially eligible (A) for Medicaid will not have an entry in this field until the Medicaid number is assigned. Presumptively eligible Medicaid clients will be assigned a number on the day they apply (E).
DOCUMENT #: The system will automatically assign the document number.

PLACE OF SERVICE: If service is provided at the health department, leave this block blank. Enter the one-digit alpha code for place of service. Valid places of service are as follows:

J - Inpatient Hospital
M - Patient's Home
K - Outpatient Hospital
L - Physician’s Office
O - Other

Contact Date: Enter the date of the contact by entering the six-digit number in month-day-year order, i.e., 04102000.

* If a patient record already exists in the system these items will automatically update the screen:

1. Patient Name (L, F, M)* – Enter patient's last name. Do not use apostrophes, periods, commas, or any other special characters or symbols. Up to 17 alpha characters may be used. First name and M.I. - Enter the patient's first name and middle initial. Up to 12 alpha characters may be entered for first name, one character for middle initial. Special characters or symbols as listed above should not be used in this field.

2. Home Phone # – Enter the area code and phone number of the patient/parent/caretaker.

3. Name Of Parent/Caretaker (F, M, L) - (If different from patient.) Enter the last name, first name, and middle initial of the parent/caretaker. Up to 17 alpha characters may be used in last name and 12 for first name.

4. M/Caid* – Enter (Y) if eligible; (N) no; (A) applied/potentially eligible; (M) mother; (K) K-CHIP III; or (E) Presumptively Eligible (Prenatals only).

5. E Beg DT – Medicaid eligibility begin date.

6. M/A Part # – Enter Managed Care Partnership number.

7. Member # – Enter patient’s member number assigned by Managed Care Partnership.

8. AuthRef – Enter authorization number (authorized by Managed Care Partnership).

9. Prim Health Prov – This item is designed to be used to identify the primary health care provider. Up to 9 codes are open. The Codes will be assigned at a later date.

10. Medicare Eligible – Enter Y if eligible.
11. Mdr # – Enter patient’s Medicare #.
    CBIS # – Enter patient’s CBIS #.

12. KTAP* – Enter a (Y) yes or (N) no to indicate if benefits are/are not being received.

13. Food Stamps - Enter a (Y) yes, (N) no to indicate if the patient or family member is/is not receiving food stamps.

14. Race/Ethnicity* – Check all races as self-declared by the patient. Explain that this information is collected for reporting purposes and has no effect on any eligibility.
   - **W** (White) – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.
   - **B** (Black or African American) – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
   - **N** (American Indian or Alaska Native) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachments.
   - **A** (Asian) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
   - **H** (Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**His/Lat (Hispanic/Latino):**
Enter “Y” (yes) or “N” (no) for the patient’s self-declared ethnicity for Hispanic or Latino. Hispanic or Latino is a person of Cuban, Mexican, Puerto Rico, South or Central America, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

15. Sex* – Enter (F) for Female or (M) Male.

16. Birth Dt* – Enter the patient's date of birth using the following format: month/day/century/year. i.e. 05051993

17. Med Rec  # – For those health departments which have a numeric record system. Entry format depends on local definitions. Up to eight numeric spaces are allowed in this field.

18. Service Cd – Enter the appropriate service code.

19. Units – Some services will be reported in units. Up to 99 units are acceptable to the system.
20. Result – Enter the one-digit code that identifies the result of the pap or mammogram.

21. Provider Id # – Enter the five character provider class ID number of the health department employee providing the service.

22. Ref/Spec. Code - If a referral is made, enter the appropriate referral code from the following list. Up to 3 referral codes are allowed. For Fluoride Water Testing, the source of the water sample must be entered here. See supplemental form instructions for applicable codes.

23. Next Appt Date – Enter the next date of appointment.

24. # of Labels – Enter the number of labels to print. Place the label on the upper left corner of the form.

25. Next patient ID # – To enter data in the supplemental system for another patient, enter the patient’s I.D. number and transmit.

After the information has been entered, transmit the screen. A status line message will be received indicating that the record has been built, the document number will be displayed, and a label will be printed. Place the label on the upper left-hand corner of the form. (If Fluoride Water Testing (S0009) has been reported, a water specimen label will be printed - place the label on specimen tube.)

SUPPLEMENTAL CODING NAME LOOK-UP INQUIRY:

If an encounter has been entered, the patient's name, DOB, ID #, race, and sex will be listed on the name look-up listing. This screen will display patients in alphabetical order. Remember the names on this list will only be patients who have had a previous supplemental or PEF coding encounter entered.

TO LOCATE A PATIENT ON THE NAME LOOK-UP, ENTER THE FOLLOWING COMMAND:

CMIL<space><30><LOC><space><PATIENT ID #><XMIT>

If you need to look at a document you previously entered, an "X" should be placed in the bracket by the document number and the record for that visit will be displayed. If an error has been made in keying the type of service, a change can be made. The only things you cannot change are the document number and patient ID number.

After changes are made and transmitted, you will get a status line message indicating that the document number has been changed.

LISTING OF MULTIPLE DOCUMENTS ON A PATIENT:

This inquiry will give you a listing of the documents the patient had on file by entering the following command. This list could be used to make corrections on individual documents or to assist you in verifying previous services.
CMIL<space>30<space><PATIENT ID #><XMIT>

A listing of documents will be displayed. Place an "X" in bracket before the document you would like to review.

**PATIENT INQUIRY BY DOCUMENT NUMBER:**

The user may call up an individual document by entering the following command:

CMID<space><30><space><HID/LOC/S><space><DOCUMENT #><XMIT>

**NOTE:** EACH TIME THE USER TRANSMITS THE PATIENT SERVICES/ SUPPLEMENTAL REPORTING SCREEN, A NEW DOCUMENT NUMBER WILL BE ASSIGNED BY THE SYSTEM. Therefore, DO NOT RE-TRANSMIT in the event the printer fails to print the label to your satisfaction. User must go to another page of the CRT and enter the CMID command and print the label from that screen.

If duplicate document number(s) are assigned for supplemental service(s), the user must delete the invalid number(s). To delete a document, change the action field to delete (D).

**PROCEDURES FOR USING THE PSRS SUPPLEMENTAL SYSTEM TO REPORT ATTENDING GROUP SESSIONS HELD IN THE CLINIC**

1. Register the patient through the regular registration process. If the only service the patient is to receive is the group education, only a supplemental form will be completed and entered into the system. A master may be built for these in the supplemental system.

2. If PEF services are also provided, register the patient as usual and print a PEF label. Record the regular service (CPTs/HCPTS) on the PEF.

Complete the supplemental form. Only the service code and provider number will be necessary for the group services provided in the clinic.

At check-out, when the PEF is entered; there will be a flag on the PEF screen to request the supplemental screen. The only data necessary to complete the supplemental screen will be the service code and provider. A supplemental label will be printed which is to be affixed to the supplemental form. **For Group Classes that LHDs wish to bill to Medicaid, a PEF must be completed and entered into the PSRS.**
PROCEDURES FOR REPORTING COMMUNITY HEALTH SERVICES

A Community Health Services Report (CHSR) CH-48 may be completed for each event/activity. The data is to be reported through the PSRS Supplemental-Community Health Services Reporting System. The data should be entered into the system within 15 days of the presentation or meeting.

Once the CHSR form has been entered into the system, a label will be produced with the key identifying information and the system assigned document number. This label should be affixed to the CHSR Form. CHSR forms should be kept on file for six years.

Up to six (6) events may be entered on the same CHSR. Therefore there may be six (6) labels affixed to the one CHSR form. If after the document(s) have been entered a change is necessary, the document number must be referenced.

A report (#615), which contains information that has been entered for each of the documents, will run the day following entry of the forms. This report will be considered your audit trail for data entry and should be kept with the input forms.

COMMUNITY HEALTH SERVICES REPORT FORM (CH-48) INSTRUCTIONS

The Community Health Services Report (CH-48) is to be used to report all community-based activities provided with 818 funds as well as the other Cost Centers listed on the back of the report form. The data is to be entered into the system within 15 days of the event/activity. Please note that each event/activity may be reported only once, regardless of the number of providers.

Each health department should contact Local Health Operations Help Desk at (502) 564-6663, Option 1, to designate a new primary and/or secondary contact for community-based activities if they change during the fiscal year. These people are responsible for ensuring timely and accurate reporting of all community-based activities as well as assuring all health department community-based staff are aware of all communications from the state health department pertaining to community-based activities. Problems with data entry should be forwarded to the LHO Branch at (502) 564-6663 Option 1.

<table>
<thead>
<tr>
<th>County of Service Code:</th>
<th>Enter the county code for the county in which the event/activity took place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Provider Number:</td>
<td>Enter the provider number of the staff who takes the assigned lead for the event/activity.</td>
</tr>
<tr>
<td>Date of Presentation:</td>
<td>Entering six digits, list month, day, year the event/activity occurred.</td>
</tr>
<tr>
<td>Place/Type:</td>
<td>Enter the code which identifies the place the event/activity took place or the type of service as it relates to the media. These codes are located on the back of the Community Health Services Report.</td>
</tr>
<tr>
<td><strong>Cost Center:</strong></td>
<td>Enter the Cost Center for which the event is being conducted. In most cases, this is the Cost Center in which the activities were listed in your community-based activities plan.</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Objective/Program Code:</strong></td>
<td>Enter the code for the 2020 objective/MCH performance measure designated in your community-based activities plan for which this activity is occurring. These objectives/performance measures should match the community-based activities plan except when the activity isn’t included in the plan. In which case, choose the most appropriate 2020 objective/MCH performance measure. These codes are located as an attachment to the Community Health Services Report.</td>
</tr>
<tr>
<td><strong>Strategy #:</strong></td>
<td>Enter the two or three digit number of the strategy as designated in your community-based activities plan under the column.</td>
</tr>
<tr>
<td><strong>Activity Code:</strong></td>
<td>Enter the two digit activity code that best reflects the type of event/activity taking place (example: 01, 02, etc.).</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td>Enter the number of attendees that were male and the number that were female. These numbers collectively should total the same as the Total Contacts/Participants. This item should not be completed when using activity codes 4, 7, 8 or 9.</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td>Enter the number of attendees from the respective groupings as follows: W-White; B-Black; N-American Indian or Alaska Native; A-Asian; H-Native Hawaiian or Other Pacific Islander; and U-Unknown. These numbers collectively should total the same as the Total Contacts/Participants. This item should not be completed when using activity codes 4, 7, 8, or 9. (This field does not apply to any activity for Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team.)</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
<td>In addition to Race, enter the total number of attendees who self-declare ethnicity for Hispanic or Latino as “L”. Hispanic or Latino is a person of Cuban, Mexican, Puerto Rico, South or Central America, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.” This item should not be completed when using activity codes 4, 7, 8, or 9. (This field does not apply to any activity for Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team.)</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td>Enter the number of attendees for each appropriate age group. These numbers collectively should total the same as the Total Contacts/Participants. This item should not be completed when using activity codes 4, 7, 8 or 9. (This field does not apply to any activity for</td>
</tr>
</tbody>
</table>
### Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team.

**Total Contacts/Participants:** Enter the total number of attendees/contacts/participants.

**Contact Time:** Enter the time in minutes (15-minute increments) that was spent with the attendees in the actual event/activity.

**Prep Time:** Enter the time in minutes (15 minute increments) spent in preparing for the event. Include travel and all other time not included in contact time.

**# Cases:** Enter the number of child death cases reviewed during meeting. (This field only applies to Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team).

**Agencies:** Enter the types of agencies represented at meeting. List the seven main agencies represented. If “Other” is chosen, list the type of agency “Other” represents. (This field only applies to Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team).

**Causes:** Enter the cause(s) of death based on the child death cases reviewed. If “Other” is chosen, list the causes of death “Other” represents. (This field only applies to Cost Center 818 Community Objective 7.4 Local Child Fatality Review Team).

---

**PLACE OF SERVICE:** Enter the code which identifies the place the event/activity took place or the type of service as it relates to the media. These codes are located on the back of the Community Health Services Report.

**Activity Code:** Enter the two-digit activity code that best reflects the type of event/activity taking place.

### COMMUNITY BASED SERVICE ACTIVITY CODE DEFINITIONS

<table>
<thead>
<tr>
<th>Code</th>
<th>ACTIVITY</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01*</td>
<td>Health Promotion/Education*</td>
<td>An interactive presentation of general information provided to community groups or other groups of people that is not required to be reported in the Supplemental Reporting System. Report each presentation separately and also report ethnicity, gender, age, and total attendance. Examples of health promotion/education included but are not limited to: nutrition education, family planning education, physical activity education, substance abuse education, and personal hygiene education.</td>
</tr>
<tr>
<td>02</td>
<td>Behavior Change Education</td>
<td>An interactive presentation provided to a group of people or individuals to teach a specific curriculum or skill and that is not required to be reported in the Supplemental Reporting System.</td>
</tr>
</tbody>
</table>
Report each presentation separately and also report ethnicity, gender, age and total attendance. Examples of behavior change education include but are not limited to: PSI, RTR, Resource Persons Protocols, Diabetes group patient education, prenatal education, Ky. Smile Curriculum and/or demonstrations on brushing and flossing, and Safe Sitter.

### 03 Professional Education for Health Care Providers and Educators*
An interactive presentation provided to a group of health care providers or educators that is not required to be reported in the Supplemental Reporting System. Report each presentation separately and also report ethnicity, gender, age, and total attendance. Examples include but are not limited to: First Aid/CPR classes, Blood borne Pathogen classes, Diabetes Awareness sessions, and Smoking Cessation classes.

### 04* Information and Material Distribution*
A non-interactive activity involving the distribution of educational materials or information that is not required to be reported in the Supplemental Reporting System. Report each activity separately, but do not report ethnicity, gender, age, or total participants. Examples of non-interactive activities include but are not limited to: distribution of brochures, newspaper articles, informational hotlines, and television or radio educational programs.

### 07 Community Planning Activities*
Intended to measure activities in which staff are involved with the community working toward a common goal of improved health for its citizens. Examples of community planning activities include but are not limited to assessing the community’s health problems, serving on community groups/coalitions, and activities related to APEX-PH, PATCH, and the transition model. Report each activity separately, but do not report ethnicity, gender, age or total participants.

### 08 Other Activities
This activity code is to be used only as a last resort for activities that will not fit into one of the categories defined above.

### 09* Health Fair*
Interactive, non-interactive, general, and specific topic presentations to community groups or other groups of people in a health fair setting that is not required to be reported in the Supplemental Reporting System. Report each presentation separately but do not report ethnicity, gender, age and total attendance.

**Examples of health fairs include:** an unmanned booth at the grocery store on the importance of eating five fruits and vegetables per day or a booth at a work site with material on the importance of monthly breast self-exams.
TO ENTER NEW DOCUMENTS
COMMAND:
COID<Space><HID (your HID# here)> <Space><N><XMIT>

A Community Health Services Reporting label is printed automatically when
document is entered and is to be affixed to CH-48 form.

TO RETRIEVE ENTERED DOCUMENT FOR CHANGING/DELETING
COMMAND:
COID<Space><HID (your HID# here)> <Space><Doc#><XMIT>

A Community Health Services Reporting label is printed automatically when
document is entered and is to be affixed to CH-48 form.

TO CHANGE DOCUMENT: Make changes on screen then xmit screen.

TO DELETE DOCUMENT: Change Act [ ] from ‘C’ to ‘D’ then xmit screen, system
will print a “deleted” document label.

Action Codes:  
N - for new record 
C - for change to existing record 
D - to delete an existing record
# COMMUNITY BASED SERVICE CODES

## PLACE/TYPE OF SERVICE CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Place/Type of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>School</td>
</tr>
<tr>
<td>02</td>
<td>Worksite</td>
</tr>
<tr>
<td>03</td>
<td>Health Department</td>
</tr>
<tr>
<td>04</td>
<td>Community (general)</td>
</tr>
<tr>
<td>05</td>
<td>Other Agency/Institution</td>
</tr>
<tr>
<td>08</td>
<td>Newspaper/Newsletter</td>
</tr>
<tr>
<td>09</td>
<td>Radio</td>
</tr>
<tr>
<td>10</td>
<td>Television</td>
</tr>
<tr>
<td>11</td>
<td>Website</td>
</tr>
<tr>
<td>12</td>
<td>Other Media</td>
</tr>
<tr>
<td>13</td>
<td>Billboard</td>
</tr>
</tbody>
</table>

## COST CENTERS

*Note: The Cost Center number input must correspond with the Cost Center number the activity falls under in Community-Based Plans, if included in plan. If activity was not included in plan, choose the most appropriate Cost Center.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity</th>
<th>Cost Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>722</td>
<td>Asthma Education</td>
<td>818 Community</td>
</tr>
<tr>
<td>735</td>
<td>COPD</td>
<td>832 Heart Disease or Stroke</td>
</tr>
<tr>
<td>736</td>
<td>Healthy Communities</td>
<td>833 Breastfeeding Regional Coordinator</td>
</tr>
<tr>
<td>801</td>
<td>Immunizations</td>
<td>833 Breastfeeding Regional Coordinator</td>
</tr>
<tr>
<td>805</td>
<td>Immunizations</td>
<td>833 Breastfeeding Regional Coordinator</td>
</tr>
<tr>
<td>806</td>
<td>TB</td>
<td>856 Arthritis or Osteoporosis</td>
</tr>
<tr>
<td>807</td>
<td>STD</td>
<td>857 Physical Activity</td>
</tr>
<tr>
<td>813</td>
<td>Breast and Cervical Cancer</td>
<td></td>
</tr>
<tr>
<td>890</td>
<td>Core Community Assessment</td>
<td></td>
</tr>
</tbody>
</table>

## 2010 OBJECTIVES/PROGRAM CODES

*Note: When reporting activities, 2010 Objectives/Program Codes should match the ones used in the Community-Based Plans.*

## ACTIVITY CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Health Promotion/Education</td>
</tr>
<tr>
<td>02</td>
<td>Behavioral Change Education</td>
</tr>
<tr>
<td>03</td>
<td>Professional Education for Health Care Providers and Educators</td>
</tr>
<tr>
<td>04</td>
<td>Information &amp; Material Distribution</td>
</tr>
<tr>
<td>07</td>
<td>Community Planning Activities</td>
</tr>
<tr>
<td>08</td>
<td>Other Activities</td>
</tr>
<tr>
<td>09</td>
<td>Health Fair</td>
</tr>
</tbody>
</table>

## AGENCIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coroner</td>
</tr>
<tr>
<td>2</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>3</td>
<td>Department for Community Based Services</td>
</tr>
<tr>
<td>4</td>
<td>Local Health Department</td>
</tr>
<tr>
<td>5</td>
<td>Attorney</td>
</tr>
<tr>
<td>6</td>
<td>Emergency Medical Service</td>
</tr>
<tr>
<td>7</td>
<td>Fire</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
</tr>
</tbody>
</table>

## CAUSES

<table>
<thead>
<tr>
<th>Code</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SIDS</td>
</tr>
<tr>
<td>2</td>
<td>Illness or Other Natural Cause</td>
</tr>
<tr>
<td>3</td>
<td>Drowning</td>
</tr>
<tr>
<td>4</td>
<td>Vehicular</td>
</tr>
<tr>
<td>5</td>
<td>Suffocation/Strangulation</td>
</tr>
<tr>
<td>6</td>
<td>Fire/Burn</td>
</tr>
<tr>
<td>7</td>
<td>Undetermined</td>
</tr>
<tr>
<td>8</td>
<td>Prematurity</td>
</tr>
<tr>
<td>9</td>
<td>Falls</td>
</tr>
<tr>
<td>10</td>
<td>Poison/Overdose</td>
</tr>
<tr>
<td>11</td>
<td>Homicide</td>
</tr>
<tr>
<td>12</td>
<td>Suicide</td>
</tr>
<tr>
<td>13</td>
<td>Other</td>
</tr>
</tbody>
</table>
The following pages contain tables with information for CDP Community Reporting:

<table>
<thead>
<tr>
<th>Cost Centers</th>
<th>CODES</th>
<th>COST CENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>722</td>
<td>241--</td>
<td>24.1 Asthma</td>
</tr>
<tr>
<td>736</td>
<td>0HC--</td>
<td>0HC Community Health Action Teams</td>
</tr>
<tr>
<td>742</td>
<td>242--</td>
<td>24.2 EnviroHealth Link</td>
</tr>
<tr>
<td>756</td>
<td>010--</td>
<td>01.0 Personal Responsibility Education Program</td>
</tr>
<tr>
<td>801</td>
<td>2208-</td>
<td>22.8 Decrease pneumococcal infections in persons aged 65 &amp; older</td>
</tr>
<tr>
<td>801</td>
<td>2210-</td>
<td>22.1 Increase immunization coverage among children 19-35 months</td>
</tr>
<tr>
<td>801</td>
<td>2212-</td>
<td>22.12 Decrease number of influenza infections in persons 65 &amp; older</td>
</tr>
<tr>
<td>805</td>
<td>021--</td>
<td>2.1 Healthy weight for adults, children and adolescents</td>
</tr>
<tr>
<td>805</td>
<td>025--</td>
<td>2.5 Fruits and Veggies: More Matters</td>
</tr>
<tr>
<td>805</td>
<td>029--</td>
<td>2.9 Dietary Quality</td>
</tr>
<tr>
<td>806</td>
<td>2207-</td>
<td>22.7 Reduce incidence of TB</td>
</tr>
<tr>
<td>807</td>
<td>251--</td>
<td>25.1 Reduce STD infection rate</td>
</tr>
<tr>
<td>813</td>
<td>1CA--</td>
<td>1CA Public education and awareness</td>
</tr>
<tr>
<td>813</td>
<td>2CA--</td>
<td>2CA Physician education and awareness</td>
</tr>
<tr>
<td>813</td>
<td>3CA--</td>
<td>3CA Training (CA = KY Women's Cancer Screening Program, KWCSP)</td>
</tr>
<tr>
<td>813</td>
<td>4CA--</td>
<td>4CA Breast and cervical cancer screening event</td>
</tr>
<tr>
<td>813</td>
<td>5CA--</td>
<td>5CA Evaluation</td>
</tr>
<tr>
<td>818</td>
<td>0403-</td>
<td>4.3 School health education other</td>
</tr>
<tr>
<td>818</td>
<td>0505-</td>
<td>5.5 Educate the public and eliminate risk of lead exposure</td>
</tr>
<tr>
<td>818</td>
<td>0701-</td>
<td>7.1 Reduce head injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>0702-</td>
<td>7.2 Reduce spinal cord injuries and deaths</td>
</tr>
<tr>
<td>Cost Centers</td>
<td>CODES</td>
<td>COST CENTERS</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>818</td>
<td>0703-</td>
<td>7.3 Reduce firearm injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>0704-</td>
<td>7.4 Local Child Fatality Review (CFR) Team</td>
</tr>
<tr>
<td>818</td>
<td>0705-</td>
<td>7.5 Reduce injuries and deaths due to poisoning</td>
</tr>
<tr>
<td>818</td>
<td>0706-</td>
<td>7.6 Reduce suffocation related injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>0710-</td>
<td>7.10 Reduce transportation crash injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>0715-</td>
<td>7.15 Reduce fire related injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>0717-</td>
<td>7.17 Reduce drowning</td>
</tr>
<tr>
<td>818</td>
<td>0720-</td>
<td>7.20 Reduce violence related injuries and deaths</td>
</tr>
<tr>
<td>818</td>
<td>091--</td>
<td>9.1 Dental caries</td>
</tr>
<tr>
<td>818</td>
<td>093--</td>
<td>9.3 Reduction and replacement of tooth loss</td>
</tr>
<tr>
<td>818</td>
<td>095--</td>
<td>9.5 Oral cancer</td>
</tr>
<tr>
<td>818</td>
<td>097--</td>
<td>9.7 Optimal water fluoridation</td>
</tr>
<tr>
<td>818</td>
<td>099--</td>
<td>9.9 Oral health partnerships</td>
</tr>
<tr>
<td>818</td>
<td>101--</td>
<td>10.10 Reduce the number of people without healthcare coverage</td>
</tr>
<tr>
<td>818</td>
<td>105--</td>
<td>10.5 Increase training to health care clinicians</td>
</tr>
<tr>
<td>818</td>
<td>106--</td>
<td>10.6 Increase the percent of people who have ongoing primary care</td>
</tr>
<tr>
<td>818</td>
<td>111--</td>
<td>11.1 Increase knowledge and use of family planning services</td>
</tr>
<tr>
<td>818</td>
<td>112--</td>
<td>11.2 Teen Pregnancy Prevention</td>
</tr>
<tr>
<td>818</td>
<td>1212-</td>
<td>12.12 Decrease percent of low birth weight live births and premature births</td>
</tr>
<tr>
<td>818</td>
<td>1215-</td>
<td>12.15 Increase the percentage of mothers whom initiate breastfeeding, and; ...</td>
</tr>
<tr>
<td>818</td>
<td>1216-</td>
<td>12.16 Reduce the incidence of Neural Tube Defects (spina bifida &amp; anencephaly)</td>
</tr>
<tr>
<td>818</td>
<td>1221-</td>
<td>12.21 Increase the number of educational activities related to newborn screening</td>
</tr>
<tr>
<td>818</td>
<td>1702-</td>
<td>17.2 Lung cancer death rate</td>
</tr>
<tr>
<td>Cost Centers</td>
<td>CODES</td>
<td>COST CENTERS</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>--------------</td>
</tr>
<tr>
<td>818</td>
<td>1707-</td>
<td>17.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colorectal cancer deaths</td>
</tr>
<tr>
<td>818</td>
<td>1708-</td>
<td>17.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fecal occult blood testing (FOBT) and sigmoidoscopy/colonoscopy</td>
</tr>
<tr>
<td>818</td>
<td>1709-</td>
<td>17.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prostate cancer screening</td>
</tr>
<tr>
<td>818</td>
<td>1710-</td>
<td>17.10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral and skin cancer screening</td>
</tr>
<tr>
<td>818</td>
<td>231--</td>
<td>23.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children's social/emotional health</td>
</tr>
<tr>
<td>818</td>
<td>1SA--</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA1</td>
<td>Reduce substance abuse</td>
</tr>
<tr>
<td>818</td>
<td>2SA--</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA2</td>
<td>Reduce the number of pregnant women abusing substances during their pregnancy</td>
</tr>
<tr>
<td>818</td>
<td>3SA--</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SA3</td>
<td>Decrease the number of suicide attempts among adolescents related to substance abuse</td>
</tr>
<tr>
<td>832</td>
<td>201--</td>
<td>20.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduce heart disease deaths</td>
</tr>
<tr>
<td>832</td>
<td>202--</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduce stroke deaths</td>
</tr>
<tr>
<td>832</td>
<td>203--</td>
<td>20.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decrease high blood pressure</td>
</tr>
<tr>
<td>832</td>
<td>204--</td>
<td>20.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase blood cholesterol check</td>
</tr>
<tr>
<td>832</td>
<td>205--</td>
<td>20.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase awareness of heart attack</td>
</tr>
<tr>
<td>832</td>
<td>207--</td>
<td>20.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase awareness of stroke</td>
</tr>
<tr>
<td>833</td>
<td>1215G</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.15G</td>
<td>Increase the percentage of mother who continue duration of breastfeeding</td>
</tr>
<tr>
<td>837</td>
<td>010--</td>
<td>01.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abstinence Education Program</td>
</tr>
<tr>
<td>843</td>
<td>210--</td>
<td>21.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV</td>
</tr>
<tr>
<td>843</td>
<td>212--</td>
<td>21.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduce HIV infection</td>
</tr>
<tr>
<td>843</td>
<td>214--</td>
<td>21.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevent HIV transmission</td>
</tr>
<tr>
<td>843</td>
<td>219--</td>
<td>21.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase classroom education on HIV and STD</td>
</tr>
<tr>
<td>856</td>
<td>1601C</td>
<td>16.1C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arthritis</td>
</tr>
<tr>
<td>Cost Centers</td>
<td>CODES</td>
<td>COST CENTERS</td>
</tr>
<tr>
<td>--------------</td>
<td>-------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>856</td>
<td>1612O</td>
<td>16.12O   Osteoporosis</td>
</tr>
<tr>
<td>857</td>
<td>012--</td>
<td>01.2     Adult physical activity</td>
</tr>
<tr>
<td>857</td>
<td>014--</td>
<td>01.4     Child and adolescent physical activity</td>
</tr>
<tr>
<td>890</td>
<td>100VS</td>
<td>100VS    Vital Statistics/Local Registrar activities</td>
</tr>
<tr>
<td>890</td>
<td>140--</td>
<td>14.0     Community Assessment/Public Health infrastructure</td>
</tr>
<tr>
<td>890</td>
<td>141--</td>
<td>14.1     Public health competencies/Public Health infrastructure</td>
</tr>
<tr>
<td>890</td>
<td>143--</td>
<td>14.3     Continuing education &amp; training - Public Health infrastructure</td>
</tr>
<tr>
<td>890</td>
<td>147--</td>
<td>14.7     Measure HK 2010 Objectives/Public Health infrastructure</td>
</tr>
<tr>
<td>890</td>
<td>1412-</td>
<td>14.12    Facilitate Greater collaboration/Public Health infrastructure</td>
</tr>
<tr>
<td>COST CENTER</td>
<td>ACTIVITY/OBJECTIVE CODE</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>722</td>
<td>241--</td>
<td>24.1 Asthma</td>
</tr>
<tr>
<td>736</td>
<td>0HC- -</td>
<td>0HC Community Health Action Teams</td>
</tr>
<tr>
<td>742</td>
<td>249--</td>
<td>24.9 EnviroHealth Link</td>
</tr>
<tr>
<td>756</td>
<td>010--</td>
<td>01.0 Personal Responsibility Education Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>801</td>
<td>2208-</td>
<td>22.8 Decrease pneumococcal infections in persons aged 65 &amp; older</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2210-</td>
<td>22.1</td>
<td>Increase immunizations coverage among children 19-35 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2212-</td>
<td>22.12</td>
<td>Decrease number of influenza infections</td>
</tr>
<tr>
<td>Unit</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Establish new/strengthen existing partnerships</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>Provide immunization information for all age groups</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>Provide media with updates</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Develop community-based coalitions</td>
<td></td>
</tr>
<tr>
<td>805</td>
<td>Healthy weight for adults, children and adolescents</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Fruits and Veggies: More Matters®</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Choose 1% or Less</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Wellness Winners</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Health Fairs</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>Eat Smart Play Hard</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>Healthy choices at Restaurants</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>Milk vending machines</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>Healthy choices in school vending machines</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Physical Activity Nutrition and Tobacco (PANT) (KDE) Units of Study</td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>My Pyramid/My Pyramid for Kids</td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>Grocery Store Tours</td>
<td></td>
</tr>
<tr>
<td>207</td>
<td>Weight the reality series</td>
<td></td>
</tr>
<tr>
<td>208</td>
<td>Star Chef Curriculum</td>
<td></td>
</tr>
<tr>
<td>214</td>
<td>We CAN!</td>
<td></td>
</tr>
<tr>
<td>215</td>
<td>Fit WIC Kit activities</td>
<td></td>
</tr>
<tr>
<td>Unit</td>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>2.5</td>
<td>Fruit and Veggies: More Matters®</td>
<td>2.9</td>
</tr>
<tr>
<td>82</td>
<td>Fruits and Veggies: More Matters®</td>
<td>91</td>
</tr>
<tr>
<td>216</td>
<td>We CAN!</td>
<td>92</td>
</tr>
<tr>
<td>95</td>
<td>Wellness Winners</td>
<td>100</td>
</tr>
<tr>
<td>203</td>
<td>My Pyramid/My Pyramid for Kids</td>
<td>204</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit</th>
<th>Code</th>
<th>Description</th>
<th>Unit</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.7</td>
<td>Reduce incidence of TB</td>
<td>01</td>
<td>Provide TB in-services to 90% of local nursing homes or assisted-living communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>806</td>
<td>2007</td>
<td>2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Collaborate with hospital/infection control staff to coordinate prevention activities and reporting strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Provide TB education to the community once per quarter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Provide TB education targeted toward transient population twice per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Provide TB education targeted toward foreign-born populations twice per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.1</td>
<td>Reduce STD infection rate</td>
<td>01</td>
<td>Education/information, targeted toward at-risk populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>807</td>
<td>251</td>
<td>251</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Page 52
Administrative Reference
Patient Services Reporting System (PSRS)
September 1, 2018
<table>
<thead>
<tr>
<th>813</th>
<th>1CA--</th>
<th>1CA</th>
<th>Public education and awareness</th>
<th>01</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2CA--</td>
<td>2CA</td>
<td></td>
<td>Physician education and awareness</td>
<td>04</td>
<td>Distribution of Educational Material</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3CA--</td>
<td>3CA</td>
<td></td>
<td>Training (CA=KY Women’s Cancer Screening Program, KWCSP)</td>
<td>06</td>
<td>KWCSP Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4CA--</td>
<td>4CA</td>
<td></td>
<td>Breast and cervical cancer screening event</td>
<td>08</td>
<td>Breast/Cervical Cancer Screening Event</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5CA--</td>
<td>5CA</td>
<td></td>
<td>Evaluation</td>
<td>09</td>
<td>Community Reporting Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>818</td>
<td>0403-</td>
<td>4.3</td>
<td>School Health Education Other</td>
<td>500</td>
<td>School Health Education Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0505-</td>
<td>5.5</td>
<td></td>
<td>Educate the public and eliminate risk of lead exposure</td>
<td>02</td>
<td>Handouts/brochures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Administrative Reference**  
Patient Services Reporting System (PSRS)  
September 1, 2018
<table>
<thead>
<tr>
<th>0701-</th>
<th>7.1</th>
<th>Reduce head injuries and deaths</th>
<th>09</th>
<th>Public Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>0702-</td>
<td>7.2</td>
<td>Reduce spinal cord injuries and deaths</td>
<td>18</td>
<td>Public Education</td>
</tr>
<tr>
<td>0703-</td>
<td>7.3</td>
<td>Reduce firearm injuries and deaths</td>
<td>22</td>
<td>Public Education</td>
</tr>
<tr>
<td>0704-</td>
<td>7.4</td>
<td>Local Child Fatality Review (CFR) Team</td>
<td>11</td>
<td>Local CFR Team</td>
</tr>
<tr>
<td>0705-</td>
<td>7.5</td>
<td>Reduce injuries and deaths due to poisoning</td>
<td>23</td>
<td>Public Education</td>
</tr>
<tr>
<td>0706-</td>
<td>7.6</td>
<td>Reduce suffocation related injuries and deaths</td>
<td>24</td>
<td>Public Education</td>
</tr>
</tbody>
</table>

25 Safe Sitter Program
200 Back to sleep
<table>
<thead>
<tr>
<th>Code</th>
<th>Date</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0710-</td>
<td>7.10</td>
<td>Reduce transport crash injuries and deaths</td>
<td>27</td>
<td>Public Education</td>
</tr>
<tr>
<td>0715-</td>
<td>7.15</td>
<td>Reduce fire related injuries and deaths</td>
<td>31</td>
<td>Public Education</td>
</tr>
<tr>
<td>0717-</td>
<td>7.17</td>
<td>Reduce drowning</td>
<td>22</td>
<td>Public Education (water safety)</td>
</tr>
<tr>
<td>0720-</td>
<td>7.20</td>
<td>Reduce violence related injuries and deaths</td>
<td>33</td>
<td>Public Education</td>
</tr>
<tr>
<td>091--</td>
<td>9.1</td>
<td>Dental caries</td>
<td>40</td>
<td>Improve the awareness of an access to sealant services in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>093--</td>
<td>9.3</td>
<td>Reduction and replacement of tooth loss</td>
<td>42</td>
<td>Provide oral health education programs and materials focusing on the importance of retention and replacement of natural dentition</td>
</tr>
</tbody>
</table>

Administrative Reference
Patient Services Reporting System (PSRS)
September 1, 2018
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>43</th>
<th>Provide oral health education about the relationship between periodontal disease and chronic diseases such as diabetes, cardiovascular disease and prenatal conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>44</td>
<td>Increase the number of people obtaining preventive and restorative care regardless of the source of payment for these services, especially for children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>45</td>
<td>Provide oral health education, facilitate screening and treatment in long-term care and mental health facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>46</td>
<td>Provide oral health education, facilitate screening and treatment in long-term care and mental health facilities</td>
</tr>
<tr>
<td>095--</td>
<td>9.5</td>
<td>Oral cancer</td>
<td>47</td>
<td>Provide oral health education as to the impact of tobacco use and oral cancers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>48</td>
<td>Provide oral health education as to the impact of tobacco use and oral cancers</td>
</tr>
<tr>
<td>097--</td>
<td>9.7</td>
<td>Optimal water fluoridation</td>
<td>34</td>
<td>Provide education about the importance of optimal fluoride levels in regards to good oral health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>35</td>
<td>Provide information about infant feeding practices regarding preparation of formula with fluoridated water or fluoridation supplementation</td>
</tr>
<tr>
<td>099--</td>
<td>9.9</td>
<td>Oral health partnerships</td>
<td>36</td>
<td>Provide oral health education and materials to partners regarding specific populations such as the elderly, low-income populations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>individual and ethnic minorities</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Collaborate with dental organizations to arrange screening opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Provide oral health education and materials regarding oral and periodontal health for high-risk pregnant women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101--</td>
<td>10.10</td>
<td>Reduce the number of people without healthcare coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Promote and educate Kentucky’s citizens regarding the Kentucky Physicians Care Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>240</td>
<td>Promote and educate Kentucky’s citizens regarding the Prescription Assistance Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>105--</td>
<td>10.5</td>
<td>Increase training to health care clinicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Develop and conduct training to Health Care Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106--</td>
<td>10.6</td>
<td>Increase the percent of people who have ongoing primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Promote and educate Kentucky citizens regarding the services provided by the LHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Develop and conduct local community primary care needs assessments through community mobilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111--</td>
<td>11.1</td>
<td>Increase knowledge and use of family planning services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Mass media campaign</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Partner with pharmaceutical companies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Partner with school systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Identify new partners in the communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>Develop an educational campaign</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>List hours of service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>List emergency 24-hour telephone numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>List confidentiality policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>List counseling services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Contact local politicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Contact local school boards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Present family planning issues at club meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Contact media to publish all services offered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Guest speakers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>Local physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>Medical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>Nurse Practitioners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Private area for brown bag pick up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>Provide privacy for supply pick up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>Post Title X services offered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>Confidential adolescent services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>146</td>
<td>Post emergency telephone numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>304</td>
<td>Information &amp; Education/Community Participation Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>305</td>
<td>Parental Involvement Workshops “Beyond Birds &amp; Bees”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>112--</td>
<td>11.2</td>
<td>Teen Pregnancy Prevention</td>
<td>48</td>
<td>Promote Health Empowerment to Adolescents</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>---------------------------</td>
<td>----</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>81</td>
<td>Local Teen Pregnancy Coalition/Groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>83</td>
<td>Postponing Sexual Involvement/Managing Pressures before Marriage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>84</td>
<td>Teen Outreach Program (TOP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>85</td>
<td>Reducing the Risk (RTR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>49</td>
<td>Becoming a Responsible Teen (BART)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>50</td>
<td>RSVP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>51</td>
<td>Why kNOw</td>
</tr>
<tr>
<td>306</td>
<td></td>
<td></td>
<td></td>
<td>Kentucky Teen Pregnancy Coalition</td>
</tr>
<tr>
<td>314</td>
<td></td>
<td></td>
<td></td>
<td>Choosing the Best</td>
</tr>
<tr>
<td>316</td>
<td></td>
<td></td>
<td></td>
<td>Provide Parent Education</td>
</tr>
<tr>
<td>317</td>
<td></td>
<td></td>
<td></td>
<td>Social Networking Campaign</td>
</tr>
<tr>
<td>318</td>
<td></td>
<td></td>
<td></td>
<td>Disseminate Education Information</td>
</tr>
<tr>
<td>1212-</td>
<td>12.12</td>
<td>Decrease percent of low birth weight live births and premature births</td>
<td>86</td>
<td>Prenatal Classes for pregnant women</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>87</td>
<td>Substance Abuse Prevention Programs through collaboration with Community Mental Health Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>88</td>
<td>Smoking Cessation Program, use of the Quit Line video,</td>
</tr>
<tr>
<td>#</td>
<td>Activity Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>Media Campaigns, including promotion and utilization of the Healthy Babies are Worth the Wait Prematurity Prevention Toolkit, to promote healthy lifestyles for pregnant women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>92</td>
<td>Improve the oral health of the pregnant women in KY by promoting health fairs, developing partnerships with community dental professionals to assist access to oral care for disparate populations, and to enhance dental care provider’s education on the risks and treatments of periodontal disease in pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>147</td>
<td>Provide educational materials in pregnant women in health care settings, in warning signs about preterm labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>203</td>
<td>Work in partnership with community obstetrical providers to enhance education latest research data that suggests contributing factors for premature births include periodontal disease, bacterial vaginosis, maternal smoking, and inadequate weight gain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>Routine screening for domestic violence and sexual assault to provide education, support and appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Date</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>205</td>
<td>Enhance the access and provision of preconception and prenatal care in non-traditional sites such as neighborhood community centers which may utilize Healthy Babies are Worth the Wait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>207</td>
<td>Participate in statewide or community initiatives such as the KY Folic Acid Partnership or FIMR to emphasize prematurity prevention activities and to improve perinatal outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1215-12.15</td>
<td>Increase the percentage of mothers whom initiate breastfeeding, and…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93</td>
<td>Professional education for health care providers: Shape the Future Breastfeed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>Breastfeeding coalitions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>Development of breastfeeding rooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Breastfeeding Friendly Worksites</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>Providing breast pumps to Moms returning to school or work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Rock and Relax booth at KY State Fair, and Portable Mother Nurture Room at Health Fairs and county fairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Objective Description</td>
<td>Priority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1216-</td>
<td>Reduce the incidence of Neural Tube Defects (spina bifida &amp; anencephaly)</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1221-</td>
<td>Increase the number of educational activities related to newborn screening</td>
<td>209</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1702-</td>
<td>Lung cancer death rate</td>
<td>103</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PSRS**

Administrative Reference
Patient Services Reporting System (PSRS)
September 1, 2018
<table>
<thead>
<tr>
<th>1707-17.7</th>
<th>Colorectal cancer deaths</th>
<th>105</th>
<th>Screen for Life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Professional education (pre-approved, see information and resources)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projects under Comprehensive Cancer Control Grant (pre-approved)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projects with Kentucky Cancer Consortium (pre-approved)</td>
</tr>
<tr>
<td>1708-17.8</td>
<td>Fecal occult blood testing (FOBT) and sigmoidoscopy/colonoscopy</td>
<td>110</td>
<td>Community-wide health education classes (pre-approved)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Professional education (pre-approved, see information and resources)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Screen for Life or DPH approved materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projects with Kentucky Cancer Consortium (pre-approved)</td>
</tr>
<tr>
<td>1709-17.9</td>
<td>Prostate cancer screening</td>
<td>116</td>
<td>Man-to-Man Prostate Cancer Education and Support Program (pre-approved)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projects under Comprehensive Cancer Program (pre-approved)</td>
</tr>
<tr>
<td>1710-17.10</td>
<td>Oral and skin cancer screening</td>
<td>121</td>
<td>Oral Cancer Awareness Campaign (refer to 9.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Choose Your Cover</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Projects under Comprehensive Cancer Program (pre-approved) (Refer to 9.5 for additional)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>partnerships for oral cancer screening</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>----------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>226 Professional education (pre-approved)</td>
<td></td>
</tr>
<tr>
<td>231--</td>
<td>23.1</td>
<td>Children’s social/emotional health</td>
<td>124 Health fairs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>220 Behavioral Change Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>221 Social-Emotional Screening and Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>328 Health Promotion/Education</td>
<td></td>
</tr>
<tr>
<td>1SA--</td>
<td>SA1</td>
<td>Reduce substance abuse</td>
<td>123 Across Ages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134 Creating Lasting Family Connections (CLFC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>135 LifeSkills Training (LST)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>137 Project Alert</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>138 Project Northland</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>139 Reconnecting Youth (RY)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>140 Strengthening Families Programs (SFP)</td>
<td></td>
</tr>
<tr>
<td>2SA--</td>
<td>SA2</td>
<td>Reduce the number of pregnant women abusing substances during their pregnancy</td>
<td>141 Develop partnerships with local Community Mental Health Centers</td>
</tr>
<tr>
<td>3SA--</td>
<td>SA3</td>
<td>Decrease the number of suicide attempts among adolescents related to substance abuse</td>
<td>319 Media Campaigns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>320 QPR (Questions, Persuade and Refer) Gatekeeper Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>321</td>
<td>Signs of Suicide (SOS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>322</td>
<td>Reconnecting Youth (RY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>323</td>
<td>C-Care/Cast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>324</td>
<td>Holding the Life Line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>325</td>
<td>Kentucky Suicide Prevention Group (KSPG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>326</td>
<td>Local Suicide Prevention Coalitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>327</td>
<td>Adolescent Survivor Support Groups (Postvention)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5CA-C</td>
<td>5CA</td>
<td>Quarterly reports and Evaluation</td>
<td>11</td>
</tr>
<tr>
<td>832</td>
<td>201--</td>
<td>20.1</td>
<td>Reduce heart disease deaths</td>
</tr>
<tr>
<td></td>
<td>202--</td>
<td>20.2</td>
<td>Reduce stroke deaths</td>
</tr>
<tr>
<td></td>
<td>203--</td>
<td>20.0</td>
<td>Decrease high blood pressure</td>
</tr>
<tr>
<td></td>
<td>204--</td>
<td>20.4</td>
<td>Increase blood cholesterol check</td>
</tr>
<tr>
<td></td>
<td>205--</td>
<td>20.5</td>
<td>Increase awareness of heart attack</td>
</tr>
<tr>
<td></td>
<td>207--</td>
<td>20.7</td>
<td>Increase awareness of stroke</td>
</tr>
<tr>
<td>833</td>
<td>1215G</td>
<td>12.15G</td>
<td>Increase the percentage of mothers who continue duration of breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>93</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>94</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>95</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>97</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Rock and Relax booth at KY State Fair, and portable Mother Nurture Rooms at local health fairs and county fairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>148</td>
<td>Mother to Mother Support Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>201</td>
<td>Programs for residents, colleges, technical schools, health professional community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>202</td>
<td>Radio, television, newspaper interviews/articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>203</td>
<td>Health fairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>Billboards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>837</td>
<td>Abstinence Education Program</td>
<td>1 Choosing the Best to Middle School Students</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Postponing Sexual Involvement to Middle School Students</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Parent Education Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Student/parent/Community Awareness Event, Assembly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 Foster Parent Program</td>
<td></td>
</tr>
<tr>
<td>843</td>
<td>HIV</td>
<td>01 Make information and materials about HIV transmission available</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 Increase client awareness of at-risk behaviors for HIV transmission through risk assessments</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>03 Assist client in developing a personalized HIV Prevention Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>212-</td>
<td>21.2</td>
<td>Reduce HIV infection</td>
<td>04 Provide support including prevention for substantial behavioral change</td>
</tr>
<tr>
<td>214-</td>
<td>21.4</td>
<td>Prevent HIV transmission</td>
<td>05 Conduct health education activities for persons at increased risk of becoming infected with HIV</td>
</tr>
<tr>
<td>219-</td>
<td>21.9</td>
<td>Increase classroom education on HIV and STD</td>
<td>06 Host workshops and presentations to disseminate important information on HIV/AIDS prevention</td>
</tr>
<tr>
<td>856</td>
<td>1601C</td>
<td>16.1C Arthritis</td>
<td>11 Conduct health education activities for HIV+ persons to prevent HIV transmission</td>
</tr>
<tr>
<td>857</td>
<td>012-</td>
<td>01.2 Adult physical activity</td>
<td>18 Make professional education available to health care providers and educators</td>
</tr>
<tr>
<td>014-</td>
<td>01.4</td>
<td>Child and adolescent physical activity</td>
<td>20 Obtain approval to offer HIV/AIDS professional education within the agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>215 VERB/TWEENS/LONGEST DAY OF PLAY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>218 Take 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>219 Coordinate School Health Councils/Committees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>221 We Can! Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>240 Students Taking Charge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>343 Color Me Healthy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>344 I am Moving, I am Learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>890</td>
<td>100VS</td>
<td>100VS</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Registration and filing of births, deaths, and stillbirths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>140--</td>
<td>14.0</td>
<td>Community Assessment/Public health infrastructure</td>
<td>06</td>
</tr>
<tr>
<td></td>
<td>MAPP model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>141--</td>
<td>14.1</td>
<td>Public health competencies/Public health infrastructure</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>Determine the current status of “competency” of the Kentucky Public Workforce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>143--</td>
<td>14.3</td>
<td>Continuing education and training /Public health infrastructure</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Identify the specific competencies by discipline according to the essential services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>147--</td>
<td>14.7</td>
<td>Measure HK 2010 Objectives/Public health infrastructure</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Collect and analyze surveillance and vital data on one (1) and three (3) year intervals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1412-</td>
<td>14.12</td>
<td>Facilitate Greater collaboration/Public health infrastructure</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Establish formal relationships with private agencies with public health and community interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Assist private agencies with epidemiologic expertise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MEDICAID PRESUMPTIVE ELIGIBILITY
(Maternity Patients Only)

- Patients coming in for pregnancy tests are to be registered as usual.
- Income screening is performed since pregnancy testing is a Family Planning service.
- If pregnancy test is negative, PEF entry and checkout will be performed as usual.
- If pregnancy test is positive and patient meets criteria for Medicaid presumptive eligibility, patient should return to registration desk for determination of presumptive eligibility.
- Instructions given by Medicaid in Presumptive Eligibility (PE) trainings should be followed.
- Command to look up your Medicaid Provider # is PSIL 30 HID/LOC/S.
- After presumptive eligibility is determined, the PE eligibility or denial document is printed at the time of application, and the document is received/provided with the following steps taken:
  - Patient will have a new registration completed using the presumptive eligibility.
  - An “E” will be entered in the Medicaid field for presumptively eligible patients and a beginning date for eligibility entered on the registration screen in the E BEG DT field.
  - REMEMBER: The positive pregnancy adds one additional member to the household size.
  - For presumptive eligibility, the WIC income proof code will be the same as the code for a person who has a Medicaid card or who has KCHIP I or II.
  - A new PEF label is initiated/printed containing the newly determined eligibility information.
  - The original PEF and the new PEF are stapled together. The original PEF number is voided at checkout.
  - The new PEF is entered into the system under the new PEF number with the information contained on both the original and new PEFs.

Patient should be instructed to go to the local DCBS office and apply for Medicaid as soon as possible and prior to their PE ending date.
- At the end of the eligibility period, CDP will automatically change the “E” to an “A”.
- When the patient returns for billable services after the end of the presumptive eligibility period, they will need to bring with them information where they have both applied and qualified for Medicaid or have a Medicaid denial.
- **If the patient has a Medicaid DENIAL or cannot prove they applied for Medicaid beyond “PE”; the patient is screened for income per the Public Health Prenatal Program (PHPP) eligibility requirements. The patient must be at or below 185% FPL and have no other payer source to participate in the PHPP.**
- The WIC policies that are currently in place will apply to presumptive eligibility patients as they do to those patients having Medicaid or KCHIP I or II.
KY Medicaid Presumptive Eligibility Website

Who is eligible?

Presumptive eligibility may be granted to a woman if she meets the following criteria:

- Is a Kentucky resident;
- Meets income guidelines established in 907 KAR 1:640, Section 2(2)(a);
- Does not currently have a pending Medicaid application on file with the Department for Community Based Services (DCBS);
- Is not currently enrolled in Medicaid;
- Has not been previously granted presumptive eligibility for the current pregnancy; and
- Is not an inmate of a public institution.

LHD patients should call Medicaid’s Division of Member Services at the toll free number(s) if they want to select a certain MCO on the date of the Presumptive Eligibility (PE) application approval or if they have questions concerning their MCO assignment.

Currently the PE approved member can contact DMS at 1-855-446-1245 on the day of approval and select an MCO or the following day to determine what MCO was system assigned. If PE member wishes to change the system assigned MCO, the change is effective the first day of the following month, provided they call before the monthly cut off. Changes requested in the last eight working days of each month are not effective the next month but the following month. The cut off is necessary to submit membership records for the following month to the assigned MCO.

The MCO assignment is processed the evening of the approval, that information is then transmitted to the MCO. The MCO should receive the member the following morning and load the member into their system that day, as many of the MCOs have subcontractors, the member information is then pushed out to the subcontractors and that may take an additional day.

PE members needing services immediately can call the Medicaid Member Service line at 1-800-635-2570, member reps can then make contact with the assigned or selected MCO and request an urgent member add. In the event the MCO states they do not have a member showing on their system, a call to DMS member line would be the appropriate next step, as DMS staff can work with the assigned MCO and ensure the member’s eligibility is reflected in the MCO systems.

Both toll free lines listed are answered by DMS staff. Ask to speak with the Member Services Director’s office if a member services staff member is not able to assist.
<table>
<thead>
<tr>
<th>COST CENTER:</th>
<th>DEFAULT PATIENT SELF-PAY FEES:</th>
<th>EXCEPTIONS TO DEFAULT FEES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>800 Pediatrics/Adolescents</td>
<td>Sliding based on State Average Cost *</td>
<td>Fixed Full Charge for NON-VFC/KVP/Special Grant Funded Pediatric/Adolescents Immunizations **</td>
</tr>
<tr>
<td>802 Family Planning</td>
<td>Sliding based on State Average Cost *</td>
<td></td>
</tr>
<tr>
<td>803 Maternity</td>
<td>Sliding based on State Average Cost *</td>
<td></td>
</tr>
<tr>
<td>805 Medical Nutrition</td>
<td>Sliding based on State Average Cost *</td>
<td></td>
</tr>
<tr>
<td>806 Tuberculosis</td>
<td>Nominal of 50% of State Average Cost with $5.00 max *</td>
<td>Fixed Full Charge for services NOT included in the CCSG **</td>
</tr>
<tr>
<td>807 Sexually Transmitted Diseases</td>
<td>Nominal of 50% of State Average Cost with $5.00 max *</td>
<td>Fixed Full Charge for services NOT included in the CCSG **</td>
</tr>
<tr>
<td>809 Diabetes</td>
<td>Sliding based on State Average Cost *</td>
<td>Fixed Full Charge for Adult Immunizations **</td>
</tr>
<tr>
<td>810 Adult</td>
<td>Sliding based on State Average Cost *</td>
<td>Fixed Full Charge for Flu and Pneumonia Immunizations **</td>
</tr>
<tr>
<td>811 Lead</td>
<td>Sliding based on State Average Cost *</td>
<td></td>
</tr>
</tbody>
</table>

* The Patient Services Reporting System (PSRS) will automatically compute the correct fee.

State Average Cost: Based on values established by the Centers for Medicare and Medicaid Services (CMS), a federal government agency. The Relative Value Unit (RVU) assignment is adjusted by the geographic region; otherwise known as, Geographic Practice Cost Index (GPCI). The RVU is a measure of value used in the Medicare reimbursement formula for physician services. RVUs are a schema used to determine how much money medical providers should be paid. PSRS service files are reviewed annually and updates to CPT code rates (fees) are made during the 1st quarter of the calendar year. Rates will also be updated as needed following protocols approved by the LHO Branch.

** Must enter “F” in the Fixed Full Charge (FFC) field on PEF Entry Screen for system to correctly compute fee.

LHDs may provide services at a FFC (referenced above as Exceptions) without requests for Approval by DPH/AFM. All Charge rates including the FFC rates in the 501 Service File will be maintained by AFM using web-based software approved by the American Medical Association (AMA) and CMS. AFM will use the current RVU per code and, where available, for VACCINES the Center for Disease Control and Prevention (CDC) PRIVATE SECTOR per dose price rates will be used.
UNIFORM PERCENTAGE PAYMENT SCHEDULE

Sliding Fee Schedule

The UNIFORM PERCENTAGE PAYMENT SCHEDULE will determine how much the sliding fee charge will be based on the percentage of poverty level (0% to 250%) and the percentage of pay (0% to 100%) according to the number in the household and the household’s gross annual income obtained at the time of appointment scheduling/registration.

The UNIFORM PERCENTAGE PAYMENT SCHEDULE is calculated using the annual 100% to 250% Federal Poverty Level as published by the United States Department for Health and Human Services (DHHS) under the authority of 42 U.S.C. 9902(2) in the Poverty Income Guidelines section of the Federal Register Document Citation. The poverty income guidelines can be located by searching poverty guidelines at the following FederalRegister.gov URL:

The UNIFORM PERCENTAGE PAYMENT SCHEDULE will be updated annually and made available on the Local Health Operations (LHO) Branch webpage under the Updates and Alerts subheading.

Unless otherwise notified, the effective date of the annual update to the UNIFORM PERCENTAGE PAYMENT SCHEDULE will be April 1 of each year. The Patient Services Reporting System (PSRS) and, as necessary, the Clinic Management System (CMS) will be updated to reflect the April 1st implementation schedule.
HOUSEHOLD SIZE AND HOUSEHOLD INCOME

1. Household size and household income is not required for a health department service if the applicant is receiving:

   - Medicaid/MCOs, including Medicaid Presumptive Eligibility (MPE), Medicaid Breast and Cervical Cancer Treatment Program (MBCCTP), Medicaid that is issued under Affordable Care Act (ACA), Kentucky Children’s Health Insurance Program (KCHIP) Phase I, and KCHIP Phase II, or
   - Medicaid as a “deemed eligible newborn” infant. A newborn baby born to a mother who received Medicaid in Kentucky at the time of the newborn’s birth is considered deemed eligible. This includes receipt of Medicaid in any category, including Modified Adjusted Gross Income (MAGI) Medicaid, Non-MAGI Medicaid, Time-Limited Medicaid, SSI, or K-TAP. Once deemed eligible, the newborn is guaranteed Medicaid from the birth month through the 12th month regardless of whether the mother and/or other case members remain eligible to receive Medicaid. Medicaid must be issued for a deemed eligible newborn even if the mother does not want the coverage. A child is considered a deemed eligible newborn even in situations where: 1) the Medicaid application for the mother is made after the birth of the newborn, as long as the birth month is the month of application or one of the three (3) retroactive months for which the mother is approved; 2) the mother is approved for spend down eligibility and the excess is obligated on or before the newborn’s date of birth.) Department of Community Based Services, Division of Family Support Operation Manuals, Volume IVB MAGI Medicaid, APTC/CSR and QHP, Operation Manual Transmittal Letter (OMTL) – 457, effective 4/1/14, or
   - KCHIP Phase III, except when the service is WIC certification and household size and income is required. Refer to the WIC and Nutrition Manual, Certification and Management, WIC Income Eligibility Requirements.

Medicaid eligibility must be verified through the KYHealth-Net System and/or through the patient Medicaid MCO plan, (which shows Medicaid eligibility and the type of Medicaid coverage,) or the local Department for Community Based Services (DCBS) office. The WIC Program requires verification of Medicaid Eligibility through the KY Health-Net System or the local Department for Community Based Services (DCBS) due to KCHIP III.

Once eligibility has been obtained, you may verify continued eligibility by one of the following methods:

- by contacting the Automated Voice Response System at (800) 807-1301
- by using the Web-based KYHealth-Net System
- by purchasing and using a swipe card reader

FOR BILLING PURPOSES: A copy of the KYHealth-Net System screen showing Medicaid eligibility must be printed/made available and included in the individual’s medical record at the provision of the first and subsequent billable service. If the patient has coverage with a KY Medicaid MCO,
eligibility needs to be verified with that MCO plan. Until eligibility can be maintained, in an Electronic Health Record format that is approved by DPH and available, a copy (printout) of this screen is the only acceptable documentation of eligibility for re-submission of billings that have been denied due to “patient not eligible at time of service”. For Medical Presumptive Eligibility (MPE) and Medicaid Breast and Cervical Cancer Treatment Program (MBCCTP), a copy of the identification sheet for MPE or MBCCTP should be made and filed in the individual’s medical record at the provision of the first billable service of the month.

2. **Household size and current household income is required for:**
   - All services for which the Uniform Percentage Payment Schedule is applied. This schedule, along with the household income, determines the patient’s payment for the service. Payment percentage should be determined prior to the delivery of services.
   - WIC certification when adjunct eligibility or transfer of eligibility does not apply.
   - Refer to the WIC and Nutrition Manual, Certification and Management, WIC Income Eligibility Requirements.

3. Household size and household income shall be determined in a confidential manner.

4. Household size and household income shall be determined at no cost to the applicant.

5. Proof of household income is not required for any services except WIC certification. Refer to the [WIC and Nutrition Manual, Certification and Management](#), WIC Income Eligibility Requirements.

6. Household size and household income must be documented for each individual when applying the Uniform Percentage Payment Schedule or WIC Income Eligibility Guidelines and filed in that individual’s medical record. Documentation is done by completing the CMS Portal Patient Registration Screen, printing registration/income labels and completing the applicable Registration, Authorizations, Certifications, and Consents form (CH-5 or CH-5WIC). If the automated system is unavailable, the Patient Registration and Income Determination form (CH-5B) must be completed and filed in the medical record, and data subsequently entered in the system.

7. Once determined and documented, household size and household income is valid for six (6) months except for WIC certification. If household size and household income has been established within the past six (6) months or within the current pregnancy for pregnant women, it is not required to collect household income again when the patient presents for additional services unless otherwise specified in this document. If household income was determined more than six (6) months from the date that the patient presents for services, household size and household income must be determined. If the household size and household income remain the same as that collected six months ago,
the patient may sign and date the current registration form for all services except WIC certification. Refer to the [WIC and Nutrition Manual, Certification and Management](#), WIC Income Eligibility Requirements.

8. Current household income or the household income during the past twelve (12) months may be considered to determine which more accurately reflects the status. To clarify the definition of “current income” – it is income RECEIVED by the HOUSEHOLD during the month (30 days) PRIOR to the date of the application.

9. Income for persons who are unemployed shall be the income during the period of unemployment.

10. Persons who are on leave that they themselves requested (i.e., maternity leave or a teacher not being paid during the summer) are not considered unemployed. Therefore, the person’s income earned during the regular employment period must be averaged to determine annual income.

11. The weekly, bimonthly or monthly income shall be converted to annual household income for application of the Uniform Percentage Payment Schedule. The exception applies to the WIC Income Eligibility Guidelines.

12. WIC Income Eligibility Guidelines are calculated based on the individual’s frequency of pay. The system is programmed to compare the weekly, bimonthly, semi-monthly, or monthly income to the WIC Income Eligibility Guidelines.

**Determining Household Size**

1. Household is defined as a group of related or non-related individuals who are living together as one economic unit. Household members share economic resources and consumption of goods and/or services. The terms “economic unit” and “household” are sometimes used interchangeably. Residents of a facility, such as a homeless facility or an institution, shall not all be considered as members of a single household/economic unit.

2. It is reasonable that persons living in the residence of others, whether related or not, are likely to be receiving support and some commingling of resources. This would make them members of the economic unit with which they live. However, a household may consist of more than one economic unit. Appropriate questioning must be done to make a reasonable determination of whether resources are shared or not.

3. To determine the size of the household, consider the guidance below:

   - **Separate Economic Unit:** A person or group of persons living in the same house with other individuals may be a separate economic. To be considered a separate household, the individual must have their own source of income and cover their own expenses, such as rent, food and utilities.
Questions to Ask: Do you share income and expenses with other people? If yes, count all members as one household. Does the household provide you food, clothing, shelter, etc., with no expectation of payment or in-kind benefits? If yes, count all members as one household. Do you pay the household for living in their home or exchange household chores for living expenses? If yes, the applicant is a separate household.

- **Pregnant Woman**: A pregnant woman’s household is increased by one for each unborn child. If she is expecting one child, count her as two; if she is expecting twins, count her as three; and so on. The increased household size should be used for other household members applying for services when determining their household size.

  *NOTE*: If the applicant has a cultural or religious objection to counting the unborn child/children, this shall not be done. The objection should be documented in the patient medical record since it affects household size and income determination.

- **Unmarried Couple**: An unmarried couple living together as one household counts the income of both parties and counts both in the household size. Income for all persons supporting the household is counted.

- **Child**: A child is counted in the household size of the parent, guardian or caretaker with whom he/she lives.

- **Foster Child**: A foster child is a separate household of one as long as he/she is the legal responsibility of a welfare agency, social service, or other agency. Foster children less than 18 years of age are eligible for Medicaid and the Department for Community Based Services applies for Medicaid on behalf of the child. The foster child’s Medicaid eligibility cannot be used to establish WIC eligibility of other members of the household.

  *Questions To Ask*: Is the child the legal responsibility of a welfare agency or social service agency? If yes, the applicant is a household of one.

- **Joint Custody**: In joint custody, or cases where the child may live with both parents equally, the child is counted in the household of the parent or guardian who is seeking services for the child. The child may NOT be counted in the household of the other parent. The parent who made application receives WIC benefits. It is the responsibility of the two parents to mutually agree on sharing the child’s WIC food benefits.

- **Child Residing With Caretaker**: A child in the care of a friend or relative is considered a part of the household of the caretaker with whom he/she is residing. All persons with income supporting the household are considered, including any monetary support provided from the parent(s).

- **Adopted Child**: An adopted child or a child for whom a family has accepted the legal responsibility is counted in the household size with whom he/she resides.
- **Student:** A child residing in a school or institution, who is being supported by the parent/caretaker, is counted in the household size of the parent/caretaker.

- **Alien/Foreign Individual:** It is legal for an alien/foreign individual and his/her family to apply for services. He/she/they are members of the household in which he/she/they reside.

- **Military:** Military personnel serving overseas or assigned to a military base, even though they are not living with their families, are counted as members of the household, along with the military personnel’s gross income.

  Military Family in Temporary Residence of Friends or Relatives: When military personnel are deployed or assigned to a military base and temporarily absent from home, their family (children [if parents are deployed], children and one parent, or spouse) may temporarily move in with friends or relatives. In this situation, flexibility is allowed to ensure minimal impact on military family member’s eligibility and/or receipt of services. The “military family” household size is determined through the following options:

  - Count the “military family” as it was prior to the deployment/assignment of the military person(s) as a separate economic unit. This option counts the deployed person(s) and gross income. Use of this option is dependent on whether the total gross income for this economic unit can be reasonably determined.
  
  - Count the “military family” as it is now as a separate economic unit without the deployed person(s). This option does not count the deployed person(s). To consider as a separate economic unit, the unit must have its own source of income, e.g., allotment to the spouse and/or children.
  
  - Count the “military family” as part of the household of the person(s) with whom they reside. All persons and all income for this household are counted. Refer to the WIC and Nutrition Manual, Certification and Management, WIC Income Eligibility for additional information.

- **Homeless:** Individuals whose primary residence is a shelter providing temporary living accommodations or who lack a fixed and regular nighttime residence are considered homeless and are considered a separate household. **Questions To Ask:** Do you lack a fixed and regular nighttime residence? If yes, count as a separate household. Is your primary nighttime residence a shelter for temporary living accommodations? If yes, count as a separate household.

4. Exception:

- **Maternity Services Exception ONLY:** A pregnant woman who conceives prior to her 21st birthday and resides with her parents/guardian, but whose parents/guardian will not be providing her with financial support for maternity care, shall be counted as a separate household. (If the pregnant woman is married or has dependent children living with her, her husband, her children and she are a separate household.)

- **Clarification for Minor Family Planning Patients:** Unless a minor is completely emancipated under state law, regulations as to ability to pay must
be based upon the minor’s household income. Only when a minor is unable to pay for services without having to inform his/her parents and the minor requests services on a confidential basis should the project look solely to the minor’s income.

**Household Income Definition**

1. Income earned or received by all members of the household includes:

   - Gross income (before deductions for income taxes, employee’s social security, insurance premium, etc.) for the following:
     
     - Monetary compensation for services, including wages, salary, commissions, fees, and overtime.
     - Public assistance or welfare payments (KTAP, Supplemental Security Income [SSI], etc.).
     - Pensions or retirement.
     - Black lung or other disability payment.
     - Social Security benefits.
     - Government civilian employee or military retirement or pensions or veterans’ payments/benefits.
     - Unemployment compensation or worker’s compensation.
     - Alimony and child support payments.
     - Payment from the military including food and clothing allowance. Do not include housing allowance.
     - as the following income sources must also be included:
       - Regular contributions from person not living in the household.
       - Dividends or interest on savings or bonds, income from estates, trusts, or investments.
       - College or university scholarships, grants, fellowships, and assistance except as excluded below.
       - Strike benefits.
       - Payments or winnings from gaming, gambling, lottery, and bingo.
       - Cash received or withdrawn from any source, including savings, investments, trusts.
       - Lump sum payments. These are defined as follows:
         - Lump sum payments that represent new money intended for income is counted as income. Examples include: gifts, inheritance, lottery winnings, worker’s compensation for lost wages, severance pay, and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income.
         - Lump sum payments that represent reimbursement for lost assets or injuries should not be counted as income. Examples include: amounts received from insurance companies for loss or damage of personal property, such as home or auto; payments that are intended for a third party to pay for a specific expense incurred by a household,
such as a payment of medical bills resulting from an accident or injury.

- The lump sum payment may be counted as annual income or may be divided by 12 to estimate a monthly income, whichever is most applicable.

b. Net income for self-employed and farm (determine net by subtracting operating expenses from the total amount made) only for the following:

- Net royalties.
- Net rental income.
- Net income from farm (money from tobacco, crops, etc.) or non-farm self-employment.

2. Income cannot be reduced for hardships, high medical bills, child care payments, taxes, child support, alimony, insurance, or other deductions.

3. The following shall NOT be considered as income:

- Non-cash benefits, in-kind housing, and in-kind benefits such as employer paid or union-paid portion of health insurance or other employee fringe benefits, food, or housing received in lieu of wages.
- Capital gains, the sale of property, a house, or a car.
- One-time payments from a welfare agency to a family or person who is in temporary financial difficulty.
- Tax refunds.
- Payments or allowances from the Home Energy Assistance Act of 1981; Reimbursements from the Home Energy Assistance Act of 1981; payment to volunteers under Title I (VISTA and others), Title II (RSVP foster grandparents and others) of the Domestic Volunteer Service Act of 1973; payment to volunteers of the Small Business Act (SCORE and ACE); payments received under the Job Training Partnership Act (JTPA).
- Educational grants and tuition assistance received from any program funded in whole or in part under Title IV of The Higher Education Act of 1965 (Pell Grants, State Student Incentive Grants, National Direct Student Loans, Supplemental Educational Opportunity Grant, State Student Incentive Grants, PLUS, College Work Study, And Byrd Honor Scholarship programs).
- Cash or non-cash payments from a Child Care and Development Block Grant or other purchase of child care subsidy.
- Earned Income Tax Credit (EITC) payment/refund.
- Loans to which the applicant does not have constant or unlimited access.
- Family Subsistence Supplemental Allowance (FSSA). This is a payment made to certain members of the Armed Forces and their families by the Department of Defense.
- For military personnel:
Military Housing allowance (off-base and on-base housing allowances). Such housing allowances include Basic Allowance for Housing (BAH), Family Separation Housing (FSH) and Overseas Housing Allowance (OHA).

Overseas Continental United States cost of living allowance (OCONUS COLA) provided to military personnel in high cost of living areas outside the contiguous United States.

Combat Pay:
For additional guidance in exclusion of Combat Pay from WIC income eligibility determination, refer to WIC Income Eligibility Requirements, Appendix I: Guidance for the Exclusion of Combat Pay from WIC Eligibility Determination.

Computing Household Income
- Consider the current household income or the household income during the past 12 months to determine which indicator more accurately reflects the status. Current income is defined as all income RECEIVED by the household during the month (30 days) prior to the date of the application. If the income assessment is being done prospectively (e.g. a household member has been laid off but has been authorized to receive unemployment benefits for the next six months), “current“ refers to income that will be available to the household member in the next 30 days.
- Clarification for number of paycheck stubs recommended for review. If an applicant indicates they are paid weekly, it would be reasonable to look at four paystubs from the past four weeks (30 days). The table below indicates the number of paystubs recommended to review for EACH type of pay period.

<table>
<thead>
<tr>
<th>Pay period</th>
<th>Request to review paystubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>1</td>
</tr>
<tr>
<td>Weekly</td>
<td>4</td>
</tr>
<tr>
<td>Twice a month</td>
<td>2</td>
</tr>
<tr>
<td>Every 2 weeks</td>
<td>2 - 3</td>
</tr>
</tbody>
</table>

Exceptions to the provision are:
- Unemployed person (including laid-off workers), use income that will be available to the household member in the next 30 days.
- Self-employed or seasonally employed person whose household income fluctuates through the year, use annual.
- Person on temporary leave (maternity, family leave, extended vacation), use annual. (This is not considered unemployed.)
- Teacher paid on ten (10) month basis, use annual.
• Person on strike, use income that will be available to the household member in the next 30 days, including any strike benefits.

3. Sources of income for the household may not be the same timeframe (weekly, monthly, etc.). **The system is programmed to convert income to common terms to determine the total household income** Refer to the WIC and Nutrition Manual, Certification and Management, WIC Income Eligibility Requirements for additional detailed information.

**Applicant Reporting Zero Household Income**

1. An applicant declaring zero income must be asked for information as to how basic living necessities such as food, shelter, medical care, and clothing are obtained. Persons living together and sharing resources are members of one economic unit.

2. When the interviewer is satisfied that the person’s income is zero, obtain the applicant’s signature on the CH-5/CH-5-WIC as documentation that income has been reported accurately. For WIC certification, see WIC Income Eligibility Requirements, Proof of Income for WIC Certification – “Applicant Unable To Provide Proof of Income.”

**Verification of Household Income**

Verification of income is not required but is encouraged especially if the agency personnel have reasonable cause to believe the applicant’s income is in excess of the income reported OR when the agency’s policy is to verify income for all clinical services provided, as applicable. **(For WIC income verification, refer to WIC income requirements).**

If verification is requested due to reasonable cause, documentation of the reason for requesting verification shall be made in the person’s medical record.

When requesting proof of income due to reasonable cause, any difference in income shall be discussed with the patient and the patient shall be asked to explain. All documentation shall be entered into the medical record.

To verify the income of an individual/household, the following procedures shall apply:

**Proof of Income:**

1. Written proof of income for the household must be presented at every 6 months income determination or as applicable. (See “Household Income Definition”)

2. Examples of acceptable proof of income, but not limited to, are:

   • Current paystub with **GROSS** amount and the pay timeframe (weekly, bi-weekly, semi-monthly, monthly, etc.)
   • Signed statement from employer indicating gross earnings for a specified pay period or any responsible person who can accurately verify income if the
employer refuses to do so. No person may be denied participation in services solely because the employer refuses to verify income.

- W-2 forms or income tax return forms for the most recent calendar year. Additional documentation or signed written statements of income may be requested to update this to “current income”. **W-2 forms and income tax returns are ONLY APPLICABLE for Self-Employed individuals.**
- Income tax return for most recent available calendar year. (Use the adjusted net income indicated on the Federal tax return.) Additional documentation or written statements of income may be requested to update this to current income.
- Unemployment letter/notice.
- Check stub/award letter from Social Security stating current amount of earnings.
- Tax returns for self-employed. Use the adjusted net income.
- Court decree or copies of checks for alimony or child support.
- Letter from person(s) contributing resources.

**NOTE CONCERNING PAYCHECK STUBS:** If the pay is standard (does not vary), one paycheck for the most recent pay period prior to the application for services will be sufficient. However, if the pay varies (shift work, overtime, commissions, etc.), paycheck stubs during the month prior to application should be averaged to represent the amount received.

3. The type of proof(s) of income should be documented in the patient record either by electronic entry or on service note.

4. **Applicant Failing to Bring Proof of Income:**
- For an applicant who has proof of income but fails to bring it, inform of the requirement for proof of household income; and
- Make a new appointment within a reasonable timeframe for appointment scheduling. Refer to the AR Local Health Operations for “Appointment and Scheduling Requirements for Health Services”.

5. **Applicant Unable to Provide Proof of Income**
- An applicant who has no written proof of income, such as a migrant, a homeless person, or a person who works for cash, or who reports income as zero, can self-declare income and must provide a signed statement. An applicant where military service personnel are temporarily absent from home and proof of gross military income cannot be produced, may self-declare income and must provide a signed statement.
- The statement must include why written proof of income cannot be provided, (i.e., homeless, migrant), the date, and the person’s signature. For zero income, an explanation of how living expenses are met must be included.
The statement must be filed in the patient’s record.

The statement is applicable only to the income assessment period for which it was provided. When the need for a new income assessment is required, if the person still has no proof of income, another statement must be obtained for this assessment period.

An optional form, Statement of No Proof (**CH-NP**), is available on the LHD Forms webpage. The WIC Program requires the Statement of No Proof (**WIC-NP**) form to be used for WIC Services.

**New Income Information:**

- If the local agency staff has reason to believe that income information or household size provided at the time of service was not accurate or complete, the agency may reassess the income for that time period. The reason for reassessment should be documented in the patient’s record and any fees/charges assessed should be reviewed and corrected, as applicable.

- A participant/caretaker reports a change in income or Medicaid status. If after a new income assessment has been completed and it is determined the income has changed, the new income determination will be used from that date forward until a new income assessment is required. For those patients determined to have Medicaid coverage, the agency will bill Medicaid for all applicable services and refund any payments received from the patient for those same services. Refer to the WIC Income Eligibility Requirements for new income information guidelines that are specific to the WIC Program.

**Patient chooses NOT to provide income:**

If the patient will not receive a service that is based on federal or state regulations requiring “income eligibility” to participate in the program AND chooses to not provide their income; the patient may sign the appropriate box required for “Financial Certification signature” on the CH-5 Registration document and will be charged at 100% of the set rate for the service(s) provided and in accordance to applicable Rules and regulations.
BILLING/PAYOR PROCEDURES THAT ARE NOT PART OF PEF ENTRY

PATIENT SELF-PAY (BILLING CODE #1)
Monthly statements for patient pay account balances are generated on the 597 E-report. The 597 runs the first weekend following the end of the month. E-report 598 contains statement labels. These statements are made available to LHDs to utilize in billing patients for outstanding self-pay invoices. Receipts for any self-pay payments received should be provided to the patients.

QUPR<SITE #><PRINTER #><ALL><XMIT>.

Payments received in the mail for amounts owed by patients may be entered using the following procedures.

1. Set up a cash target amount for the batch total dollar amount that you will be entering at one time. Use command CDS304<XMIT>.

2. You may review a patient’s account with the command:

   PARI<LOCATION><PAT ID><XMIT>

3. Use the entry of cash receipts screen (CDS302) to enter each patient’s payment as:

   S<PAYMENT><PAT ID><XMIT>

MEDICAID BILLING/MEDICAID MCO’s (BILLING CODES #2, 23, 24, 25, 26, 27, 28, and 29)

Refer to this PSRS Section when needing to setup a new LHD Clinic Site. Contact the LHO Branch for procedural instructions and guidelines.

For LHDs that participate in the Kentucky Preventive Health Services Program, the system will automatically bill for covered services for patients enrolled in traditional Kentucky Medicaid or a Medicaid MCO.

Each of the service providers for your department has a third party billing status “flag” (Yes) or (No) in their provider master record. This flag is used to determine if any third parties may be billed for each provider’s services to a covered patient. All employees are automatically flagged yes. Independent contractors are individually flagged based upon the information in their contract and entered at the state level.

We recommend that a Kentucky Medicaid Preventive Health Services Program Statement of Authorization – Other Providers form be obtained for each independent contractor and other provider used by your department.

At the end of each month, the Applied Potential Medicaid report #375 is available. The report lists all patients (and their PEFs with covered services) who were marked as applied potentially eligible for Medicaid/Medicaid MCO. PEFs containing WIC only
services will not be listed. When the patient receives their Medicaid/Medicaid MCO card, use the following procedures to bill for those service dates that were covered:

**Retro-Active Billing:**

1. The retro-active screen for each patient is brought up using the command:

   \[ \text{NERI}<\text{space}>30<\text{space}><\text{LOCATION}><\text{space}><\text{PATIENT ID#}><\text{XMIT}> \]

2. In the first column on the screen enter the correct code on the same line as the PEF you want to bill to Medicaid/Medicaid MCO or on which you want to change the billing status. **Allowable codes are:**

   - Enter “Y” or “X” to flag Medicaid eligible. Covered services provided by billable providers will be added to the next Medicaid/Medicaid MCO billing.
   - Enter “N” to flag patient not eligible for Medicaid on the date of the service. The PEF will no longer appear on the 375 report at the end of the month. If a self-pay charge results, the A/R amount will automatically be set up.
   - Enter “A” to re-flag Medicaid applied or potentially eligible. (Use for corrections.)

   If the patient has coverage through a Medicaid Managed Care Partnership, enter the region number in the Par # field. Transmit to change the billing status. The converting to Medicaid audit trail will be produced under print Queue 9.

   **REMEMBER:** WIC only PEFs will not be listed and PEFs will no longer appear on the 375 report anytime the status is changed from an A, P, or M.

When corrections are made to PEFs in the history file, covered services on those corrected PEFs will automatically bill to Medicaid or Medicaid Managed Care provided that none of those services were previously billed.

If your department needs to make mass changes to your Medicaid or Medicaid Managed Care billings due to a change in the billing status of an independent contractor or other provider or due to a retro-active addition of a site to the Preventive program, contact the **LHO Branch** for specific instructions.

If a claim has already been billed and requires corrections, that claim must be resubmitted by using the CPOD function. A separate electronic billing will be created. First, correct any and all errors in the PEF history file or patient master record that caused a denied claim. Also correct the patient’s accounts receivable for Medicaid/Medicaid MCO using the following procedures:

1. Set up a cash target amount of $0 since no cash will be involved in this type of patient accounts receivable transaction. Use command \[ \text{CDS304}<\text{XMIT}> \].

2. You may review a patient’s account with the command:

   \[ \text{PARI}<\text{space}>30<\text{space}><\text{LOCATION}><\text{space}><\text{PAT ID}><\text{XMIT}> \]
3. Use the entry of cash receipts screen (CDS302) to enter each patient’s account receivable adjustments. Adjustments will include reducing the A/R for any services that were denied payment and cannot be re-billed or changes in the A/R amount for services that were denied payment and must be re-billed at a different rate. Any services that are being billed that were not billed electronically must have an amount set up in the patient’s A/R.

**Electronic Re-billing:**

The following computer procedure is available to produce the electronic re-billing:

1. The electronic re-billing screen is brought up using the command:

   \[\text{CPOD<space}>30<space><\text{LOC}><space><\text{PEF#}><space>2<space>2<X\text{MIT}>}\]

   Use:

   \[\text{CPOD<space}>30<space><\text{LOC}><space><\text{PEF#}><space>9<space>2<X\text{MIT}>}\]

   for Insurance TPL Medicaid billing. The rebilling screens may also be accessed via the Billing tab drop down box.

2. Review the information on the screen. Delete any services and associated information that have already been paid by Medicaid from a previous computer billing. For Insurance TPL billing, enter the amount paid by the insurance company in the insurance paid field.

3. Enter the invoice # in that field. If you are re-billing a denied claim, a number was already created by the computer for the first billing, use that number. If this is the first billing for a service that requires written documentation, or for Insurance TPL billing, use the invoice # that was used to create the patient account receivable.

1. When resubmitting a claim, enter the appropriate bill frequency code in the Medicaid Resubmission Code field.

   \[#7 = \text{Replacement} \text{ of prior claim}\]

   \[#8 = \text{Void/Cancel} \text{ of prior claim}\]

2. Remember to enter the ICN of the claim being adjusted in the Original Ref. No field.
Use the command:

MQP<space><PRINTER#><space>2<XMIT>

to release the print Queue and print the bills.

Please remember that the above procedures only create an electronic billing entry or print a bill. No changes are made to the Patient’s account receivable or the PEF history file by these procedures. Those changes have to be made separately.

The following procedure offers the ability to rebill multiple claims to a different payer if initially billed incorrectly:

NERB><client><LOC><Patient ID>

This function can be used for these payers: (M) Medicaid/MCO, (I) Insurance, or (B) Medicare Part B. If no errors are returned on the Audit Trail, the system will automatically update the registrations and create the A/R invoice for the dates of service selected. The electronic claim will be on the next billing cycle. Paper claims will be sent to Que#2. The Audit Trail is sent to Que #9.

New CMS 1500 Screens

This function gives full functional control over the CMS 1500. The screen may also be accessed through the PERI screen.

CPCC><30 ><HLS><PEF#><TYPE><PAY CD>
Type 2-Medicaid/MCO
Type 3-Medicare
Type 9-Insurance

When a new CMS1500 screen is created the information from the Patient Encounter Form will be used to populate the screen.

**CPCH** Function allows changes to an existing CMS1500 record.

The following will direct you to [CDP User Training documents](#). Contact CDP should you have questions to or difficulty accessing these documents.

For Kentucky Medicaid MCO billing-related claim errors or problems, the LHD should initiate the first contact to the MCO in order to resolve the issue. In the event the MCO cannot sufficiently provide resolution to the issue, an LHD Billing Specialist may contact the LHO Branch to seek guidance and/or support in obtaining resolution.

**MEDICARE BILLING (BILLING CODE #3)**
Some physician services, on-site laboratory services and Influenza and Pneumonia injections may be billed to the Medicare Physicians Services program. See the Medicare Preventive Services Guide for specific information.

Also available is a special program for billing only immunization services including influenza and pneumonia. If your department is enrolled in either program, Medicare services are automatically billed at the state level on a weekly basis.

[CONTACT THE LHO BRANCH FOR PROCEDURES AND GUIDELINES NEEDED TO SETUP A NEW LHD CLINIC SITE](#). Specific information for each clinic site and for physician or mid-level providers, including NPI and UPIN#, must be in the master files in the system.

Contact the [LHO Branch](#) for guidance on the procedures in submitting the required NPI and UPIN numbers to have them entered in to the PSRS master files. However, keep in mind that DPH is not a Medicare provider and therefore, due to HIPAA requirements, the LHO Branch does not answer Medicare billing related issues and cannot contact Medicare on behalf of an LHD to assist with billing errors, inquiries or concerns. The LHD must resolve billing issues directly with Medicare.

Corrections to individual PEFs in the history file will enable covered services on the corrected PEF to be automatically billed to Medicare if any of the services on the PEF have not previously been electronically billed to Medicare.

Denied Medicare claims re-billings must be submitted to the Medicare carrier by using the CPOD function. A separate electronic billing will be created for these claims. First, correct any errors in the PEF history file or patient master record that caused a denied claim. Also correct the patients’ account receivables for Medicare using the following procedures:
1. Set up a cash target amount of $0 since no cash will be involved in the type of patient accounts receivable transaction. Use command **CDS304<XMIT>**.

2. You may review a patient’s account with the command:

   **PARI<space>30<space><LOCATION><space><PAT ID><XMIT>**

3. Use the entry of cash receipts screen (CDS302) to enter each patient’s accounts receivable adjustments. Adjustment will include reducing the A/R for any services that were denied payment and cannot be re-billed or changes in the A/R amount for services that were denied payment and must be re-billed at a different rate. Any services that are being re-billed that were not billed electronically must have an amount set up in the patient’s A/R.

   The following computer procedure is available to produce the electronic re-billings:

   1. The electronic re-billing screen is brought up using the command:
      
      **CPOD<space>30<space><LOC><space><PEF><space>3<space>3<XMIT>**
      
   2. Review the information on the screen. Delete any services and associated information that have already been paid by Medicare from a previous computer billing.
      
   3. Enter the invoice # in that field. If you are re-billing a denied claim, a number was already created by the computer for the first billing so just use that number. If this is the first billing for a service, use the invoice # that was used to create the patient’s account receivable.
      
   4. Transmit the screen to create an electronic billing entry.
      
      *Please remember that the above procedure only creates an electronic billing entry. No changes are made to the Patient’s account receivable or the PEF history file by this procedure. Those changes will have been made separately.*

**OTHER THIRD PARTY BILLING (BILLING CODE #8)**

The billing procedures for other third parties are similar to those available for the insurance company automated billing procedures. Other third party billings are automatically prepared at the state level on a monthly basis using information from the Patient Services Reporting System (PSRS). Since we currently lack sufficient volume to any one third-party to bill them electronically, use report 736 Invoice Register as a billing document for these payors. DPH is not a private/commercial insurance provider and therefore, due to HIPAA and other third-party requirements, the LHO Branch does not provide assistance on behalf of an LHD to assist with resolution of billing errors, inquiries or concerns. The LHD must resolve billing-related issues directly with their contracted third-party (private/commercial) insurance company/agency.
LHDs will assign Contract Codes in the PSRS/Bridge and CMS-Portal systems (instructions below). To see a list of Contract Codes in PSRS/Bridge for your HID/LOC, use LXID 30 HID. Patient encounter forms (PEF) will be used to report all billing code #8 services. On PEF entry the Contract Code shall be entered in the designated field (CnctC) and P8 shall be entered in the override field (Ovr:Da) for each CPT.

On the CDS351 screen, the ONLY fields that have to be completed for Payor Code 8 setup are:

- Client: always 30
- Act: (N)ew, (C)hange, (D)elete
- Contract Payor (I/9-C/8): C
- Hid: your LHD Hid
- Code: the Contract Code your agency is assigning to this agreement
- Payor Source: name of Contractor
- Company Name: (may be the same as Payor Source)
- Address, City/State/Zip, Phone Number

Additional information can be found in the AR Financial Management Section. Invoices will be setup automatically the first weekend of following month by CDP. Report 736 will contain all P8 services reported in the previous month separated by Contract Code.

To print the monthly CMS 1500 bills that are to be sent to other third parties, use the following procedures:

1. The monthly bills should be ready to print after the first weekend of each month.
2. All bills to all other third parties are printed in order on continuous CMS 1500 forms. Use the command:

   QUPR<space><SITE#><space><space><PRINTER#><space><space>765<space>ALL<space><XMIT>

   to release the print queue and print the bills.

   Denied other third party claims re-billings must be submitted to the other third party via another paper CMS 1500 form. Correct any errors in the PEF history file or patient master record that caused a denied claim. Also correct the patients’ account receivables for other third party.

The following computer procedure is available to print the CMS 1500 form as part of the re-billing process:

1. The on-demand CMS 1500 billing screen is brought up using the command:

   CPOD<space>30<space><LOC><space><space><PEF#><space><space>8<space>8<space><XMIT>
2. Review the information on the screen. Delete any services and associated information that have already been paid by other third parties from a previous computer billing.

3. Enter the invoice # in that field. If you are re-billing a denied claim, a number was already created by the computer for the first billing, so just use that number. If this is the first billing for a service, use the invoice # that was used to create the patient’s account receivable.

4. Transmit the screen to create a CMS 1500 under print queue #2. At the end of an on-demand CMS 1500 bill creation session, all bills to all payors are printed in order on continuous CMS 1500 forms. Use the command:

   MQP<space><PRINTER #><space>2<XMIT>

   to release the print queue and print the bills.

*Please remember that the above procedure only prints a bill.* No changes are made to the patient’s account receivable or the PEF history file by this procedure. Those changes have to be made separately.

Payments received for amounts owed by other third parties may be entered using the following procedures:

1. Set up a cash target amount for the batch total dollar amount that you will be entering at one time. Use command CDS304.

2. You may review a patient’s account with the command:

   PARI<space>30<space><LOCATION><space><PAT ID><XMIT>

3. Use the entry of cash receipts screen (CDS302) to enter each patient’s payment as:

   I<space><PAYMENT><space>P<space><PAT ID><space><INV#><XMIT>

**INSURANCE BILLING (BILLING CODE #9)**

CONTACT THE LHO BRANCH FOR PROCEDURAL INSTRUCTIONS AND GUIDELINES WHEN NEEDING TO SETUP A NEW LHD CLINIC SITE.

The billing procedures for insurance companies are similar to those available for the Medicare automated billing procedures. Insurance billings are automatically prepared at the state level on a bi-monthly basis using information from the Patient Services Reporting System.

Medicare rules are used to determine if a service should be billed to an insurance company. If you want services in addition to those that would be included, using the Medicare rules to be included in your insurance billings, *contact the LHO Branch*
to determine what updates are needed, if any, within the system.

DPH is not a commercial/private insurance provider and therefore, due to HIPAA requirements, the LHO Branch cannot contact a commercial/private insurance company on behalf of an LHD to assist with billing errors, inquiries or concerns. The LHD must resolve billing issues directly with the insurance company.

The following computer procedure is available to print the CMS 1500 as part of the re-billing process: Correct any errors in the PEF history file or patient master record that caused a denied claim. Also correct the patients’ account receivables for insurance.

1. The on-demand CMS 1500 billing screen is brought up using the command:

   \textbf{CPOD}<space>30<space><LOC><space><PEF#><space>9<space>9<XMIT>

2. Review the information on the screen. Delete any services and associated information that have already been paid by insurance from a previous computer billing.

3. Enter the invoice # in that field. If you are rebilling a denied claim, a number was already created by the computer for the first billing, so just use that number. If this is the first billing for a service, use the invoice # that was used to create the patient’s account receivable.

4. Transmit the screen to create a CMS 1500 under print queue #2. At the end of an on-demand CMS 1500 bill creation session, all bills to all payors are printed in order on continuous CMS 1500 forms. Use the command:

   \textbf{MQP}<space><PRINTER#><space>2<XMIT>

   to release the print queue and print the bills.

Please remember that the above procedure only prints a bill. No changes are made to the patient’s account receivable or the PEF history file by this procedure. Those changes have to be made separately.

Payments received for amounts owed by insurance companies may be entered using the following procedures:

1. Set up a cash target amount for the batch total dollar amount that you will be entering at one time. Use command \textbf{CDS304<XMIT>}

2. You may review a patient’s account with the command:

   \textbf{PARI}<space>30<space><LOCATION><space><PAT ID><XMIT>

3. Use the entry of cash receipts screen (CDS302) to enter each patient’s payment as:
INSURANCE AND CONTRACT PAYOR/BILLING CODES IN THE CMS-PORTAL SYSTEM AND THE BRIDGE SYSTEM

Insurance 9 and Contract/Billing Code 8 need to be built in both Bridge and the CMS system. Changes to Insurance or Contract/Billing Code 8 need to be changed in both Bridge and the CMS system.

TO BUILD AN INSURANCE OR CONTRACT IDENTIFICATION CODE FOR BILLING IN THE BRIDGE SYSTEM (CDS351)

Insurance or Contract Payor (I/9-C/8) – Enter billing Code 9 for an insurance company or Billing Code 8 for any other contract payor.

   Code – Enter the code 001 to 8999 of the insurance company or other payor that you are building. You may use up to 8999 codes for insurance companies/policies and up to 8999 for other payors. For Contract/Billing Code 8, enter the contract number that your department assigned to the contract when it was written.

Lex Contract Code and Contract Number – Enter the contract number that your department assigned to the contract when it was written. (ONLY for Lexington-Fayette County)

Co-Pay – Enter P if there is a known percentage co-pay/per visit associated with the insurance company or policy of the insurance company. Enter F if the co-pay is a flat rate per visit. (For Insurance/9)

Co-Pay Percentage – If the co-pay is a percentage of total charges, enter the percentage. (For Insurance/9)

Flat Rate – If the co-pay is a flat rate per visit (with communicable disease is primary reason), enter the amount. (For Insurance/9)

Company Name – Enter the Insurance Company or other third party payor name in this field. Also complete the remainder of the fields for the address. (Payor Source may be the same as Company Name)

Complete the fields for “Nurse bill” if your registered nurses can bill the insurance plan and “NEIC” for them is a number available for electronic insurance billing. A listing may be found at CDP’s website. Look for “Capario Payer List – Insurance Company numbers”.

When setting up Contract/Billing Code 8, ONLY the fields in the red in the Bridge CDS351 screen below need to be completed.
TO BUILD AN INSURANCE OR CONTRACT IDENTIFICATION CODE FOR BILLING IN THE CMS-PORTAL SYSTEM:

On the CMS-Portal home page, on the left side of the page under “Applications” and click on “Insurance or Contract Search”.

On the Insurance/Contract Search page you may choose by Name of health clinic, by health department “District” (required), Type (insurance company, contract), and the Record Status. Searching by “District” only will provide a complete list of both insurance and contract records.
After a Search page has been opened, you have the option to edit an existing record or build a new insurance or contract record.
To build a new insurance or contract record, complete all required fields and any optional fields; then Save. For editing existing records, make changes and then Save.

A more detailed PowerPoint instruction document titled “How to Use CMS-Portal to Build Insurance Companies or Contract P8s” may be found on the CDP website at https://www.cdpehs.com/downloads.asp, under “Customer Documents” (password required).
PATIENT ACCOUNTS RECEIVABLE CREATION AND ADJUSTMENTS
Individual patient’s account receivables (A/R) are automatically created by the computer system for patient, Medicaid, Medicaid MCO’s, Medicare, insurance, other third party.

1. The patient pay account receivable is created immediately upon entry of the PEF into the system. Immediate corrections to the PEF on the day of entry will also immediately correct the patient pay A/R. After the overnight posting process, corrections to the A/R must be done through screen 302 transaction procedures.

2. Medicaid, Medicaid MCO’s, Medicare, insurance and other third party and A/Rs for each patient are automatically created as part of the automated billing procedures for these payors.

3. Adjustment of patient’s account due to errors or due to the write off of bad debts is made using the screen 302 transaction procedures. Please consult your internal control procedures for write off rules.

PSRS AND ELECTRONIC POSTING OF PAYMENTS
Payments from the Medicaid Preventive Health Program and Medicare Physicians Program can be automatically posted to the patient’s account through PSRS. Electronic remittances from those payors are used to make the payment entries. Please consult with EACH Payor for their Electronic Data Interchange (EDI) instructions.

Errors in the electronic posting process are listed on report 580 (Medicaid), 119 (Medicare), 120 (Rail Road Medicare), and 2580 (Lead Medicaid). Use the Patient A/R correction procedures and screens 304 and 302 to correct the errors. It is the LHD’s responsibility to review these reports and ensure any errors are corrected.
### EMPLOYEE CLASS ID, DESCRIPTION AND PROVIDER CLASS

<table>
<thead>
<tr>
<th>Employee/Provider</th>
<th>Description</th>
<th>Provider Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2</td>
<td>Obstetricians/Gynecologists (board certified)</td>
<td>10</td>
</tr>
<tr>
<td>A3</td>
<td>Pediatricians</td>
<td>10</td>
</tr>
<tr>
<td>A4</td>
<td>Other Physician Specialists</td>
<td>10</td>
</tr>
<tr>
<td>B2</td>
<td>Dental Hygienists</td>
<td>50</td>
</tr>
<tr>
<td>C1</td>
<td>Nurse Practitioners/Midwives/Physician Assistants</td>
<td>20</td>
</tr>
<tr>
<td>C2</td>
<td>Public Health Nurses</td>
<td>30</td>
</tr>
<tr>
<td>C3</td>
<td>Other Registered Nurses</td>
<td>30</td>
</tr>
<tr>
<td>C4</td>
<td>LPNs or LVNs</td>
<td>35</td>
</tr>
<tr>
<td>C6</td>
<td>Other Registered Nurse</td>
<td>30</td>
</tr>
<tr>
<td>DA</td>
<td>Certified Nutritionists</td>
<td>40</td>
</tr>
<tr>
<td>D1</td>
<td>Nutritionists</td>
<td>40</td>
</tr>
<tr>
<td>D2</td>
<td>Social Workers</td>
<td>40</td>
</tr>
<tr>
<td>D3</td>
<td>Health Educators/Epidemiologists</td>
<td>40</td>
</tr>
<tr>
<td>D8</td>
<td>Physical Therapists</td>
<td>40</td>
</tr>
<tr>
<td>D9</td>
<td>Registered Dietitians</td>
<td>40</td>
</tr>
<tr>
<td>E1</td>
<td>Laboratory Technicians/Medical Assistant/RNA-LPNA</td>
<td>50</td>
</tr>
<tr>
<td>E2</td>
<td>X-Ray Technicians</td>
<td>50</td>
</tr>
<tr>
<td>E9</td>
<td>Child Development Specialist</td>
<td>50</td>
</tr>
<tr>
<td>G1</td>
<td>Environmentalists</td>
<td>90</td>
</tr>
<tr>
<td>G3</td>
<td>Environmental Supervisors</td>
<td>90</td>
</tr>
<tr>
<td>H2</td>
<td>Office Coordinator/Medical Support-Administration</td>
<td>90</td>
</tr>
<tr>
<td>H3</td>
<td>Medical and Social Support – Administration</td>
<td>90</td>
</tr>
<tr>
<td>H4</td>
<td>Office Coordinator/Medical Support-Direct Service</td>
<td>90</td>
</tr>
<tr>
<td>H6</td>
<td>Accountants</td>
<td>90</td>
</tr>
<tr>
<td>H7</td>
<td>Maintenance/Janitors</td>
<td>90</td>
</tr>
</tbody>
</table>
### Administrative Assistants/Program Specialists
- H8

### Administrators
- H9

### Health Officer/Physicians
- J1

### Medical Director
- J2

### District Director
- J3

### CPT PROVIDER CLASSIFICATIONS

<table>
<thead>
<tr>
<th>CPT CLASS</th>
<th>PROVIDER CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Physicians</td>
</tr>
<tr>
<td>20</td>
<td>Nurse Practitioners, Nurse Midwives, Physician Assistants</td>
</tr>
<tr>
<td>30</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>35</td>
<td>Licensed Practical Nurses, Licensed Vocational Nurse</td>
</tr>
<tr>
<td>40</td>
<td>Allied Health Providers</td>
</tr>
<tr>
<td>50</td>
<td>Technicians/Assistants/RNA-LPNA, Labs</td>
</tr>
<tr>
<td>90</td>
<td>Others</td>
</tr>
</tbody>
</table>
### PERSONAL SERVICES CONTRACT AND
PART-TIME EMPLOYEES

#### Employee Provider:

<table>
<thead>
<tr>
<th>Class No.</th>
<th>Description</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1</td>
<td>General Practitioners and Family Practitioners</td>
<td>10</td>
</tr>
<tr>
<td>K2</td>
<td>Obstetricians/Gynecologists (board certified)</td>
<td>10</td>
</tr>
<tr>
<td>K3</td>
<td>Pediatricians</td>
<td>10</td>
</tr>
<tr>
<td>K4</td>
<td>Other Physician Specialists</td>
<td>10</td>
</tr>
<tr>
<td>L1</td>
<td>Dentists</td>
<td>10</td>
</tr>
<tr>
<td>L2</td>
<td>Dental Hygienists</td>
<td>50</td>
</tr>
<tr>
<td>M1</td>
<td>Nurse Practitioners/Nurse Midwives/Physician Assistants</td>
<td>20</td>
</tr>
<tr>
<td>M2</td>
<td>Public Health Nurses</td>
<td>30</td>
</tr>
<tr>
<td>M3</td>
<td>Other Registered Nurses</td>
<td>30</td>
</tr>
<tr>
<td>M4</td>
<td>LPNs and LVNs</td>
<td>35</td>
</tr>
<tr>
<td>NA</td>
<td>Certified Nutritionists</td>
<td>40</td>
</tr>
<tr>
<td>N1</td>
<td>Nutritionists</td>
<td>40</td>
</tr>
<tr>
<td>N2</td>
<td>Social Workers</td>
<td>40</td>
</tr>
<tr>
<td>N4</td>
<td>Occupational Therapists</td>
<td>40</td>
</tr>
<tr>
<td>N5</td>
<td>OTA, STA, PTA, DI</td>
<td>50</td>
</tr>
<tr>
<td>N6</td>
<td>Audiologists</td>
<td>40</td>
</tr>
<tr>
<td>N7</td>
<td>Speech Therapists</td>
<td>40</td>
</tr>
<tr>
<td>N8</td>
<td>Physical Therapists</td>
<td>40</td>
</tr>
<tr>
<td>N9</td>
<td>Registered Dietitians</td>
<td>40</td>
</tr>
<tr>
<td>S1</td>
<td>Other</td>
<td>90</td>
</tr>
</tbody>
</table>

**Nurse Practitioners** – Nurses who are registered with the Kentucky Board of Nursing as nurse practitioners.

**Public Health Nurses** – All registered nurses with a B.S. degree in nursing who are not nurse practitioners.

**Other Registered Nurses** – Any registered nurse other than nurse practitioners and public health nurses.
INDEPENDENT CONTRACT, 800 & 600 NUMBER -PROVIDER CONVERSION TABLE
INDEPENDENT CONTRACT PROVIDERS

<table>
<thead>
<tr>
<th>Minor Object Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 &amp; 201</td>
<td>Physicians (not certified Obstetrician/Gynecologists)</td>
</tr>
<tr>
<td>202</td>
<td>Board Certified Obstetrician/Gynecologists</td>
</tr>
<tr>
<td>204</td>
<td>Ophthalmologist/ Optometrist</td>
</tr>
<tr>
<td>205</td>
<td>Anesthesiologists/ Other Physician Specialist</td>
</tr>
<tr>
<td>211</td>
<td>Dentists Services</td>
</tr>
<tr>
<td>215</td>
<td>Nurse Practitioners Services/Midwives/PAs</td>
</tr>
<tr>
<td>217</td>
<td>Other Nurses Services</td>
</tr>
<tr>
<td>218</td>
<td>Social Worker/ Health Educator</td>
</tr>
<tr>
<td>219</td>
<td>Nutritionist/ Registered Dietician</td>
</tr>
<tr>
<td>220</td>
<td>Physical Therapist Services</td>
</tr>
<tr>
<td>221</td>
<td>Speech Therapist Services</td>
</tr>
<tr>
<td>222</td>
<td>Occupational Therapist Services</td>
</tr>
<tr>
<td>225</td>
<td>Other Therapist Services</td>
</tr>
<tr>
<td>227</td>
<td>Audiologist Services</td>
</tr>
<tr>
<td>229</td>
<td>Laboratory Technician/ Medical and Therapist</td>
</tr>
<tr>
<td>240</td>
<td>Physical Therapist Assistant</td>
</tr>
<tr>
<td>241</td>
<td>Speech Therapist Assistant</td>
</tr>
<tr>
<td>242</td>
<td>Occupational Therapist Assistant</td>
</tr>
<tr>
<td>245</td>
<td>X-Ray/ Other Testing Services</td>
</tr>
<tr>
<td>250</td>
<td>Laboratory Services</td>
</tr>
<tr>
<td>255</td>
<td>Environmentalist Services</td>
</tr>
<tr>
<td>260</td>
<td>Outpatient Procedures/ Other Providers of Medical Services</td>
</tr>
<tr>
<td>265</td>
<td>Medical Support</td>
</tr>
<tr>
<td>358</td>
<td>Pharmacy Services</td>
</tr>
</tbody>
</table>
# 800 NUMBER HEALTH PROVIDERS NOT ELSEWHERE CLASSIFIED

The assignment of 800 provider numbers must be assigned by the Division of Administration and Financial Management through the Local Health Operations Branch.

<table>
<thead>
<tr>
<th>800 PROVIDER NUMBERS</th>
<th>PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>801</td>
<td>Physicians (Not Certified OB/GYN)</td>
</tr>
<tr>
<td>802</td>
<td>Obstetrician/Gynecologist (Board Certified)</td>
</tr>
<tr>
<td>811</td>
<td>Dentist</td>
</tr>
<tr>
<td>815</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>817</td>
<td>Other Nurses</td>
</tr>
<tr>
<td>818</td>
<td>Social Worker</td>
</tr>
<tr>
<td>819</td>
<td>Nutritionist</td>
</tr>
<tr>
<td>820</td>
<td>Physical Therapist</td>
</tr>
<tr>
<td>822</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>825</td>
<td>Other Therapist</td>
</tr>
<tr>
<td>827</td>
<td>Audiologist</td>
</tr>
<tr>
<td>829</td>
<td>Laboratory Technician/Medical Assistant/RNA-LPNA</td>
</tr>
<tr>
<td>845</td>
<td>X-Ray Services and Other Providers of Testing Services</td>
</tr>
<tr>
<td>850</td>
<td>Laboratories</td>
</tr>
<tr>
<td>860</td>
<td>Other Providers of Medical Services</td>
</tr>
<tr>
<td>865</td>
<td>Medical Support</td>
</tr>
</tbody>
</table>

**NOTE:** For DPH use only: The letter “Y” is to be in the first position of the provider number assigned to state contracted WIC agencies (i.e., Park Duvall and C&Y).
### LOCAL HEALTH DEPARTMENT

#### ICD-10 COST CENTERS LISTING

For specific LHD Cost Center information, refer to the Administrative Reference (AR), Financial Management Section.

The LHD ICD-10 COST CENTERS LISTING is reviewed annually. Needed updates are made according to the changes from the American Medical Association (AMA) on the ICD10 code set.

The Local Health Operations (LHO) Branch webpage contains an ICD-10 Cost Center Listing.

Unless otherwise notified, the effective date of the annual update to the LHD ICD-10 COST CENTERS LISTING will be October 1 of each year. The Patient Services Reporting System (PSRS) and, as necessary, the Clinic Management System (CMS) will be updated to reflect the October 1st implementation schedule.

---

**DEPARTMENT FOR PUBLIC HEALTH OR STATE UNIVERSITY HEALTH PROFESSIONALS PROVIDING STATEWIDE SERVICES**

<table>
<thead>
<tr>
<th>ID NUMBERS</th>
<th>PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>60401</td>
<td>U.K. Regional Pediatric Group (MD)</td>
</tr>
<tr>
<td>61002</td>
<td>U.K. Genetics</td>
</tr>
<tr>
<td>61003</td>
<td>U.L. Genetics</td>
</tr>
<tr>
<td>61503</td>
<td>Grace Florence, APRN U.K. Regional Pediatric Group</td>
</tr>
<tr>
<td>64501</td>
<td>U.L. Brown Cancer Center (Mobile Mamm. Unit)</td>
</tr>
<tr>
<td>64502</td>
<td>Jewish Hospital, Cinn., OH (Mobile Mamm. Unit)</td>
</tr>
<tr>
<td>65000</td>
<td>State Lab</td>
</tr>
<tr>
<td>65001</td>
<td>Jefferson County Lead Lab</td>
</tr>
<tr>
<td>65002</td>
<td>CDC Atlanta, GA Lab</td>
</tr>
</tbody>
</table>
## KENTUCKY COUNTY CODES
(Also includes codes from other states.)

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>COUNTY</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>001 ADAIR</td>
<td>041 GRANT</td>
<td>081 MASON</td>
</tr>
<tr>
<td>002 ALLEN</td>
<td>042 GRAVES</td>
<td>082 MEADE</td>
</tr>
<tr>
<td>003 ANDERSON</td>
<td>043 GRAYSON</td>
<td>083 MENIFEE</td>
</tr>
<tr>
<td>004 BALLARD</td>
<td>044 GREEN</td>
<td>084 MERCER</td>
</tr>
<tr>
<td>005 BARREN</td>
<td>045 GREENUP</td>
<td>085 METCALFE</td>
</tr>
<tr>
<td>006 BATH</td>
<td>046 HANCOCK</td>
<td>086 MONROE</td>
</tr>
<tr>
<td>007 BELL</td>
<td>047 HARDIN</td>
<td>087 MONTGOMERY</td>
</tr>
<tr>
<td>008 BOONE</td>
<td>048 HARLAN</td>
<td>088 MORGAN</td>
</tr>
<tr>
<td>009 BOURBON</td>
<td>049 HARRISON</td>
<td>089 MUHLENBERG</td>
</tr>
<tr>
<td>010 BOYD</td>
<td>050 HART</td>
<td>090 NELSON</td>
</tr>
<tr>
<td>011 BOYLE</td>
<td>051 HENDERSON</td>
<td>091 NICHOLAS</td>
</tr>
<tr>
<td>012 BRACKEN</td>
<td>052 HENRY</td>
<td>092 OHIO</td>
</tr>
<tr>
<td>013 BREATHTITT</td>
<td>053 HICKMAN</td>
<td>093 OLDHAM</td>
</tr>
<tr>
<td>014 BRECKINRIDGE</td>
<td>054 HOPKINS</td>
<td>094 OWEN</td>
</tr>
<tr>
<td>015 BULLITT</td>
<td>055 JACKSON</td>
<td>095 OWSLEY</td>
</tr>
<tr>
<td>016 BUTLER</td>
<td>056 JEFFERSON</td>
<td>096 PENDLETON</td>
</tr>
<tr>
<td>017 CALDWELL</td>
<td>057 JESSAMINE</td>
<td>097 PERRY</td>
</tr>
<tr>
<td>018 CALLOWAY</td>
<td>058 JOHNSON</td>
<td>098 PIKE</td>
</tr>
<tr>
<td>019 CAMPBELL</td>
<td>059 KENTON</td>
<td>099 POWELL</td>
</tr>
<tr>
<td>020 CARLISLE</td>
<td>060 KNOTT</td>
<td>100 PULASKI</td>
</tr>
<tr>
<td>021 CARROLL</td>
<td>061 KNOX</td>
<td>101 ROBERTSON</td>
</tr>
<tr>
<td>022 CARTER</td>
<td>062 LARUE</td>
<td>102 ROCKCASTLE</td>
</tr>
<tr>
<td>023 CASEY</td>
<td>063 LAUREL</td>
<td>103 ROWAN</td>
</tr>
<tr>
<td>024 CHRISTIAN</td>
<td>064 LAWRENCE</td>
<td>104 RUSSELL</td>
</tr>
<tr>
<td>025 CLARK</td>
<td>065 LEE</td>
<td>105 SCOTT</td>
</tr>
<tr>
<td>026 CLAY</td>
<td>066 LESLIE</td>
<td>106 SHELBY</td>
</tr>
<tr>
<td>027 CLINTON</td>
<td>067 LETCHER</td>
<td>107 SIMPSON</td>
</tr>
<tr>
<td>State Code</td>
<td>County Name</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>028</td>
<td>CRITTENDEN</td>
<td></td>
</tr>
<tr>
<td>029</td>
<td>CUMBERLAND</td>
<td></td>
</tr>
<tr>
<td>030</td>
<td>DAVIESS</td>
<td></td>
</tr>
<tr>
<td>031</td>
<td>EDMONSON</td>
<td></td>
</tr>
<tr>
<td>032</td>
<td>ELLIOTT</td>
<td></td>
</tr>
<tr>
<td>033</td>
<td>ESTILL</td>
<td></td>
</tr>
<tr>
<td>034</td>
<td>FAYETTE</td>
<td></td>
</tr>
<tr>
<td>035</td>
<td>FLEMING</td>
<td></td>
</tr>
<tr>
<td>036</td>
<td>FLOYD</td>
<td></td>
</tr>
<tr>
<td>037</td>
<td>FRANKLIN</td>
<td></td>
</tr>
<tr>
<td>038</td>
<td>FULTON</td>
<td></td>
</tr>
<tr>
<td>039</td>
<td>GALLATIN</td>
<td></td>
</tr>
<tr>
<td>040</td>
<td>GARRARD</td>
<td></td>
</tr>
<tr>
<td>068</td>
<td>LEWIS</td>
<td></td>
</tr>
<tr>
<td>069</td>
<td>LINCOLN</td>
<td></td>
</tr>
<tr>
<td>070</td>
<td>LIVINGSTON</td>
<td></td>
</tr>
<tr>
<td>071</td>
<td>LOGAN</td>
<td></td>
</tr>
<tr>
<td>072</td>
<td>LYON</td>
<td></td>
</tr>
<tr>
<td>073</td>
<td>MCCCRACKEN</td>
<td></td>
</tr>
<tr>
<td>074</td>
<td>MCCREARY</td>
<td></td>
</tr>
<tr>
<td>075</td>
<td>MCLEAN</td>
<td></td>
</tr>
<tr>
<td>076</td>
<td>MADISON</td>
<td></td>
</tr>
<tr>
<td>077</td>
<td>MAGOFFIN</td>
<td></td>
</tr>
<tr>
<td>078</td>
<td>MARION</td>
<td></td>
</tr>
<tr>
<td>079</td>
<td>MARSHALL</td>
<td></td>
</tr>
<tr>
<td>080</td>
<td>MARTIN</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>SPENCER</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>TAYLOR</td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>TODD</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>TRIGG</td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>TRIMBLE</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>UNION</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>WARREN</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>WASHINGTON</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>WAYNE</td>
<td></td>
</tr>
<tr>
<td>117</td>
<td>WEBSTER</td>
<td></td>
</tr>
<tr>
<td>118</td>
<td>WHITLEY</td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>WOLFE</td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>WOODFORD</td>
<td></td>
</tr>
</tbody>
</table>

**STATES CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>411</td>
<td>ILLINOIS</td>
</tr>
<tr>
<td>412</td>
<td>INDIANA</td>
</tr>
<tr>
<td>423</td>
<td>MISSOURI</td>
</tr>
<tr>
<td>433</td>
<td>OHIO</td>
</tr>
<tr>
<td>440</td>
<td>TENNESSEE</td>
</tr>
<tr>
<td>444</td>
<td>VIRGINIA</td>
</tr>
<tr>
<td>446</td>
<td>WEST VIRGINIA</td>
</tr>
<tr>
<td>600</td>
<td>any other state</td>
</tr>
</tbody>
</table>

Administrative Reference
Patient Services Reporting System (PSRS)
July 1, 2018
RESPONSIBILITIES OF LOCAL HEALTH DEPARTMENTS
PREPARING AND RESPONDING TO BIOTERRORISM
AND OTHER PUBLIC HEALTH EMERGENCIES

The nation faces a variety of evolving threats and other emergencies that may impact the public health and healthcare delivery system. As a result, the federal government, through such actions as the Pandemic and All Hazards Preparedness Act (PHAPA), presidential orders and cooperative agreements, require states and local agencies to prepare for any emergency or disaster that may affect a community. This includes developing emergency operations plans, establishing partnerships and agreements, purchasing and maintaining equipment and supplies, and training, exercising and evaluating plans and procedures. All of these activities will help ensure public health and medical personnel have the skills and capabilities to effectively prepare for, respond to and recover from any all-hazard incident.

The Department of Health and Human Services (HHS), through the Office of the Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention (CDC), issues a five-year Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement to awardee states. This agreement provides clear expectations and priorities for public health agencies and health care coalitions (HCCs) to strengthen and enhance the readiness of the public health and the health care delivery system in order to save lives during emergencies that exceed the day-to-day capacity and capability of the public health and medical emergency response systems. It also provides funds to ensure that HPP-PHEP awardees and sub-recipients focus on activities that advance progress toward meeting the goals, domains, and capabilities listed in the 2017-2022 Health Care Preparedness and Response Capabilities and Public Health Preparedness Capabilities: National Standards for State and Local Planning guidance documents. Click on the link for the Public Health Emergency – Hospital Preparedness Program (HPP) documents and the National Standards for State and Local Planning of Public Health Preparedness Capabilities

The CDC 2017-2022 HPP – PHEP Cooperative Agreement provides funds to Kentucky to facilitate improved community preparedness and response throughout the state. The Department for Public Health (DPH) is the “Awardee” of these funds and through collaboration with sub-awardees, must increase or maintain levels of effectiveness across six key preparedness domains:

1) Community Resilience;
2) Incident Management;
3) Information Management;
4) Countermeasures and Mitigation;
5) Surge Management; and
6) Bio-Surveillance.

These domains build on the efforts to strengthen the public health and healthcare capabilities from the previous project period.
Kentucky Department for Public Health Responsibilities

DPH is the lead agency for Emergency Support Function (ESF) 8 – Public Health and Medical Services within Kentucky. DPH is responsible for coordinating and implementing preparedness activities with local health departments (LHDs) and other ESF 8 Support Agencies to enhance the capability to respond and recover from any all-hazards incident that will require public health and medical services. Kentucky’s ESF 8 preparedness capabilities are accomplished by implementing a planning, organizing, equipping, training, exercise and evaluation (POETE) cycle at the local, regional and state level.

As state’s awardee of federal funds, DPH is responsible for coordinating with local, state, and federal agencies to meet the HPP-PHEP Cooperative Agreement funding and reporting requirements. DPH’s Public Health Preparedness Branch, through coordination with other state and federal agencies, is responsible for managing the HPP-PHEP Cooperative Agreement and oversees the disbursement of federal grant funds to Regional HCCs and LHDs to support local preparedness, response and recovery activities. The Public Health Preparedness Branch also provides guidance and POETE support to Regional HCCs and LHDs to ensure federal requirements are met through defined preparedness deliverables.

Completion of these deliverables are reported through “Catalyst”, an online self-reporting system. More information can be found in the “Preparedness Deliverables Guidance for Kentucky’s Local Health Departments and Regional Healthcare Coalitions” and the multi-provider contractual agreement between DPH and each LHD.

The Preparedness Branch does not complete site assessments of LHDs and regional healthcare coalitions (HCC) at this time. However, the Preparedness Branch’s Program Evaluation Team ensures LHDs and HCCs are meeting federal and state requirements through evaluation and reporting of deliverable requirements. Quality assurance for each deliverable is systematically monitored using Catalyst.

Local Health Departments’ Responsibilities

To assure an effective preparedness program, the following minimum actions are to be taken to prepare for, respond to, and recover from a public health emergency/disaster:

**Preparedness**

- **Community Partnerships**: Collaborate with community emergency response partners to conduct jurisdictional risk assessments and identify vulnerabilities, planning gaps, resources and capabilities to ensure that public health and medical services and resources are coordinated and available when needed. Develop interagency mutual aid agreements with neighboring jurisdictions, military installations, private sector and non-governmental organizations. LHDs should be a key member of Regional HCCs and ensure members are
actively engaged in health and medical preparedness and planning activities that focus on the six preparedness domains and other public health-related issues.

- **Planning**: Develop and maintain local and regional comprehensive public health preparedness and response plans that incorporate the concepts and principles of the National Incident Management System (NIMS) and are consistent with the County Emergency Operations Plans. Plans should be reviewed annually and assessed for operational gaps. LHDs should ensure emergency management agencies, hospitals, behavioral health services, emergency medical services, long term care agencies, coroners, other healthcare agencies, and applicable community partners are involved in the planning process for the following:

  - **All Hazards Emergency Operations Plans (EOPs)**: Develop the county’s Emergency Support Function (ESF) 8 - Public Health and Medical Services Annex and supporting plans through coordination with the County Emergency Management Agency and ESF 8 Support Agencies. The ESF 8 Annex and supporting plans must support local, regional, and statewide responses to incidents of bioterrorism, catastrophic infectious disease outbreaks (i.e., pandemic influenza), other infectious disease outbreaks, and other public health threats and emergencies.

  - **Strategic National Stockpile (SNS) Planning**: Develop a county or regional based SNS Support Plan to support the request, receipt, distribution and dispensing of federal SNS assets. Local SNS planning is a community-wide project and LHDs must take a lead role in development of SNS Plans. This planning effort should include persons from a local jurisdictional multi-disciplinary planning group who can address local SNS program issues.

  - **CHEMPACK Planning**: Support the development of the County’s CHEMPACK Support Plan. LHDs must be an integral member of the planning team that develop and maintain the County’s CHEMPACK Support Plan. The Centers for Disease Control and Prevention (CDC) has established the CHEMPACK program to assist states in protecting communities against the potentially deadly effects of nerve agents. As a result, CDC has placed over 27 containers in 25 locations throughout Kentucky, thereby allowing counties to quickly access and distribute nerve agent antidotes.

  - **Disease Outbreak Support Plan/Pandemic Influenza Response Plan**: Collaborate with the Regional Epidemiologist and Regional Preparedness Coordinator (RPC) to develop and maintain a regional plan that describes how local/district health departments will respond and recover from a disease outbreak.
• **Continuity Of Operations Planning (COOP):** Develop and maintain a current COOP Plan. 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 emergency situations that impact daily operations.

• **Mass Care Planning:** Support the development of the County’s ESF 6 Mass Care Annex and ensure the LHD’s responsibilities are included in the annex. LHD services include, but are not limited to, supporting health and medical needs, environmental services and communicable disease control.

ESF 6 Mass Care services and programs are implemented to assist individuals and households impacted by potential or actual disaster incidents.

• **Incident Management Personnel**
  - Identify LHD and ESF 8 representatives who can provide support and technical assistance during a response to an emergency or disaster. These persons should maintain up-to-date contact information in Kentucky’s ReadyOp System and have access to Kentucky’s WebEOC System.
  - Identify trained personnel for assignment to public health strike teams, as applicable. Personnel assigned to strike teams should be registered and credentialed in the Kentucky’s Health Emergency Listing of Professionals for Surge (K HELPS).

• **Inventory Management**
  - Coordinate with DPH’s Preparedness Branch to maintain an inventory of public health and medical equipment and supplies purchased with federal funds that have a purchase price of $500.00 or greater or are highly pilferable. Purchased items will be entered and tracked in DPH’s Inventory Control & Asset Management (iCAM) System and will be verified by DPH’s Preparedness Branch staff on an annual basis.
  - Ensure all items are stored, tracked, maintained, safeguarded and replaced on a designated shelf-life/life cycle. All equipment and supplies will be maintained in an operational status.

• **Training and Exercises:** LHDs are encouraged to coordinate their training and exercise efforts with DPH and their community partners based on federal requirements, potential threats, vulnerabilities, baseline levels of preparedness, and exercise needs. Specifically, LHDs will:
- Develop and/or support the development of a Multiyear Training and Exercise Plan through coordination with the community partners and the Regional HCC to meet the program priorities set forth in the HPP-PHEP Cooperative Agreement and DPH’s Multiyear Training and Exercise Plan.

- Ensure all LHD staff acquire and maintain public health emergency preparedness skills and competencies, based on their role, necessary to prepare for, respond to and recover from public health emergencies.

- Ensure appropriate LHD staff (specifically those who have incident management responsibilities) complete training as required by NIMS.

- Support the involvement and participation of LHD staff, emergency responders and community partners for training, exercises and real-world events that includes ESF 8 Public Health and Medical Services.

- Conduct or participate in Homeland Security Exercise and Evaluation Program (HSEEP) defined exercises using a “building block approach” through collaboration with local, regional and state partners/stakeholders. Exercises should test and stress “All Hazards” planning strategies. (Responses to real-world incidents with subsequent After-Action Reports/Improvement Plans (AAR/IP) will meet this requirement.)

- Develop and submit AAR/IPs to document exercises and responses to real-world events.

- **Alert and Notification**

  - Coordinate with DPH to maintain Kentucky’s ReadyOp public health alert and notification system to ensure 24/7 notification capability. Each LHD will ensure at least two persons are designated as administrators for the system.

  - Ensure all LHD staff are trained on how to receive and respond to alerts and notifications sent through ReadyOp.

  - Maintain redundant alert and notification capabilities through the use of emergency directories and/or call down lists.

  - Maintain the ability for the public or response partners to contact key LHD personnel within 30 minutes (24/7) via the agency’s main phone number.

- **Incident Management and Communication Systems:** Ensure at least two persons are trained on the following systems to document incident-related activities and maintain situational awareness:
• WebEOC for incident management and information sharing;

• Kentucky Health Emergency Listing of Professionals for Surge (K HELPS) for volunteer registration and notification;

• Mortality Data Management System (MDMS) for reporting and tracking fatalities, injuries, and influenza cases;

• National Electronic Disease Surveillance System (NEDSS) for reporting communicable diseases;

• Satellite Radio for redundant communications.

Response

• Coordinate with the County Emergency Management Agency and ESF 8 collaborating agencies to assess the impact of an incident on health and medical infrastructure within the local health jurisdiction and keep DPH apprised of the situation.

• Coordinate with the County Emergency Management Agency to designate a Public Health and Medical ESF 8 representative to coordinate the local public health response for public health-related emergencies and disasters. ESF 8 representatives should report to the county Emergency Operations Center when activated.

• Use incident management and communication systems to alert and/or share information with local incident management personnel, volunteers and DPH.

• Keep DPH informed of all matters of health and medical interest to maintain situational awareness before, during, and after an emergency or disaster. Report all health and medical incident-related matters to the State Health Operations Center (SHOC).

• Communicate with local officials, advising them of the threats to the public’s health, the LHD’s priorities and needs and the recommended courses of action.

• Request public health and medical assistance by coordinating with the county emergency management agency and DPH.

• Provide mutual aid and resources to assist other local health departments and communities when requested and if available.

• Request, receive, distribute and dispense medical supplies, medical equipment, antibiotics, antivirals, other pharmaceuticals, vaccines, and prepositioned resources as outlined in state and county SNS Support Plans.
• Conduct disease surveillance to prevent, monitor, report, and control the spread of communicable disease and promptly report conditions or disease trends of interest to DPH.

• Coordinate environmental health operations related to general sanitation, food safety, regulated public facilities, well water safety, vector control, solid waste, sewage disposal, and environmental assessments.

• Coordinate with the county EMA and DPH to disseminate public information through the release of health-related educational materials, media releases, and health alerts.

• Coordinate with the Kentucky Community Crisis Response Board (KCCRB) and local/state behavioral health agencies to meet the behavioral health needs of responders and those impacted by an emergency or disaster.

• Coordinate with the County Coroner’s Office and county EMA to provide public health support for emergency mortuary services, personnel, equipment, and supplies for managing fatalities or natural death surge victims.

• Activate and deploy MRC volunteers to support health and medical operations at the local or state level through KHELPS.

• Document and track all expenses incurred during the response and recovery phases of any real-world incident.

Recovery

• Coordinate with officials in the affected jurisdiction to provide public health and medical support throughout the recovery phase to restore health care systems, social services systems, and regulated public facilities after an emergency or disaster occurs.

• Demobilize, recover and rehabilitate resources through coordination with the local and state agencies.

• Coordinate with the county/regional EMA to submit eligible expenses for FEMA reimbursement.

• Evaluate and document response and recovery activities through After Action Reviews and After Action Reports/Improvement Plans (AAR/IP) per the Department of Homeland Security’s Exercise and Evaluation Program (HSEEP) guidance. Follow-up and implement corrective actions identified in the AAR/IP.
Administrative Responsibilities

- Assure that all LHD staff are apprised of their emergency planning, response, and recovery duties and responsibilities.
- Support staff in attending applicable local, regional, and state preparedness meetings.
- Ensure local preparedness staff are maintaining the use of Catalyst to report preparedness activities.

Allowable/Non-Allowable Expenditures

Federal funds allocated to LHDs can be used to meet preparedness deliverables as specified by the DPH Preparedness Branch including staff time for planning, training, exercises, travel, equipment purchases, equipment maintenance, supplies, and information technology expenses. Federal funds are not allowed to be used for the purchase of motorized vehicles, new construction or major renovations, backfilling costs for staff, furniture or equipment, clothing (e.g., jeans, cargo pants, polo shirts, jumpsuits or T-shirts), clinical care and research.

The local health department should contact DPH’s 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.

Mass Dispensing of Medications Following a Bioterrorism Attack.

Following a large-scale bioterrorism attack with an agent such as Bacillus anthracis, Yersinia pestis, or Francisella tularensis, prophylactic antibiotics (and in the case of B. anthracis, vaccine) would be provided from the Strategic National Stockpile to persons with potential exposure to aerosolized organisms. Depending on the nature of the attack, the total number of persons with possible exposure could be extremely large, and antibiotic prophylaxis would need to be initiated in these individuals as quickly as possible. Antibiotic dispensing would occur at dispensing sites (e.g., Point of Dispensing (POD) sites).

Following exposure to Bacillus anthracis, the recommended period of antibiotic prophylaxis is currently 60 days. However, potentially exposed persons (who will initially be identified based on imprecise estimates of how widely the organism was disseminated) will, when they first present to a dispensing site, only be given a 10-day supply of medication. Then, during the following days, public health officials will be able to obtain a more precise estimate of who was actually at risk of exposure. This will allow a more accurate determination of who will need to receive additional medication to complete the full 60-day course of prophylaxis, and these persons will then be notified where and when to come to receive their remaining medication (and possibly their initial dose of anthrax vaccine).
Standing Orders

Standing orders are necessary for nurses or other staff at the dispensing sites so that they have the authority to dispense prophylactic antibiotic medications to potentially-exposed persons. The standing orders provided are specifically intended for use at dispensing sites in mass antibiotic prophylaxis situations (following a bioterrorism attack) during a governor-declared state of emergency.

The content of these orders (e.g., medication dosages, duration of treatment) might need to be changed in the context of a specific event based on updated recommendations from the Centers for Disease Control and Prevention (CDC), and possibly other expert groups. The Kentucky Department for Public Health will continue to provide medical professionals, local public health departments (LHDs), and dispensing sites with the most current recommendations throughout the event.

Emergency Use Authorization

If medications are dispensed for prophylaxis in a bioterrorism emergency, their usage would likely not, because of the special requirements of the situation, be consistent with current FDA-approved labeling. To address this issue, the distribution and dispensing of prophylactic medications during a bioterrorism event would take place under the current FDA-issued Emergency Use Authorization (EUA).

The purpose of this EUA is to ensure that medications are distributed and used legally in responding to the event, that dispensers and recipients have the information they need regarding the use of these drugs in an emergency, and that liability protections afforded by the Public Readiness and Emergency Preparedness (PREP) Act, which was reauthorized in 2013 in the Public Readiness and Emergency Preparedness Reauthorization Act, with respect to these medical countermeasures are in place.

Bacillus Anthracis Dispensing Orders and Vaccination Recommendations

<table>
<thead>
<tr>
<th>Population</th>
<th>Antimicrobials for 60-day PEP</th>
<th>AVA dosage and route</th>
<th>Recommendations for use of AVA in children are made on an event-by-event basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (≥ 18 years)</td>
<td>One of the following for 60 days: Doxycycline, 100 mg orally twice daily for 60 days Or Ciprofloxacin, 500 mg orally twice daily for 60 days</td>
<td>3-dose subcutaneous (SC) series: first dose administered as soon as possible, second and third doses administered 2 and 4 weeks after the first dose</td>
<td></td>
</tr>
<tr>
<td>Children (&lt; 18 years)</td>
<td>One of the following for 60 days: Doxycycline, (maximum of 100 mg/dose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant Women&lt;sup&gt;10&lt;/sup&gt;</td>
<td>One of the following for 60 days:</td>
<td>3-dose SC series; first dose administered as soon as possible, second and third doses administered 2 and 4 weeks after the first dose</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin, 500 mg orally twice daily for 60 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Or Doxycycline, 100 mg orally twice daily for 60 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alternate choice (if isolate is proved susceptible):</strong></td>
<td>Amoxicillin&lt;sup&gt;8&lt;/sup&gt; 500 mg every 4 hours for 60 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 was adapted from CDC recommendations. Use of Anthrax Vaccine in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009; Morbidity and Mortality Weekly Report (MMWR), 59(RR6); July 23, 2010.

Antimicrobial should continue for 14 days after administration of the third dose of vaccine. AVA used for PEP must be administered subcutaneously. Data on the safety of AVA are only available for persons aged 18-65 years; no information is available on the safety of this vaccine in children or older adults (>65 years).

Levofloxacin is a second-line antimicrobial agent for PEP for persons aged ≥6 months with medical issues (e.g. tolerance or resistance to ciprofloxacin) that indicate its use. Children: 16 mg/kg/day divided every 12 hours; each dose should not exceed 250 mg. Adults: 500 mg every 24 hours. Safety data on extended use of levofloxacin in any population for >28 days are limited; therefore, levofloxacin PEP should only be used when the benefit outweighs the risk.

Use of tetracyclines and fluoroquinolones in children can have adverse effects. These effects must be weighed carefully against the risk for developing life-threatening disease. If exposure to *B. anthracis* is confirmed, children may be treated initially with ciprofloxacin or doxycycline as prophylaxis. However, amoxicillin is preferred for antimicrobial PEP in children when susceptibility testing indicates that the *B. anthracis* isolate is susceptible to penicillins.
In 1991, the American Academy of Pediatrics (AAP) amended the recommendation to allow treatment of young children with tetracyclines for serious infections such as Rocky Mountain spotted fever for which doxycycline might be indicated. Doxycycline is preferred for its twice daily dosage and low incidence of gastrointestinal side effects. Each ciprofloxacin dose should not exceed 500 mg, or 1 g/day. If susceptibility testing demonstrates an amoxicillin MIC ≤0.125 µg/ml, oral amoxicillin should be used to complete therapy.

Because of the lack of data on amoxicillin dosages for treating anthrax (and the associated high mortality rate), AAP recommends a higher dose of 80 mg/kg/day, divided into 3 daily doses; each dose should not exceed 500 mg. If this higher dosage of amoxicillin is used, recipients should be carefully monitored for side effects from long-term treatment.

The antimicrobial of choice for initial prophylactic therapy among pregnant women is ciprofloxacin. Doxycycline should be used with caution in asymptomatic pregnant women and only when other appropriate antimicrobial drugs are contraindicated. Although tetracyclines are not recommended during pregnancy, their use might be indicated for life-threatening illness.

**Yersinia pestis Dispensing Orders**

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Recommended Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adults</strong></td>
<td><strong>Preferred choice:</strong> Doxycycline, 100 mg orally twice daily for seven days</td>
</tr>
<tr>
<td></td>
<td><strong>If adult is allergic to doxycycline, THEN</strong></td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin, 500 mg orally twice daily for seven days²</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td><strong>Preferred choices:</strong> Doxycycline</td>
</tr>
<tr>
<td></td>
<td>• If child’s weight is ≥ 45 kg, give adult dosage (100 mg orally twice daily) for seven days</td>
</tr>
<tr>
<td></td>
<td>• If child’s weight is &lt; 45 kg, give 2.2 mg/kg orally twice daily for seven days (maximum daily dose of 200 mg)</td>
</tr>
<tr>
<td></td>
<td><strong>If child is allergic to doxycycline, THEN</strong></td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin, 20 mg/kg twice daily for seven days²</td>
</tr>
<tr>
<td><strong>Pregnant women and breastfeeding mothers</strong></td>
<td><strong>Preferred choice:</strong> Ciprofloxacin, 500 mg orally twice daily for seven days²</td>
</tr>
<tr>
<td></td>
<td><strong>If individual is allergic to Ciprofloxacin THEN,</strong></td>
</tr>
<tr>
<td></td>
<td>Doxycycline, 100 mg orally twice daily for seven days³</td>
</tr>
</tbody>
</table>

Table 2 was adapted from Inglesby TV, Dennis DT, Henderson DA, et al. Plague as a Biological Weapon: Medical and Public Health Management, JAMA 2000; 283:2281-90.
Recommendations were reached by consensus of the Working Group on Civilian Biodefense and may not necessarily be approved by the FDA. Other fluoroquinolones may be substituted at doses appropriate for age. Ofloxacin (and possibly other quinolones) may be acceptable alternatives to ciprofloxacin or levofloxacin; however, they are not approved for use in children. Each ciprofloxacin dose should not exceed 500 mg and maximum daily dosage for ciprofloxacin should not exceed 1 g.

Although fetal toxicity may occur with doxycycline use and toxic effects on the liver in pregnancy have been noted with the tetracycline class, the Working Group on Civilian Biodefense recommend doxycycline or ciprofloxacin for post-exposure prophylaxis of pregnant women.

Francisella tularensis Dispensing Orders

<table>
<thead>
<tr>
<th>Patient Category</th>
<th>Recommended Therapy</th>
</tr>
</thead>
</table>
| Adults (including pregnant women) | One of the following:  
Ciprofloxacin, 500 mg orally twice daily for 14 days  
Or  
Doxycycline, 100 mg orally twice daily for 14 days² |
| Children | Preferred choices:  
Doxycycline  
• If child’s weight is ≥ 45 kg, give adult dosage (100 mg orally twice daily) for 14 days  
• If child’s weight is < 45 kg, give 2.2 mg/kg orally twice daily for 14 days  
(maximum daily dose of 200 mg)  
If child is allergic to doxycycline, THEN  
Ciprofloxacin, 20 mg/kg twice daily for 14 days³ |

Table 3 was adapted from the following reference for the recommended therapy information for adults: Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a Biological Weapon: medical and public health management. JAMA 2001; 281(21): 2763-2773. Table 3 was adapted from the following reference for the recommended therapy information for children: A National Consensus Conference for “Pediatric Preparedness for Disasters and Terrorism”, March 2007, convened by the Mailman School of Public Health at Columbia University.

Recommendations were reached by consensus of the Working Group on Civilian Biodefense and may not necessarily be approved by the United States Food and Drug Administration. Although fetal toxicity may occur with doxycycline use, the Working Group on Civilian Biodefense recommended doxycycline or ciprofloxacin for post-exposure prophylaxis of pregnant women.

Other fluoroquinolones may be substituted at doses appropriate for age. Ofloxacin (and possibly other quinolones) may be acceptable alternatives to ciprofloxacin or levofloxacin; however, they are not approved for use in children. Each ciprofloxacin dose should not exceed 500 mg and maximum daily dosage for ciprofloxacin should not exceed 1 g.
Side Effects and Adverse Reactions/Contraindications/Precautions

Please refer to medication and vaccine package inserts for information regarding contraindications and precautions.

Persons taking other medications, including those sold over-the-counter, should check with their healthcare provider or pharmacist regarding possible medication interactions and whether any of the medications need dosage adjustments.

Adverse Events Reporting

Kentucky protocols require detailed records be kept; written, informed consent from all participants; data collection and reports to FDA; and follow-up of patients.

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) at 1-800-822-7967. Forms and procedures can be found at the VAERS website. Also report to the FDA MedWatch program.

Facility Lockdown Guideline

A Facility Lockdown is the process of controlling both entry and exit of people (staff, patients, and visitors) in response to an identified risk, threat or hazard. Examples include but are not limited to an active shooter, jail escape, or a community threat. A Facility Lockdown Guideline Template is located on the LHD Forms webpage.
Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning and Reporting

Note: This section is a work in progress. DPH Commissioner’s Office periodically will meet with an advisory committee to update core functions as needed. Therefore, there will be references to foundational capabilities and core services included that may not be synonymous with each other. Updates to this AR Section may occur without advance notice.

LHD should use the most current online version of the AR instead of printing or saving the AR to the desktop or folder.

Table of Contents

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

Core Public Health Services Matrix ................................................................. 1

Core Public Health Definitions ........................................................................... 2
  Division of Women’s Health ............................................................................ 3
  Division of Maternal and Child Health .......................................................... 12
  Public Health Protection and Safety ............................................................... 24
  Epidemiology and Health Planning ............................................................... 29
  Laboratory Services ....................................................................................... 50
  Administration and Financial Management ................................................... 52
  Prevention and Quality Improvement ............................................................. 53

Community Health Planning ............................................................................ 55

Community Health Reporting ........................................................................... 55
### Foundational Capabilities

**Quality Management Program**
- Accreditation
- Quality improvement
- Program evaluation
- Utilization of evidence-based practices

**Information Management & Analysis**
- Data collection, analysis for surveillance, epidemiology, community health assessment, performance management, & research
- Information technology infrastructure to meet meaningful use compatibility
- Interface with the Kentucky Health Information Exchange (KHIE)

**Health Equity & Social Determinants of Health**
- Include both goodness, fairness, & health equity in all planning & policies
- Address social determinants of health

**Community Engagement Strategies**
- Community & governing entity engagement, convening & planning
- Public information, marketing, & communications
- Community health assessment & community improvement planning

**Policy Development**
- Incorporate health in all policies
- Comprehensive policy analysis & planning

**Policy Implementation**
- Financial Analysis & Planning
- Accounts payable, accounts receivable, & other critical administrative capacity
- Service reimbursement, contracting, & fee collection infrastructure
- Grant procurement

**Resource Development & Local Operations**
- Human resources
- Workforce development (training, certification, recruitment)
- Laboratory Capacity
- Clinical & environmental services as appropriate

---

### Core Public Health Services

All LHDs are required to provide the following public health services.

The following services must be provided by all LHDs in their county DIRECTLY.

- Link people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to needed medical care. Services include linking to insurance coverage including presumptive eligibility and directly making appointments if necessary.

- Environmental Health Services such as the regulation of food service establishments, hotels, mobile home parks, swimming pools/spas, confinement facilities, youth camps, tattoo and body piercing, & onsite sewage. Additional services include nuisance abatement, methamphetamine notification, & others specifically required by Kentucky statute or regulation.

- Communicable Disease Control & Epidemiology services for disease outbreak investigation, surveillance & reporting.

- Health Promotion and Prevention as determined by state health priorities and your local community health assessment. Efforts should focus on chronic disease prevention, tobacco prevention, physical activity, nutrition, injury prevention, & infant mortality.

- Emergency Preparedness planning & response.

### Clinical Services & Programs:

The following services must be provided DIRECTLY by all LHDs in their county according to program-specific criteria in the Administrative Reference & Core Clinical Service Guide (CCSG).

- Breast & Cervical Cancer Treatment Program Enrollment
- Child Fatality Review
- Child Lead Case Management
- Childhood Lead Case Management
- HANDS
- Newborn Screening
- TB DOT & DOPT
- TB Screening & Testing
- EPSDT Outreach
- Immunizations
- STD & HIV Testing
- WIC

---

### Enhanced Services

May be provided as determined by your community to strengthen the Core Services & Foundational Capabilities. Not an exhaustive list.

- Medical Clinics (primary care, sites for specialty or integrated services)
- Dental Services (fluoride varnish, public health dental hygienists, dentist services)
- Home Health Services
- Services for the Elderly or Disabled Populations (Personal Service Agencies, Adult Day, etc.)
- Behavioral Health Services
- Telehealth Services
- Patient care coordination & navigation (Community Health Workers, HHF Care Coordination)
- Worksite Wellness Initiatives
- Humana Vitality Assessments
- School Health Nursing Services
- Adult Preventive
Core Public Health Definitions

Foundational Package of Local Public Health Services

In an effort to clarify the programs and services a local health department (LHD) must provide, the Core Public Health Services matrix has been replaced with the Kentucky Foundational Package of Local Public Health Services matrix on the previous page. The Foundational Package has three components:

- **Foundational Capabilities** – those skills and resources that cross program lines and are necessary to provide the foundation for the LHD’s programs and services.

- **Core Public Health Services [Foundational Services]** – the services that every LHD must provide in each county.

- **Enhanced Services** – the services that a LHD may choose to offer over and above the core services offered by the LHD. (Note: An enhanced service should not be offered at the detriment of the core services or foundational capabilities.)

Programs and services may be provided either directly or indirectly by the LHD as follows:

**A Directly Provided Program or Service** is a service that a LHD must provide in each county according to the program specific criteria set forth in the Administrative Reference, Core Clinical Service Guide (CCSG), and the WIC and Nutrition Manual.

**An Indirectly Provided Program or Service** is a program or service provided in each county that a LHD may arrange for another LHD or a local provider to provide or contract with an outside entity to provide in their jurisdiction according to the program specific criteria set forth in the Administrative Reference, Core Clinical Service Guide (CCSG), and the WIC and Nutrition Manual.
Division of Women’s Health

FAMILY PLANNING

I. Background
The Kentucky Cabinet for Health and Family Services, Department for Public Health (DPH), Family Planning Program (FPP) is the grantee for federal Title X funds. The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them.

II. Definition
The FPP is intended to assist individuals in determining the number and spacing of their children. This promotes positive birth outcomes and healthy families. The education, counseling, and medical services available in Title X funded clinic settings assist in achieving these goals. Through local health departments (LHDs), the FPP is the largest provider of family planning services to women, men, and teens throughout the state to provide access to publicly funded contraception. In addition to contraceptive services and related counseling, Title X funded clinics provide a number preventive health services such as: patient education and counseling; breast and pelvic examinations; breast and cervical cancer screening; sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; preconception care; and pregnancy diagnosis and counseling.

III. Eligibility
Women, men, and teens are eligible for Title X funded family planning services. By law, the priority population to be served is low-income individuals.

IV. Expectations
Title X funded clinics must assure compliance with all federal and state regulations. Federal Regulation (42 CFR Part 59) requires that Family Planning services be provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies or marital status. All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify...
particular individuals. Kentucky regulation regarding family planning services is 902 KAR 4:050, and relates to KRS 211.090 and KRS 211.180. Sterilizations provided with federal funds shall meet all requirements as identified in Chapter 1, Public Health Services 43FR52165 Subpart B, 50.209. KRS 214.185 states that a minor as a patient with the consent of such minor may seek and be provided family planning services without the consent of or notification to the parent, parents, or guardians of such minor patient; or to any other person having custody of such minor patient.

Additionally, LHD must assure compliance with the Title X guidelines related to family planning services, which includes administrative, financial, clinical, and community outreach requirements. Title X administrative requirements include but are not limited to: assuring a competently trained health care staff to provide services; adherence to state mandatory reporting for abuse, neglect, violence and human trafficking; minors are counseled to encourage family participation in the decision of the minor seeking family planning services and how to resist coercive attempts to engage in sexual activities; assure access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents, emphasizing the important role Title X plays in teen pregnancy prevention; assure services does not include abortion as a method of family planning.

Title X financial requirements include but not limited to: ensure that inability to pay is not a barrier to services; charges for services must be based on a cost analysis; bills showing total charges shall be given directly to the patient even if the amount is zero; ensure that patients at or below 100% of poverty are not charged for services; all obligated third party payers shall be billed total charges; ensure that discounts for minors obtaining confidential services are based on the income of the minor; maintain reasonable efforts to collect charges without jeopardizing patient confidentiality; assure patients between 101% and 250% FPL are billed utilizing a sliding fee scale.

Title X clinical requirements include but are not limited to: provide preventive health care services in accordance with nationally recognized standards of care; assure informed consent for pregnancy prevention; testicular, breast and cervical cancer screening and prevention services; STD prevention, detection and prevention; HIV prevention education, testing, and referral; pregnancy testing and options counseling; emphasizing the importance of counseling family planning clients on establishing a reproductive life plan; and providing preconception counseling as a part of family planning services.

Title X community outreach requirements include but are not limited to: addressing the comprehensive family planning and other health needs of
individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services for low income persons. Services determined to be necessary, but which are beyond the scope of the family planning clinic services, must be recommended for follow up care from appropriate healthcare providers. Family planning clinics must maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other federal programs available in the community.

V. Allowable Expenditures
Clinical examinations (including education and counseling) for initial, annual, contraceptive supply, follow up, pregnancy test and emergency contraception family planning visits; contraceptive supplies; testicular, breast and cervical cancer screening and prevention services; STD prevention, detection, and treatment; HIV prevention education, testing, and referral; pregnancy testing and options counseling; emphasizing the importance of counseling family planning clients on establishing a reproductive life plan; and providing preconception counseling as a part of family planning services.

VI. DPH Responsibility
DPH responsibilities include: completion of a statewide needs assessment of reproductive health issues and outcomes; collection of family planning user data to complete the mandated Family Planning Annual Report (FPAR); Administrative Reference and Public Health Practice reviews with appropriate revisions based on federal site visit findings, assurance of national standards or care, and identified improvements to family planning services; monitor the fiscal management of Title X funds; provide LHD training related to Title X and state financial requirements; provide technical assistance to LHD support staff, nursing staff, nurse leaders, and directors; monitor LHD budgets; allocate Title X awarded funds; distribute relevant federal and state information related to family planning services, including training opportunities, to all Title X funded clinic sites; and write and submit the annual Title X grant application to assure continued funding.

VII. Indirect Policy

INDIRECT CLINICAL SERVICE PROVIDER (ICSP)
For the purpose of this document, the indirect clinical service provider (ICSP) is defined as a medical provider who is contracted by a Local Health Department (LHD) to provide family planning services in lieu of the LHD providing direct clinical services for Family Planning Program patients. LHDs must provide all Family Planning Program clinical services or contract with ICSPs to provide all Family Planning Program clinical services throughout the fiscal year.
For services provided through an ICSP:

- LHDs must not retain more than 10% of their Family Planning Program allocation for administrative fees.
- LHDs must provide a copy of the ICSP contract to the Family Planning Program for review and approval prior to implementation of the contract.
- LHD contracts with ICSPs must include the Family Planning Program guidelines as outlined in the Core Clinical Service Guide (CCSG) and the Administrative Reference (AR).
- LHD contracts with ICSPs must include language to allow the LHD, the Family Planning Program, and the Office of Population Affairs to conduct on-site reviews and have direct access to Family Planning Program patient charts.
- LHD contracts with ICSPs must include language to allow the Family Planning Program direct contact with the ICSP to dispense or collect information as needed.
- LHDs must educate, train, and monitor all ICSPs on the following:
  - Title X Requirements and federal regulations regarding Title X funding;
  - Family Planning Program guidelines outlined in the CCSG and AR;
  - Family Planning Annual Report (FPAR) data collection requirements and procedures; and
  - Division of Women’s Health (DWH) Quality Assurance/Quality Improvement Policy as outlined in the AR.
- LHDs or their contracted ICSPs must plan to use part of their yearly allocation to provide at least one sterilization through contract with a qualified provider per year. Contracts with providers for sterilizations must adhere to the federal requirements, including but not limited to the following language: The federal sterilization consent form shall be signed at least 30 days (no less) prior to the date of surgery and the procedure performed within 180 days of the signature.
- LHDs or their contracted ICSPs must plan to use part of their yearly allocation to provide at least one Long Acting Reversible Contraceptive (LARC) (an IUD or contraceptive implant) per year either on site or through contract with a qualified provider.
- Contracts between ICSPs and other providers to perform sterilizations, IUD placement, contraceptive implant placement, etc. for Family Planning Program Patients must contain the same language required by the LHDs when contracting for these services. Copies of these contracts must be provided to the Family Planning Program.
- LHDs are responsible for auditing ICSP service sites quarterly as outlined in the DWH QA/QI Policy and must include language regarding this requirement in the contracts.
- LHDs must submit in writing to the Family Planning Program, for approval by the Office of Population Affairs (OPA), any proposed changes to clinic sites and/or services offered (including but not limited to closing a clinic, opening a new clinic, or contracting with an ICSP). OPA must approve the
change prior to implementation of the change.

Regulations and Mandates

The Kentucky Family Planning/Title X Program is authorized by the Public Health Service Act through the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The act was created “to promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes.

The federal regulation, 42 CFR, Part 59, Subpart A, Grants for Family Planning Services, are the requirements in the provision of voluntary family planning services funded under Title X and to implement the statute as authorized under Section 1001 of the Public Health Service Act. Section 1001 of the Act (as amended) authorizes grants “to assist in the establishment and operation of voluntary family planning projects, which offer a broad range of acceptable and effective family planning methods, including natural family planning methods and services, including infertility services, and services to adolescents.” The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children.

The following legislative mandates are part of the Title X appropriations language. Title X family planning services projects should include administrative, clinical, counseling, and referral services necessary to ensure adherence to these requirements:

- None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

- Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

Section 205 of Public Law 94-63 states: “Any (1) officer or employee of the United States, (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or (3) person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both.”
Additional federal regulations include but are not limited to:

- Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning; Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other service;
- Provide services in a manner which protects the dignity of the individual; Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status;
- Not provide abortions as a method of family planning;
- Ensure a broad range of all Food and Drug Administration (FDA) approved methods of contraception to some extent shall be available directly or through referral; Only FDA approved drugs and devices may be provided; and No funds may be used to purchase experimental or ineffective drugs.
- Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

Click here for Federal Regulations on Title X, Family Planning

Kentucky regulation regarding family planning services is 902 KAR 4:050, and relates to KRS 211.090 and KRS 211.180.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
KENTUCKY WOMEN’S CANCER SCREENING (KWCSP)

I. Background
In 1990, legislation (KRS 214.554) established the Kentucky Women’s Cancer Screening Program (KWCSP) in the Department for Public Health. The KWCSP provides breast and cervical cancer screenings, diagnostic follow-up services and case management utilizing federal grant monies from the National Breast and Cervical Early Detection Program (NBCCEDP) as well as state and local funds.

II. Definition
KWCSP services include clinical breast exams, pap tests, bimanual examinations, mammograms, follow-up diagnostic services, case management and treatment referrals for eligible clients. All other components are related to and support the delivery of screening and diagnostic services to women most in need.

III. Eligibility
The program’s eligibility requirements are women 21 to 64 years of age, household income at or below 250% of the current annual federal poverty guideline, uninsured and has no third party payer source (no Medicare, no Medicaid and no private health insurance).

IV. Expectations
Provider Recruitment: LHDs may recruit providers for services – all providers may be considered to participate; Providers must follow KWCSP guidelines.

Clinical Services Training for Providers: LHDs will train providers on CDC and KWCSP requirements; LHDs and providers will establish procedures to ensure LHDs receive data and information to ensure continuity of care.

LHDs will train provider’s support staff on program eligibility and program components and consider staff attrition for ongoing training needs and updates.

Patient Education: LHDs will train providers on program requirements for patient education.

Data Collection: LHDs will train providers and staff on proper completion of the ACH-58 or other KWCSP approved form that captures the required data elements; LHDs will be notified of KWCSP eligible patient’s office visit within 14 days LHDs and providers will establish procedures to ensure data is collected in a timely and accurate manner.

Billing: LHDs will train providers and staff in CPT allowable procedures; Providers will submit invoices to LHDs for reimbursement; Providers will be educated regarding procedures or services that are provided outside the KWCSP guidelines will not be reimbursed with KWCSP funds.

LHDs without community providers or providers unwilling to participate must provide the services.
Patient Follow-Up: LHDs will follow all KWCSP patients screened by local providers with federal funds; LHDs will case manage all KWCSP patients with abnormal CBEs, paps and mammogram results; LHDs will maintain a mammogram and pap log; LHDs will ensure diagnostic services are provided to the KWCSP patient.

Treatment Services: LHD staff will refer all eligible KWCSP patients to the Breast and Cervical Cancer Treat Prog (BCCTP).

Quality Assurance: LHDs will establish a quality assurance program to ensure the highest quality of services continues to be provided through the assurance provider to the KWCSP eligible population.

Evaluation: The KWCSP will evaluate the effectiveness and efficiency of the KWCSP LHD screening assurance program.

V. Allowable Expenditures
Allowable expenditure information is disseminated to providers annually. The list of approved list of CPT codes is approved by the CDC each budget period. Reimbursement for KWCSP services to LHDs cannot exceed current Medicare B rates.

VI. DPH Responsibility
DPH is responsible for providing technical assistance, monitoring and oversight of the KWCSP administrative, financial and clinical services provided throughout the state network of providers. DPH is also responsible for the application of CDC National Breast and Cervical Cancer Early Detection Program grant funds each year.

VII. Indirect Policy
For the purpose of this document, the indirect clinical service provider (ICSP) is defined as a medical care provider, who performs at least one of the KWCSP approved Clinical Procedure Terminology (CPT) services. The ICSP is contracted by Local Health Departments (LHDs) to provide KWCSP services in lieu of the LHDs providing direct clinical services for KWCSP patients.

- All LHDs’ contracts with the ICSPs must include information on following the KWCSP’s guidelines as indicated in the two references listed below:
  - Core Clinical Service Guide (CCSG)
  - Administrative Reference (AR)
- LHDs must provide all KWCSP services or contract with ICSPs to provide all KWCSP clinical services throughout the fiscal year.
- LHDs’ must educate and train all ICSPs on the following:
  - KWCSP patient eligibility and other program components,
  - KWCSP’s requirements for patient education,
  - KWCSP’s requirements including collecting and processing Minimum Data Elements (MDE), billing data and audit reports,
o KWCSP’s approved CPT codes and reimbursement policy,
o The Division of Women’s Health’s (DWH’s) quality assurance and quality improvement process (See AR Training Guidelines and Program Descriptions),
o KWCSP’s core program performance indicators and other standards set by the Centers for Disease Control and Prevention (CDC).

- ICSPs or LHDs will provide case management/patient navigation for all KWCSP patients with abnormal Clinical Breast Exam (CBE), Pap tests, and mammograms.
o ICSPs will maintain mammogram and Pap logs for all KWCSP patients.
o The nurse case manager will complete the ACH-58 (a data collection form) on all KWCSP eligible patients.
o The LHDs will enter the ACH-58 data and be responsible for correcting or completing of the form. This information is to be entered within 2 weeks of each service and/or after receiving test’s results.

- ICSPs will refer all eligible KWCSP patients in need of treatment services to the LHD. The LHD will then refer these patients to the Breast and Cervical Cancer Treatment Program (BCCTP) and complete the application and extension form when needed.

- LHDs that contract with ICSPs for services are responsible for auditing those service sites quarterly and must include language regarding this requirement in the contracts. The QA/QI forms must be those used by KWCSP or approved by the KWCSP staff.

- LHDs will be granted access to KWCSP’s patients’ charts at the ICSP’s site.
- The KWCSP will evaluate the effectiveness and efficiency of the KWCSP LHD Indirect Program.

**Quality Monitoring and Quality Assurance:**
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
Division of Maternal and Child Health

PRENATAL

Prenatal care is a key strategy in the prevention of maternal and infant mortality and morbidity. The Prenatal Program is a Core Public Health Service which provides pregnant women who meet the eligibility requirements access to basic prenatal care, which leads to better birth outcomes for Kentucky’s children. All LHDs should DIRECTLY provide linkage of prenatal patients to appropriate health services, and address barriers to care. For prenatal patients, this includes access to the Health Benefits Exchange, enrollment in Presumptive Eligibility, and making them an appointment with the provider who has agreed to see LHD patients. The LHDs may provide prenatal services DIRECTLY (through an In-House prenatal clinic in their county of residence) when appropriate for community needs. Other LHD’s may provide prenatal services INDIRECTLY through an arrangement with a qualified provider for prenatal services in the community. These providers may serve through a voluntary arrangement or via contract if the LHD pays for services.

I. Background
Kentucky’s efforts to reduce infant mortality and improve birth outcomes were enacted by the legislature decades ago, beginning with a system of regionalized perinatal care funded in 1978. The Prenatal program was enacted in the early 80’s with the intent that no pregnant woman in Kentucky would go without prenatal care.

II. Definition
Prenatal care is a core public health service, authorized by KRS 211:180, that serves as the primary strategy for reducing infant mortality and improving birth outcomes. Recent science has confirmed the link between prenatal experience of the fetus and increased risk for adult disease (heart disease, diabetes, obesity, and others). There is no more effective prevention than getting an individual off to a healthy start in life, beginning with good prenatal care.

III. Eligibility
Core Public Health Block Grant  Prenatal funding for Personal Health Services should be used for pregnant women who have income at or below 185% of the Federal Poverty Level (FPL) and have no other payor source (i.e., are not Medicaid eligible). This eligibility was defined in the legislation. These eligible patients will be assigned to Payor Code 7 as Project Eligible.

IV. Expectations
1. Presumptive Eligibility (PE) enrollment: All local health departments must assist pregnant women in enrolling for PE per the current guidance in the Administrative Reference. This includes assisting them in going to the Department for Community Based Services (DCBS) to enroll in Medicaid prior to the end of the PE period, getting them signed up for emergency Medicaid to cover the delivery, and getting the baby enrolled in Medicaid after birth. “Assisting” in this instance means to provide information such as the location
& phone number for the DCBS office and guidance to go there after applying for PE and before the end of the PE expiration

2. Referral to support services: All local health departments must assure pregnant women are enrolled in WIC if eligible, screened and referred to HANDS if eligible, provided folic acid supplementation, and are aware of other services such as breastfeeding support, medical nutrition therapy, and smoking cessation.

3. Prenatal Care: All local health departments must assure that pregnant women are enrolled with and seen by a prenatal care provider. This includes not only arranging an appointment, but removing any barriers to the pregnant woman attending the appointment and assuring the handoff has taken place for at least the first appointment (if the provider is not in-house).

For those pregnant women who are eligible for the Public Health Prenatal Program, their prenatal care may be provided in-house, externally with a contracted provider, or externally without a contract as long as care is provided and no pregnant woman is left without access to prenatal care.

Regardless of which provider is delivering the care, the provider is recommended to follow the most current guidelines of the American Congress of Obstetricians and Gynecologists (ACOG). These guidelines detail the number and type of visits, labs, and procedures that should be done. Contracted providers should also commit to billing the LHD for only medically necessary procedures.

V. Allowable Expenditures

- Core Public Health Block Grant funding should be used to cover basic prenatal care services for pregnant women with incomes at or below 185% FPL who have no other payor source.
- Core Public Health Block Grant funding should include coverage for, at a minimum, those prenatal services in the Prenatal Services database and Administrative Reference. However, additional services for eligible pregnant women can be covered at the discretion of the LHD according to local need.
- The Prenatal Service database, available from the program, will include the current Medicaid physician rate for those CPT codes, but the LHD may negotiate for lower rates with providers according to local circumstances. LHDs may, alternatively, negotiate a set amount to pay a contracted provider not tied to a specific fee-for-service reimbursement. However, in those cases, we recommend that the LHD receive documentation from the provider of which program-eligible patients were seen by the provider and what services were provided so that the LHD can monitor utilization. The LHD must keep a log of patients served through the contract (name, DOB, EDC, patient identifier) to report to DPH on a quarterly basis.
- Pregnant women served from the Core Public Health Block Grant funding must not be charged a co-pay or sliding scale, nor balance-billed, nor turned over to collections. Contracted providers must agree to not let cost be a barrier to care for these patients.
The Public Health Prenatal Program has never provided reimbursement for:
- Sub-Specialty care beyond an initial consultation
- Treatment of non-pregnancy related conditions
- Any test/procedure not related to the pregnancy
- Chromosome analysis
- Any inpatient hospital charges, including services of Hospitalist/Laborist, or
- Any outpatient hospital charges not covered under a negotiated contract rate
- LHDs may serve additional prenatal patients (e.g., patients on Medicaid, patients with incomes above 185%FPL) but their personal health service encounters should not be charged to the Core Public Health Block Grant

REQUIREMENTS FOR CONTRACTING:
Plans for assurance of services via contracts with a neighboring local health department or other community partner should consult with the appropriate DPH Division and outline such plans in the LHD Assurance Plan (Due FY14).

VI. DPH Responsibility
- DPH will continue to provide technical assistance
- Align to ACOG standards at least annually the prenatal service database and prenatal protocols for LHDs
- Provide/arrange for trainings for nurses from local health departments working in the prenatal setting
- Assist with coding and billing provided through the Local Health Operations branch of Administration and Financial Management (AFM)

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

HANDS
HANDS is a Core Public Health Service that must be provided DIRECTLY by LHDs in each county. It is one of our most effective population-based public health programs for improving birth outcomes and health for mothers and infants.

I. Background
The HANDS program was developed in 1998 as an initiative to reduce child abuse. It is modeled on Healthy Families America and the Hawaii Healthy Start programs. It transformed the existing KY Resource Mothers program into a broader home visiting program for first time parents, and is staffed by both paraprofessionals and professionals. HANDS was put into statute and regulation in 2000, and is also part of the Medicaid State Plan.
II. Definition
HANDS is a maternal and infant home visitation program to teach and support parents with developing family strengths, improving family functioning, and improving parenting skills. HANDS is a fee-for-service program funded through the completion of successful home visits as defined in the Administrative Reference.

III. Eligibility
HANDS is designed to assist overburdened parents at critical development points, beginning prenatally or within 12 weeks (90 days) after the birth of a child. Services continue until a child is three years of age for parents that make limited progress with a family support system while families with stronger support systems may end sooner. Eligibility is not based on income, but on risk. Overburdened families are identified through a screening tool and those who screen positive go on for a full assessment of the family’s needs and strengths. Participation is voluntary.

IV. Expectations
1. Screening and Referral: All health departments must accept calls for HANDS referrals from community partners, and identify potentially eligible families served at the local health department in other programs (e.g., WIC, family planning, prenatal). Families who are likely to be eligible should be referred for HANDS screening, assessment and offering services.

2. HANDS Services: HANDS home visiting services must be offered in every Kentucky county. In practice, where caseloads are small, it may be more cost-effective for a LHD to contract with a neighboring county to provide the actual HANDS services to families. Any county interested in contracting with another health department to provide HANDS services in their county should contact the HANDS program administrator to discuss the details. Specific deliverables are required within the contracts to assure fidelity to the model. Funding for these HANDS services will continue through allocations from the Master Tobacco Settlement, Federal Medicaid, State General Funds, or through the Federal Maternal, Infant and Early Childhood Home Visiting program. HANDS services are assigned to Cost Center 853, 752, 760 and 767.

V. Allowable Expenditures
In addition to the Core Public Health Block Grant funding, HANDS services will continue to be covered by the Master Tobacco Settlement and Federal Medicaid, State General Funds, and the Federal Maternal, Infant and Early Childhood Home Visiting program. HANDS is a fee-for-service program that utilizes Cost Centers 853, 752, 760, and 767.

REQUIREMENTS FOR CONTRACTING:
HANDS is a core public health service which must be done DIRECTLY by the LHD in every county. There are a few historical exceptions that will receive “grandfathered” approval to continue. Any LHD who lacks the capacity to directly
provide HANDS services must consult with the HANDS program administrator to seek a resolution.

VI. DPH Responsibility
DPH will continue to provide program management, federal grants and reporting, relationships with home visiting models, coordination with other state agencies/programs, required and optional trainings/staff development offerings, determining allocations, and consultation for financial issues.

Quality Monitoring and Quality Assurance:
The HANDS Quality Assurance structure has been designed to review each site’s implementation of the HANDS model, which is structured around the framework of the HANDS Core Components: Quality Service Delivery, Workforce/Staff Selection and Skill Development, Performance Development, and Fiscal Management. Quality Assurance (QA) staff will conduct a minimum of one quality assurance site review visit per fiscal year to each of the local sites within their assigned QA region.

The Technical Assistance (TA) staff will support HANDS sites with implementation and maintenance of the HANDS Core Components by making a minimum of one site visit per fiscal year to assist the site with selecting and prioritizing opportunities for growth identified during the Quality Assurance Site Review. A Plan for Growth will be developed to address selected areas of focus and include prioritized steps the site will take in the upcoming year to monitor progress. The TA will contact sites in his/her assigned region one time per quarter, at minimum, to provide follow-up to the Plan for Growth as well as ongoing technical assistance, as needed.

WOMEN, INFANTS, AND CHILDREN SUPPLEMENTAL NUTRITION (WIC)
The WIC Program is a Core Public Health Service and addresses the public health functions required in KRS 211.180 (e) and (g). The WIC program must be provided DIRECTLY by LHD in every county.

The WIC Program is described in the Administrative Reference and WIC and Nutrition Manual. The WIC Program is a directly provided service that is paid from federal funding. LHDs receive an allocation according to the number of WIC participants at that health department (regardless of the patient’s county of residence). Funds are distributed in a reimbursement method based upon submitted monthly expense reports for allowable Program costs.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

WELL CHILD
The Well Child/Preventative Pediatrics program may be provided DIRECTLY by LHDs when community need indicates, or INDIRECTLY by other community providers.
LHD’s must DIRECTLY provide linkage to appropriate health services, access to the Health Benefits Exchange, and address barriers to needed medical care.

I. Background
The Public Health Well Child Program was formalized more than 3 decades ago through legislation and a budget allocation. The program was designed to increase access, so that Kentucky children could receive Well-Child/Early Periodic Screening of EPSDT exams by nurses at LHDs. A training program was also established for public health nurses performing these exams.

II. Definition
Core services for children are required of public health in KRS 211.180. These preventive services include comprehensive health, history, screening, and assessment of the physical, developmental, mental, and social well-being of the child. Core well child services required of local health departments are directed towards assuring that no child in Kentucky is denied basic preventive care.

III. Eligibility
Core Public Health Block Grant funding should be used to cover direct, personal and preventive health services for those pediatric patients, age 0-21, and whose family income is at or below 185% of FPL with no other source of coverage. Eligible children will be assigned to Payor Code 7 as Project Eligible.

IV. Expectations
1. Children who present to a local health department should be linked to a medical home with a primary care provider
2. If a local primary care provider is not available and the child is due for a preventive health exam, that screening exam can be performed by LHD staff with DPH approved well child training and certification
3. Well child services are to be appropriate for age and health history. Specifics of what is age-appropriate are detailed in the national standards of care Bright Futures, from the American Academy of Pediatrics (AAP).
4. A preventative “well child” exam must include, at a minimum (per 902 KAR 4:100):
   a. Health and developmental history
   b. Unclothed physical exam
   c. Developmental assessment
   d. Vision and hearing testing
   e. Nutritional assessment
   f. Laboratory testing
      i. Blood lead screening tests for children < 6 years of age having positive lead hazard risk factors during every preventive health care visit
      ii. Blood lead screen test required at 12 month and 24 month visits, or for older children up to age 6 who have not previously been screened
   g. Anticipatory guidance and health education
      i. Breastfeeding information
      ii. Safe sleep
iii. Proper use of child safety seats  
iv. Injury prevention according to age, including childhood lead poisoning preventive education for all BLL’s, including 1-4.9 µg/dL
v. Avoidance of second hand smoke
vi. Feeding and nutrition guidance (if not done in WIC)
h. Referral for acute, chronic, or handicapping conditions identified during the preventative health assessment
i. Nursing follow-up of referrals
5. Immunizations are provided per the CDC periodicity schedule

V. Allowable Expenditures
Core Public Health Block Grant funding should be used to fund the following well child services for income-eligible children:

1. Preventive health services to income-eligible children. These should be coded using the preventive medicine service codes [99381-5, 99391-5, preventive counseling 99401-12]
2. Childhood lead poisoning home visits [99510]
3. Childhood Immunizations provided as part of a preventive health service [CM ZOO.129]
4. Repeat newborn metabolic screenings if not done at the local hospital

- A database of the pediatric preventive services that must be covered, at a minimum, for this population will be available through the Well-Child program.
- Pediatric visits that are not preventive visits should be coded as Evaluation & Management codes and are not required in the core public health services.
- Pediatric visits that are done in the school setting should be coded to the new School Health cost center. School health services are not part of the core public health services.
- Only Lab/Rad/Path related to preventive visits [CM ZOO.129] or childhood lead follow-up for income-eligible patients should be charged to the core funding.

VI. DPH Responsibility
DPH will continue to provide technical assistance; to align Core Clinical Service Guide guidance and Pediatric preventive services database to AAP/Bright Futures standards at least annually; and to provide for pediatric assessment trainings for nurses from local health departments. Assistance with coding and billing will be provided through the Local Health Operations branch of AFM.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

Childhood Lead Poisoning Prevention

1. Case Management for children with elevated lead levels (including a home visit) is a core public health function and must be provided DIRECTLY in every county by the LHD. Details of this service are in the Core Clinical Services Guide and
include notifying DPH of cases, RN case management, and home visits as indicated.

**Newborn Metabolic Screening**

Newborn metabolic screening identifies life threatening disorders before they become symptomatic. It is a Core Public Health Service for the LHD in every county to DIRECTLY provide by drawing missed or repeat newborn screening samples and send to the state lab for processing. Most initial newborn metabolic screens are procured at the birthing centers and sent directly to the Division of Laboratory Services for testing. Local health departments procuring specimens will also forward the blood spot to the Division of Laboratory Services for screening. Missed or repeat newborn screening samples that LHD’s may be sending include an initial test result with a request for a repeat specimen; an initial specimen not procured following a home birth; or related to an adoption or transfusion. The health department must also link these patients to needed health services to assure that the child has a primary care provider who will see the child within 48 hours, as the metabolic diseases may cause rapid deterioration that results in death within hours to days if not addressed.

**EPSDT Outreach**

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Outreach program is established by contract between the Kentucky Department for Medicaid Services (DMS) and the Kentucky Department for Public Health (DPH). This service is a Core Public Health Service and must be provided DIRECTLY in every county by the local health department.

This program serves to implement the following requirement of the Social Security Act, 42 USC Section 705(a)(5)(F)(iv): to provide, directly and through their providers and institutional contractors, for services to identify pregnant women and infants who are eligible for medical assistance under subparagraph (A) or (B) of section 1396a(l)(1) and, once identified, to assist them in applying for such assistance. The DMS contract with DPH requires the state to verbally notify families of Medicaid eligible children throughout the state of the value and necessity of EPSDT services, help families to obtain EPSDT services at health departments and community providers, provide follow-up to facilitate periodic screenings for eligible children, and enhance availability and accessibility of EPSDT services by expanding relationships with community providers and schools to inform families of the value and necessity of EPSDT services. Further details are provided in the program section of the Administrative Reference.

**CHILD FATALITY REVIEW & INJURY PREVENTION**

Child fatality review is a Core Public Health Service and a Foundational Capability as a public health surveillance system. It must be provided DIRECTLY in every county
by the LHD, in cooperation with the State Child Fatality Review team, local coroners, law enforcement, and DCBS.

I. Background
The Public Health Local Child Fatality Review (CFR) System was established in law in 1996 [KRS 211.686]. The purpose of the local teams is to assist the coroner in determining an accurate manner and cause of deaths. Teams should recommend and promote prevention strategies in their communities based on what is learned in the death reviews. Historically, the local coroner has been responsible for leading the local CFR teams. According to the legislation, the LHD, Department for Community Based Services (DCBS), and law enforcement are required members of the local teams.

There are currently 76 active CFR teams in Kentucky. LHDs may host a local CFR team meeting if any member of the team requests that a child death be reviewed, even if the coroner does not call a team meeting. The LHD representative is responsible for filing a report of team meetings with the State CFR Coordinator.

Grief counseling for families who have lost an infant to Sudden Infant Death Syndrome (SIDS) was initiated through local health departments after the SIDS program was established in KRS 213.161. The demand for grief counseling has decreased due to the low number of childhood deaths. However, LHDs continue to send a condolence letter to families with a list of local grief counseling resources where they could get grief counseling and information of who to contact at the LHD if they want help getting counseling. This is consistent with assurance of this core service.

II. Definition
Child Fatality Review is a core public health surveillance function. Injury is the number one cause of death in persons age 1 through age 44, both in Kentucky and nationally. Child Fatality Review process is established to learn from child deaths and develop local and state strategies to reduce "preventable" deaths in Kentucky communities in the future.

III. Eligibility
Child deaths that are required to be reviewed are coroner’s cases, as defined in KRS 72.405 and 72.025. However, any child death can be reviewed by a local team. All participants should represent a local agency and must sign a confidentiality form at least annually, which should be kept on file at the local health department.

IV. Expectations
1. Local Health Departments must identify a local CFR coordinator who shall:
   a. Assist the local coroner with the logistics of a team meeting when needed.
   b. Represent Public Health at the local CFR team meetings and provide a report of the meeting to the State CFR coordinator.
   c. Maintain confidentiality forms for the local team and assure that each participating member has signed a form. Any violations of confidentiality should be reported to the State CFR coordinator.
d. Report discussions from the local CFR team meetings to the State CFR coordinator on the forms designated by the State program.

2. The local CFR Coordinator, or their designee, shall provide information on grief counseling to local families who have had an infant die. This information, usually provided through a letter, must include condolences, and provide a list of local counseling resources.
   a. If the family calls to request assistance, the local CFR coordinator shall link them to a local resource with training for grief counseling for infant/child deaths.
   b. The local CFR coordinator or designee will submit the grief counseling report to the State CFR coordinator.

3. The local CFR Coordinator, or their designee, shall assure local resources are available to families for checking car seats for proper installation.

V. Allowable Expenditures
Expenses related to CFR team meetings, contacting families for grief counseling, or arranging for car seat safety checks can come from Core Public Health Block Grant funding as well as any other applicable funding source (grants).

VI. DPH Responsibility
DPH will provide a State CFR and Injury Prevention program coordinator, who will provide technical assistance; arrange trainings for CFR local teams or grief counseling on request; provide local CFR coordinators with a copy of the protocols from the National Center for Child Death Review; disseminate information on prevention of child injury and deaths; collect and analyze available data for trends; create the annual CFR report, and coordinate the State CFR team.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

TOBACCO CONTROL
Tobacco is the single most preventable cause of illness and death for Kentucky citizens. All LHD’s should provide Tobacco Cessation services in every county, either DIRECTLY at the LHD or INDIRECTLY through other community providers and/or the Quit Line.

I. Background
According to the CDC, tobacco use is the single most preventable cause of mortality and morbidity for mothers, infants, and children in the US. Kentucky’s smoking rates are some of the highest in the nation, and it impacts most all of the adverse health outcomes in communities. However, over the last decade, by consistently following evidence-based practices, much progress has been made in
Kentucky through the consistent work of LHDs, advocates, and the DPH Tobacco Control program.

II. Eligibility
Tobacco Control is a population-based service; all people in the LHD’s jurisdiction are the target population for tobacco control efforts.

III. Expectations
While the most effective interventions for tobacco control are policy and environmental change strategies, there are evidence-based practices recommended by the U.S. Preventive Services Task Force (USPSTF) that should be implemented in the personal health services provided by local health departments.

1. All LHDs should follow the evidence-based practice recommended by the US Preventive Services Task Force and implement the 5A’s or at least “Ask, Advise, Refer” for all clinical personal health visits
2. All LHDs should promote and provide education on how to access Kentucky’s Tobacco Quit Line and other cessation services to tobacco users
3. All LHDs should provide information on dangers of second hand smoke during pediatric visits where there is smoking in the home

IV. Allowable Expenditures
Tobacco control services are funded from other sources and do not need to be paid from the Core Public Health Block Grant. Tobacco counseling should be part of preventive health visits. Specific tobacco counseling can be charged as a CPT-coded service (99401-99409). Community-based tobacco-control education and policy efforts are funded through a combination of State, Federal, and other grant funds through cost center 836.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

MEDICAL NUTRITION THERAPY
Medical Nutrition Therapy is a Core Public Health Service that must be provided in every county. The LHD may provide this service DIRECTLY or INDIRECTLY. If providing the service INDIRECTLY, e.g., arranging for another LHD or a local provider to provide the service, the LHD must execute a contract with that other entity. The contracts for this purpose are located on the L drive. Medical Nutrition Therapy (MNT) will continue as currently described in the Administrative Reference and WIC and Nutrition Manual. In addition to the Core Public Health Block Grant funding, MNT can be paid from its federal funding stream (cost center 805).

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
CORE PUBLIC HEALTH EDUCATION FOR MCH

I. Definitions
Public health education is a core function and essential public health service #3. - Inform, educate, and empower people about health issues. All local health departments are expected to be able to provide some level of health education, through a variety of modalities.

II. Expectations
Related to Maternal and Child Health, LHDs are expected to provide some level of education, even if it is just a fact sheet or reference sheet, on the following topics:

1. Healthy pregnancies
2. Breastfeeding
3. Childhood Obesity prevention (My Plate, 5-2-1-0)
4. Injury Prevention - Counseling for injury prevention occurs as part of the pediatric preventive health visit. For those persons not getting a preventive health visit at the local health department, or for community health education efforts, the LHD must promote the following topics:
   a. Safe Sleep, including avoidance of co-sleeping
   b. Proper use of child safety restraints in vehicles
   c. Childhood lead poisoning prevention
   d. Age-appropriate injury prevention
   e. Avoidance of Second Hand Smoke, drugs, and alcohol
5. Tobacco Control
   Dangers of second hand smoke and Kentucky’s Tobacco Quit Line information

III. Allowable Expenditures
Information, education and empowerment are essential public health services. Core Public Health Block Grant funding can be used for educational materials, and, depending on the LHD utilization of their core funding in other areas, for evidence-based practices/programs that have been shown to be effective in addressing these issues.

IV. DPH Responsibility
The Department for Public Health programs can provide templates, patient education sheets, and fact sheets to local health departments on these topics.
Division of Public Health Protection and Safety
(Environmental Services)

FOOD

I. Background
KRS 217.005 to 217.285; 217.808 to 217.812; 217.920-217.928, and 217.992 authorize the Cabinet to draft and administer regulations related to the sanitary operation of food service establishments including restricted concessions, food service establishments, retail food stores, temporary food, vending machines and bed and breakfast facilities. Regulations mandate the inspection frequency and the fees collected for these programs. The safety of the Commonwealth’s food supply is critical to the health and well-being of Kentucky’s citizens and its visitors. All establishments that process, prepare, sell, or serve food are subject to the food safety standards that are administered by the Food Safety Program.

II. Definition
Food Programs for this definition includes the restricted food program (603); the food service establishment program (605); retail-food stores (607); bed and breakfast facilities (retail stores); and temporary food (604) programs. Also, regulated under this statute are the Farmer’s Market Program (611), the Home Based Processors programs; the salvage program; the food manufacturing program (615) and the vending machine program (606).

III. Eligibility
This program impacts all commercial food establishments and the consumers that use these types of facilities. This program also impacts the food industry partners including owners and workers. There are over 23,000 of these facilities state-wide.

IV. Expectations
Food Service Programs- This program area includes 603, 605, 607, 608, and 610. Program requirements include routine inspections at mandated frequency; follow-up inspections as necessary to insure compliance; complaint inspections; administrative enforcement as needed; plan review of new and altered facilities; opening inspection and permit issuance; boil water activities per guidance.

Temporary Food – 604 program area. At minimal, programs should permit and inspect, at least once during operation any temporary event lasting more than one day. Follow-ups and enforcement should be conducted as necessary to assure compliance. Large, one-day events of special significance should also be inspected if staff resources allow.

Food Manufacturing - 615 program. Local Health agencies shall refer questions and building plans for food manufacturing facilities to the State Food Branch. Local health agencies may do the initial plan review of the facility in some instances.
V. Allowable Expenditures
Core Public Health Block Grant funding can be used for the time that staff spend in completing all elements of this program including travel costs associated with the program.

VI. DPH Responsibility
DPH will continue to provide data management of online records, provide program oversight and regulatory guidance; technical training for new and seasoned inspectors; provide technical assistance as conference officers; provide enforcement guidance; and will serve as the liaison with other state agencies when issues arise with food establishment facilities.

VII. Directly
Direct in-county services and office hours are to be made available at every health department at sufficient frequency to meet the regulatory requirements for mandated programs and to meet the service needs of the community. For specific questions regarding environmental service options, contact the Division of Public Health Protection and Safety.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

PUBLIC FACILITIES

I. Background
KRS 211.920–211.945, KRS 219.011–219.081, KRS 219.310–219.410, KRS 211.180, KRS 211.180 & 211.990, KRS 211.760, and KRS 211.180 authorize the Cabinet to regulate public facilities for sanitary operation to protect public health.

II. Definition
Programs included in this definition include: correction facilities (645); hotel & motels (620); mobile homes and R.V.s (625); schools (635); swimming pools and beaches (695/696); tanning facilities (677) tattoo and body piercing studios (634/644); and youth camps (650). These facilities account for nearly 109,000 inspections statewide each year.

III. Eligibility
This program impacts all commercial facility owners, operators and public patrons. This program also impacts all industries involved in the construction and development of such facilities. Inspection of these types of facilities and the interaction with local health agencies is critical to the economy of these communities.
IV. Expectations
Public Facility Programs including: hotel/motel; mobile home and R.V. parks; schools; confinement facilities; youth camps; swimming pools, spas and beaches; tattoo and body piercing establishments should be inspected at mandated frequency; follow-up inspections as necessary to insure compliance; complaint inspections as requested; plan review where applicable; administrative enforcement as needed; opening inspection and permit issuance when applicable.

V. Allowable Expenditures
Core Public Health Block Grant funding can be used for the time that staff spent in completing all elements of this program including travel costs associated with the program.

VI. DPH Responsibility
DPH will continue to provide data management of online records, provide program oversight and regulatory guidance; technical training for new and seasoned inspectors; provide technical assistance as conference officers; provide enforcement guidance; and will serve as the liaison with other state agencies when issues arise with public facilities.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

GENERAL SANITATION

I. Background
KRS Chapter 212 (212.210); KRS Chapter 211 (KRS 211.345; KRS 211.970); KRS Chapter 258 (KRS 258.005-085); 902 KAR 10:085; and 902 KAR 10:081 authorizes the Cabinet to regulate matters related to vector control; rabies control measures; septic tank pumpers; onsite sewage disposal systems, private water; and public health nuisances in order to protect public health.

II. Definitions
Programs included in this definition include: vectors (670); septic tank pumpers (640); rabies (697); private water (655); onsite sewage disposal systems (680); private sewage (685) and public nuisances (660). Local health departments conduct and respond to approximately 22,781 inspections statewide each year related to these program areas.

III. Eligibility
These programs potentially can impact everyone in the community.

IV. Expectations
Septic tank pumper trucks and companies should be inspected and permitted annually. Follow-up and complaint inspections should be conducted as necessary.
to insure compliance. Inspection of the septic tank disposal site may require additional inspections when applicable.

Onsite Sewage Disposal Systems – this program shall include the evaluation of soil criteria through site evaluations and providing subsurface septic system disposal options if available, permitting and inspection of new, repaired, altered and failing septic systems.

Nuisance Program - complaint inspections and follow-up inspections should be conducted as requested on all permitted program areas and other regulated programs of the health department. This may exclude complaints that deal with issues that are not directly regulated by the health department. Local agencies may expand their nuisance inspection program as local resources allow.

Private Water: private water testing for bacterial contaminants may be conducted in cases of disease investigation as necessary. Other testing and sampling may be completed as local resources permit.

Rabies Program - This program shall include at a minimum the investigation, quarantine, release, or sample submittal of animals involved in a human exposure.

V. Allowable Expenditures
Core Public Health Block Grant funding can be used for the time that staff spent in completing all elements of this program including travel costs associated with the program.

VI. DPH Responsibility
DPH will continue to provide data management of online records, provide program oversight and regulatory guidance; technical training for new and seasoned inspectors; provide technical assistance as conference officers; provide enforcement guidance; and will serve as the liaison with other state agencies when issues arise with these programs.

VII. Directly
Direct in-county services and office hours are to be made available at every health department at sufficient frequency to meet the regulatory requirements for mandated programs and to meet the service needs of the community. For specific questions regarding environmental service options, contact the Division of Public Health Protection and Safety.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
OTHER PROGRAMS

I. Background
KRS 224 Chapter 1 authorizes the Cabinet to regulate methamphetamine contaminated properties. KRS 211.900-905 mandates the Cabinet to establish a program aimed at the prevention, screening, diagnosis, and treatment of lead poisoning.

II. Definition
The methamphetamine program (667) and the lead program (684) are programs deemed to be core public health.

III. Eligibility
These programs affect the general public and particularly children.

IV. Expectations
Methamphetamine Program - Minimum program activities would include ensuring the appropriate notification to property owners and other designated agencies of the notice of contamination; the disclosure requirements; the release of the property when appropriate; and referrals to other agencies for additional information dealing with methamphetamine contaminated properties.

Lead Program- Where the local environmentalists serves as the Risk Assessor or is engaged in visual lead assessment, activities shall be conducted in accordance with MCH Guidance.

V. Allowable Expenditures
Core Public Health Block Grant funding can be used for the time that staff spent in completing all elements of this program including travel costs associated with the program.

VI. DPH Responsibility
DPH will continue to provide data management of online records, provide program oversight and regulatory guidance.

VII. Directly
Direct in-county services and office hours are to be made available at every health department at sufficient frequency to meet the regulatory requirements for mandated programs and to meet the service needs of the community. For specific questions regarding environmental service options, contact the Division of Public Health Protection and Safety.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
DISASTER RESPONSE

Disaster Response activities should be conducted as they relate to regulated facilities and public protection emergency operations.

Division of Epidemiology and Health Planning

COMMUNICABLE/REPORTABLE DISEASE SERVICES

I. Background
Surveillance/Reporting: Kentucky Administrative Regulation, 902 KAR 2:020, requires health professionals to report the diseases from a list of “Reportable Diseases and Conditions” [listed on the back of the EPID-200 form] to the local health departments (LHDs) serving the jurisdiction in which the patient resides or to the Kentucky Department for Public Health (DPH). Animal bites shall be reported to local health departments within twelve (12) hours in accordance with KRS 258:065. Long Term Care facilities, per 902 KAR 02:065, are required to report an outbreak (2 or more cases) of influenza-like illnesses (ILI) within 24 hours to the local health department or the DPH. When health professionals report these diseases to LHDs, LHD staff should use the same deadlines for further reporting those diseases to DPH.

II. Definition
1. A notifiable disease is any disease that is required by law to be reported to government authorities. The collation of information allows the authorities to monitor the disease, and provides early warning of possible outbreaks. Kentucky has a Disease Surveillance regulation, 902 KAR 2:020-Disease surveillance, identifying specific diseases and conditions for reporting.
2. A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area, or season.
3. A foodborne-disease outbreak (FBDO) is defined as an incident in which two or more persons experience a similar illness resulting from the ingestion of a common food.

III. Eligibility
Reporting of communicable diseases is based on case definitions established by CDC and the Council of State and Territorial Epidemiologists (CSTE). In 2012, some of the nationally notifiable diseases tracked by CDC are not reportable in Kentucky. Example: chronic hepatitis C. However, there are conditions and diseases that are reportable in Kentucky that are not nationally reported, such as histoplasmosis.

IV. Expectations
Routine communicable diseases surveillance, investigation, and reporting:
1. Each reportable case or occurrence identified should be investigated by the LHD staff assigned to communicable diseases or the regional epidemiologist and reportable.
results of findings entered into the states electronic reporting system (NEDSS). Local health department staff should use CDC/CSTE case definitions for investigations and case classifications. Not all cases will require follow-up, however investigation of each reported disease/condition and findings will determine this.

2. Communicable disease work should be scheduled during normal health department work hours and afterhours or on weekends, as needed. LHD nurses investigating communicable diseases shall use a function code to document work hours spent on investigations. That function code is to be used by nurses only with cost centers specific to adults and children if the cases are being seen for a communicable/reportable disease.

Outbreak Reporting and Referral: DPH expects the local health departments to report an outbreak of 2 or more persons in a given setting (long-term care facilities, daycares, schools, etc.) within one business day. Also it is expected that the LHD establish a rapport in their communities with the various facilities and share the requirements for reporting conditions that can affect others in their facilities and the community as a whole.

Outbreak Investigations: It is expected that all outbreak investigations be conducted and tracked by LHD staff and the regional epidemiologist. The DPH, Division of Epidemiology and Health Planning, Reportable Diseases Section will provide consultation and guidance. DPH staff will go to the site of the outbreak investigation to provide onsite assistance as necessary, when requested by the LHD. Example: Limited LHD staff; multisite outbreaks, etc.

Training – Local health departments assure that communicable disease nurses and other appropriate staff are trained upon hiring and annually in surveillance, investigation, and reporting of communicable diseases. Training will also include the use of the Nationally Electronic Diseases Surveillance System (NEDSS) or other surveillance tools recommended by DPH.

Epidemiology Rapid Response Teams – Each local health department will organize and train a multidisciplinary team for rapid response to communicable disease outbreaks and other public health events requiring urgent action. Team members will include, at a minimum, one communicable disease nurse, an environmentalist, and the regional epidemiologist.

V. Allowable Expenditures

Communicable/Reportable Disease services can be funded through the Core Public Health Block Grant.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
**STD CONTROL**

I. **Background**
KRS 211.180 and 902 KAR 2:080 require the Cabinet for Heath and Family Services to implement a statewide program for the detection, prevention and control of communicable diseases, including sexually transmitted diseases (STDs). The regulation emphasizes the role of public health in investigation and reporting of STDs.

II. **Definition**
The STD screening and prevention services provided by the local health departments offer screenings and treatments to those who have been infected with certain STDs, thus reducing the risk of individuals exposing and infecting their sexual partners. The STD service also provides counseling services to those who are at risk for infections and teaches preventive methods to clients at risk. The goal of the program is to reduce infection and complications from STDs in the state.

III. **Eligibility**
All residents of the Commonwealth, regardless of their income or residential status, are eligible to receive STD screening services. Any fees associated with the service are based on the sliding income scale, and no individual shall be turned away from being served for lack of ability to pay.

IV. **Expectations**
1. LHDs must be able to provide or assure adequate STD screening, examination, testing and treatment services. This includes actual physical examination, drawing of blood, and urine screening. As for treatment, the LHDs should have adequate supply of STD meds to treat gonorrhea, Chlamydia and syphilis. Face-to-face counseling for suspected infection, re-infection or someone who may be exposed to an infection shall be performed by physicians, nurses or Disease Investigation Specialist (DIS) staff.
2. LHDs must be able to provide or assure surveillance for gonorrhea, Chlamydia and syphilis, including rapid follow-up of positive laboratory results, rapid follow-up for contacts to STD or HIV, outbreak investigation, and reporting to the Kentucky Department for Public Health.
3. LHDs must be able to provide or assure professional and public information and education.
4. All local health departments are expected to submit their positive reports within prescribed time lines, and submit EPID 200.

V. **Allowable Expenditures**
Core Public Health Block Grant funding can be used for the time LHD staff, clinicians and physicians spend in screening, testing, evaluation, treatment, referral, and investigations for persons with suspected or confirmed gonorrhea, Chlamydia, or syphilis.
**REQUIREMENTS FOR CONTRACTING:**
Plans for assurance of services via contracts with a neighboring local health department or other community partner should consult with the appropriate DPH Division and outline such plans in the LHD Assurance Plan (Due FY14).

**VI. DPH Responsibility**
DPH will continue to provide program guidance, training, and technical assistance as it is needed or as requested by the local health departments. The STD Control program assists local health departments with screening, treatment and follow up for those who have been infected or have been exposed to certain STDs. The state STD Control Program also provides STD reporting, investigation and prevention resources and guidance to all local health departments, including providing ongoing reports on local morbidity rates and activities.

The partnership with the local health departments also includes allocating funds for their STD prevention activities to providing them with personnel to provide disease intervention activities in their respective areas.

The core STD laboratory service is provided by the state laboratory, and partially funded through the state STD program. The state provides partial funding for the Infertility Prevention Program (IPP) to screen women under the age of 26 at the local STD and Family Planning clinics.

**Quality Monitoring and Quality Assurance:**
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

**HIV/AIDS**

**I. Background**
The Kentucky Department for Public Health HIV/AIDS Branch will promote the prevention of HIV transmission and associated morbidity and mortality by:
- Ensuring that HIV/AIDS surveillance is a quality, secure system;
- Ensuring that all people at risk for HIV infection know their sero-status;
- Ensuring that those who are not infected with HIV remain uninfected;
- Ensuring that those infected with HIV do not transmit HIV to others;
- Ensuring that those infected with HIV have access to the most effective therapies possible;
- Ensuring a quality professional education program that includes the most current HIV/AIDS information.

**II. Definition**
The intent of the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) is to facilitate the provision of quality care and services to HIV-infected individuals and their families in a timely, consistent manner of continued care. KHCCP also is an umbrella program for other client assistance programs such as the Kentucky AIDS Drug assistance Program (KADAP), Kentucky Health Insurance Continuation Program, Outpatient Health Care and Support Services and state support service
programs. This program collects, maintains and analyzes the reported HIV/AIDS cases and provides Epidemiological reports and trends for program planning and evaluation purposes. HIV and AIDS case reporting is mandated by Kentucky Communicable Disease Reporting Regulations (902 KAR 2:020, Section 7).

III. Eligibility
Prevention will be provided to all persons with priority to the following groups: on men who have sex with men, minorities at risk (African Americans and Hispanics), injecting drug users, women and youth at risk, sex-trade workers and the incarcerated.

Services: The intent of the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) is to facilitate the provision of quality care and services to low-income HIV-infected individuals and their families.

- Household income - no more than 300 percent of federal poverty level
- Household resources - case assets less than $10,000
- Residency - must be a resident of Kentucky
- Medical documentation - HIV positive status must be confirmed with appropriate documentation (for KADAP participation, medical documentation must also include CD4+ T cell count and viral load)
- Lack of other third-party payor - must be ineligible for assistance from other third-party payors for assistance requested
- For Kentucky Health Insurance Continuation Program (KHICP):
  1. Have a Medicare Part D or a prescription rider as part of a health insurance policy. Individual policies must cover HIV positive status. Family policies must cover at least two HIV positive family members
  2. Part B funds may be used, if cost effective, to pay premiums through an insurance continuation program if the participant can't afford the costs and meets state income eligibility criteria
  3. Eligible priority services are identified during each funding period based on client and care coordinator input, needs assessments, resource inventories, client satisfaction surveys, funding limitations and other factors

IV. Expectations
All services must be provided in accordance with the approved local health department community service plan.

1. Surveillance
   All LHDs must offer HIV screening and confirmatory testing, provide timely and accurate results to the patients, obtain risk factor information, provide risk management to patients, and be able to track, follow-up and refer patients for treatment, if necessary.

2. HIV Testing
   The expectation is that all LHDs will have the ability to perform Human Immunodeficiency Virus Counseling and Testing (HIVCT) Services is to prevent the spread of Human Immunodeficiency Virus (HIV) infection, especially to
those who are the highest risk of Human Immunodeficiency Virus (HIV) infection. All LHD nurses and staff conducting HIV Testing are required, first, to be trained in the *Fundamentals of HIV Prevention Counseling (FHPC)*, which includes training on counseling, testing, and partner notification and all staff are expected to follow the guidelines set forth within the training. Please note that KRS214.625 and KRS214.181 requires all LHDs, to conduct face-to-face HIV Testing, conduct pretest and post-test counseling and risk assessment. All LHD nurses and staff conducting HIV Testing will collect data and submit data to DPH in a timely manner. In addition to testing, LHDs will provide information regarding HIV/AIDS prevention and a referral guide to ensure a link between those who test positive for HIV to the respective Ryan White funded Care Coordinator Region. LHDs are expected to complete HIV testing forms and submit data to DPH HIV/AIDS Branch in a timely manner.

3. Condom Distribution
The expectation is that LHDs plan and implement collaborative condom distribution using local and state epidemiological zip code data as well as collecting their own qualitative information as a guide for targeting services for those are the highest risk for HIV transmission and infections. LHD staff will specifically target venues and sites, in their respective counties, know to provide services to people at high-risk of HIV transmission.

4. Education Dissemination
The expectation is that LHDs arrange and implement prevention education programs and peer training programs (e.g., Making Proud Choices!) in various settings for individuals at highest risk for HIV transmission as well as youth for highest risk (including but not limited to homeless shelters, correctional facilities, drug treatment facilities, group homes, rehabilitation centers, community health centers, churches, youth homes, Job Corps, family resources centers, etc.). It is also expected that collaboration with the State HIV Prevention Coordinator(s) and the Kentucky Department of Education, and community partners will occur. Prevention education programs and peer training programs will be used to initiate and compliment the Targeted Rapid Testing and Condom Distribution Programs; Prevention Education programs should be a part of the Comprehensive Counseling and Targeted Rapid Testing and Condom Distribution program.

5. Linkage to Care
The expectation is that LHDs will provide persons who test positive for HIV linkage to a care navigator. The care navigator will assist the client by setting up appointments with DIS for partner notification services and Care Coordinators to ensure clients attend their first medical appointment. Collaborating agencies will utilize an online shared database and color-coded bounce back referral card system to track continuity of services and successful linkage to medical care.
V. Allowable Expenditures
Core Public Health Block Grant funding is allocated to local health departments, especially those serving regions of high HIV prevalence, for provision of prevention, education, testing services, and linkage to care.

VI. DPH Responsibility
DPH will continue to provide HIV testing training and technical assistance and training on case reporting and prevention service strategies. DPH will also provide ongoing program guidance and support on HIV program planning, policy development, federal grants and reporting, coordination with other state agencies/programs, required and optional trainings/staff development offerings, and consultation for financial issues.

QUALITY MONITORING AND QUALITY ASSURANCE:
Local Health departments are required to meet program performance standards, quality assurance standards, as well as data collection and submission requirements with guidance from the HIV/AIDS branch.

Tuberculosis Prevention and Control Program

I. Background
The Kentucky Department for Public Health (DPH) Tuberculosis (TB) Prevention and Control Program is authorized by state law to coordinate TB Prevention and Control activities throughout the state of Kentucky. The KY TB Prevention and Control Program’s goal is to reduce TB as a public health problem.

II. Definition
The KY TB Prevention and Control Program works to control TB as a public health problem by focusing its efforts on three main goals:

- To render and maintain as non-infectious all individuals who have TB disease;
- To ensure non-infected persons do not become infected; and
- To ensure that individuals who are infected but who do not have TB disease remain non-infectious

III. Eligibility
The KY TB Prevention and Control Program require local health departments (LHDs) to provide TB-related services for citizens and refugees throughout the Commonwealth of Kentucky. Services for TB screening, targeted testing, evaluation, treatment, and/or investigations should not be based on income, but on risk of suspected or active TB or of developing TB infection or disease. Treatment of active TB is mandated by KY state law. Treatment of active TB by directly observed therapy (DOT) is the standard of care for Kentucky.

IV. Expectations
A. TB Screening, Targeted Testing, Medical Evaluation, Treatment, and Case Management.

The expectation is that LHDs will have the ability to:

1) Perform or assure the administration of services related to latent TB infection (LTBI)
   - Assess for TB risk factors and perform targeted tuberculin testing if indicated
   - Assure placement and proper reading of TB skin tests (TSTs) or perform a blood assay for Mycobacterium tuberculosis (BAMT)
   - Conduct a medical evaluation of patients with TSTs interpreted as positive
   - Order a chest x-ray and HIV testing for patients with TSTs interpreted as positive
   - Offer treatment for LTBI is the chest x-ray results are normal
   - Evaluate for possible active TB if the chest x-ray results are abnormal by obtaining three sputum tests collected at least 8 to 24 hours apart with one specimen being collected in the early morning
   - Track, follow up, and collect essential labs
   - Provide Education
   - Case management with consultation as necessary with KY DPH TB Program and/ or SNTC
   - Provide directly observed preventive therapy (DOPT) services for high risk patients with LTBI or DOT for active TB diagnosed during an evaluation for LTBI
   - Report, treat or refer patients for treatment of latent TB infection or active TB disease, if necessary
   - Report to the state TB Program and complete CDC and DPH required forms

2) Conduct investigations to identify low, medium and high risk contacts to active cases. The LHD should be able to identify high-risk contacts to active cases and provide directly observed preventive therapy (DOPT) for new LTBI cases. The LHD will provide DOPT for those identified in the TB Risk Assessment as being high risk individuals for preventive LTBI therapy. The LHD will complete required paperwork for reporting TB suspects, TB cases, and LTBI individuals.

B. Isolation, Assessment, Treatment and Case Management of Suspected or Confirmed Active TB Cases

The expectation is that LHDs will have the ability to perform or assure services related to active TB.

- Isolation of suspected TB cases or confirmed TB cases until deemed non-infectious
- Assessment and medical evaluation
- Obtain a chest x-ray and obtain three sputum specimens collected at least 8 to 24 hours apart with at least one specimen being collected in the early morning
- Track, follow up, and collect essential labs and drug susceptibilities
- Medical treatment with recommended medications
- Provide DOT and follow-up medical assessments and evaluations
- Provide Education
- Case Management with consultation as necessary with KY DPH TB Program and/or SNTC

C. Public Health Investigations related to LTBI and Active TB
   The expectation is that LHDs will have the staff and the ability to provide, perform or assure services related to LTBI cases and active TB cases.
   - Identify contacts within 3 workdays of receiving a suspect or confirmed TB case report
   - Targeted testing and screening in at-risk groups
   - Provide education and training
   - Completed Contact Rosters and Contact Investigations, prioritizing low, medium and high risk contacts
   - Assessment and Risk Assessment
   - Assure placement and proper reading of TB skin tests or perform a blood assay for *Mycobacterium tuberculosis* (BAMT)
   - Conduct a medical evaluation of patients with TSTs interpreted as positive
   - Order a chest-x-ray and HIV testing for patients with TSTs interpreted as positive
   - Offer treatment for LTBI if the chest x-ray results are normal
   - Evaluate for possible active TB if the chest x-ray results are abnormal by obtaining three sputum specimens collected at least 8 to 24 hours apart with one specimen being collected in the early morning
   - Test, with plans for follow-up testing and care
   - Provide DOT to Active TB cases
   - Provide window period prophylaxis with DOPT for high priority contacts
   - Provide DOPT for high priority contacts that develop LTBI

D. Reporting to Public Health Officials
   The expectation is that LHDs will have the staff and ability to provide or assure the following: The LHD will complete required paperwork or electronic reports for reporting TB suspects, TB cases, and LTBI cases to the KY DPH TB Prevention and Control Program as mandated by state law, by DPH, or CDC.

E. Community Based TB Services
   Background/Purpose
   One 2011 National Health Objective is to reduce the incidence of tuberculosis (TB). To promote a reduction in the incidence of TB, the Kentucky Department for Public Health TB Prevention and Control Program has identified the following strategies that will educate the public and raise awareness about tuberculosis infection and disease; increase awareness and trust in the foreign-born and transient communities; and enhance and improve awareness and reporting of tuberculosis among the health-care community.
Use of Funds
Federal, state, and local funds can be used to support population-focused TB prevention and control strategies. The 806 cost center can be used for a variety of TB prevention and control efforts targeting those populations with and at risk for TB. It is acceptable for a portion of the funds to be used for individual clinic services; however, the services should be directly related to TB.

Staffing Requirement
Each local and district health department shall have a designated TB Coordinator who is responsible for the implementation of TB prevention and control strategies in their community.

Plan of Action
Local health departments should work with community partners, such as hospitals, nursing homes, assisted living communities, and community based services to develop a comprehensive approach to TB prevention and control.

Objectives/Strategies/Interventions
The number of objectives to be fulfilled is determined according to the incidence of TB in the community. According to the following Completion Scale, local health departments should implement or assure the implementation of education and prevention strategies to fulfill the objective(s) of their choosing. For additional ideas and strategies concerning the objectives below, please contact the Kentucky TB Prevention and Control Program. The local health department may also develop an activity of their own choosing in order to meet the objective. These activities can be vetted through the Kentucky TB Prevention and Control Program.

Completion Scale
1. 0 through 5 cases of TB in the last five years:
   o Choose and complete two of objectives 1 through 3.
2. 6 through 10 cases of TB in the last five years:
   o Choose and complete two of objectives 1 through 3, AND
   o Complete one of objectives 4 through 5.
3. 11 or more cases of TB in the last five years:
   o Complete all three of objectives 1 through 3, AND
   o Complete both objectives 4 and 5.

1. Provide TB in-services to greater than 90% of long-term care facilities in the community
2. Collaborate with hospital infection control staff to coordinate prevention activities and reporting strategies through activities such as providing TB in-services on reporting practices and/or contact investigations, strengthening communication between infection control and LHD staff, educating staff on proper fit of respirators, etc. Review the Respiratory Plan and Personal Protective Equipment (PPE) guidelines located on the LHD Information webpage.
3. Provide TB education to the community once per quarter by selecting four targeted locations and doing TB education at each site chosen
4. Provide TB education targeted toward transient populations twice per year
5. Provide TB education targeted toward foreign-born populations twice per year

Target Population
Kentuckians of all ages, economic status, and nationalities

Disparate Populations
Foreign-born
Transient population (e.g., homeless, migrant workers, etc.)

F. Refugee/Immigrant TB Services
The expectation is that LHD will assure that an immigrant/ or a refugee referred to the KY TB Prevention and Control Program by the Centers for Disease Control and Prevention and the U.S. Department of State (DOS) receives an evaluation for active TB Disease. The process for completing the evaluation of an immigrant or a refugee is collaborative with roles for the Center for Disease Control and Prevention Electronic Disease Notification (EDN) system, the KY TB Program, and the LHD staff. The LHD will have the ability to perform or assure the administration of Refugee/Immigrant service.

Procedures for LHD Staff:
- The immigrant or refugee designated as TB Class B1 or B2 must be contacted within three working days of receiving DOS documents (DS-2053: Medical Examination for Immigrant or Refugee Applicant; DS-3024: Chest X-Ray and Classification Worksheet; DS-3025: Vaccination Document; and DS-3026: Medical History and Physical Examination Worksheet) forwarded by the KY TB Program
- There should be three points of Contact, this can be accomplished by the following methods:
  a. Step 1 – Make a telephone call within 24 hours of receipt of documents
  b. Step 2 – Send a letter within 7 working days if no response to phone call
  c. Step 3 – Make a home visit within 10 working days if no response to call or letter
- Medical evaluation must be initiated within 30 days of notification for immigrants and refugees with abnormal chest x-rays consistent with TB
- Completed medical evaluation within 90 days of notification date for immigrants and refugees with abnormal chest x-rays consistent with TB
- All immigrants and refugees with abnormal chest x-rays read overseas consistent with TB and diagnosed with latent TB infection (LTBI) should be evaluated, diagnosed and treated
- All immigrants and refugees with abnormal chest x-rays read overseas consistent with TB, diagnosed with LTBI and started on treatment should complete LTBI treatment
• Notification to the KY TB Program if an immigrant and/or a refugee cannot be located within 14 working days of receipt of DOS documents
• All refugees from high-prevalence countries must be evaluated for tuberculosis as described in the Core Clinical Service Guide

G. Management of Laboratory Data
The expectation is that LHD’s will have the staff and the ability to provide, perform, or assure the management of laboratory services:
• All culture positive pulmonary and extra pulmonary *Mycobacterium tuberculosis* isolates from outside laboratories shall be sent to the State Public Health Laboratory for drug susceptibility testing and genotype testing
• Copies of sputum positive TB culture results, positive TB culture results from any other body site, and positive Nucleic Acid Amplification test results (e.g., MTD positive results and PCR positive results) from outside laboratories will be sent to the State TB Prevention and Control Program
• Drug susceptibility testing is performed on initial culture positive pulmonary and extra pulmonary TB isolates
• Copies of the laboratory report about drug susceptibility testing will be sent to the State TB Prevention and Control Program
• All sputum samples will be sent to the State Public Health Laboratory for testing

V. Allowable Expenditures
Core Public Health Block Grant funding can be used for the time LHD Staff, Clinicians and physicians spend in screening, testing, evaluation, treatment, referral, and investigations for TB suspects, TB cases, and LTBI cases.

**REQUIREMENTS FOR CONTRACTING:**
Plans for assurance of services via contracts with a neighboring local health department or other community partner should consult with the appropriate DPH Division and outline such plans in the LHD Assurance Plan (Due FY14).

VI. DPH Responsibility
The KY DPH TB Prevention and Control Program will continue to provide:
• Program management
• Federal grants management and reporting
• Relationships and consultation with LHD and Infectious Disease personnel
• Coordination with other state agencies/ programs
• Required and optional orientation, training and staff development offerings
• Consultation for financial issues; and
• Quality monitoring and quality assurance

**Quality Monitoring and Quality Assurance:**
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
IMMUNIZATION SERVICES

I. Background
More than two centuries have passed since the first successful vaccine for smallpox was developed. Today’s vaccines are among the 21st century’s most successful and cost-effective public health tools for preventing disease and death. Thanks to immunizations, debilitating and often fatal diseases like polio, that were once common, are now only distant memories for most Americans. The Immunization Program encourages the Local Health Departments (LHD) to provide immunizations and immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases. KRS 214.034, KRS 214.036, 902 KAR 2:060

II. Definition
LHDs should provide or assure immunization services to their community: administration of vaccinations according to the ACIP guidelines and provision of immunization education to patients which would include counseling on risk benefits, side effects, and the importance of completing the series if applicable, immunization education to other healthcare personnel which would include latest recommendations and contraindications, and immunization outreach activities to include off site vaccination clinics, if able to do so, to further reduce barriers to vaccination for the community. Additionally, LHDs shall investigate and report cases of vaccine preventable diseases according to state and Kentucky Department for Public Health (DPH) requirements.

III. Eligibility
1. Vaccine for Children’s Program (VFC) provides vaccines for Medicaid-eligible, American Indian or Alaska Native, or uninsured children from birth through 18 years of age. Underinsured have health insurance that does not pay for vaccinations. To be supported with VFC-funded vaccine, underinsured children must be vaccinated at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a LHD deputized by a FQHC. The Immunization Program may also distribute vaccines purchases with federal 317 funds, state funds, or other monies.
2. Eligibility is based on federal statutory (42 U.S.C. 1396s) and state regulatory (907 KAR 1:680) requirements, childhood and adolescent immunization recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices, state and federal funding, and the availability of the vaccine through the Immunization Program.
3. Parents of children covered by insurance should be counseled to seek vaccinations from their child’s private health care provider as determined by their health insurance plan.
4. A record of patient eligibility of all children from birth through 18 years of age (i.e., < 19 years) who receive state-supplied vaccine must be kept at the LHD. LHDs must document patient eligibility screening on the Patient Services Reporting System (PSRS) in the Administrative Reference. Eligibility screening
must take place with each visit to ensure the child’s eligibility status has not changed.

IV. **Expectations**
LHDs will provide or assure immunization services to their community using the following guidelines:

- Administration of vaccinations according to the ACIP guidelines and provision of immunization education to parents and/or patients which would include counseling on risk benefits, side effects, and the importance of completing the series if applicable.
- Immunization education to other healthcare personnel which would include latest recommendations and contraindications.
- Immunization outreach activities to include off site vaccination clinics, if able to do so, to further reduce barriers to vaccination for the community.
- Investigate and report cases of vaccine preventable diseases according to state and DPH requirements.
- Proper storage and dispensing of vaccines per guidelines stated in the AR and sites listed below. Vaccines should be handled and stored in accordance with the Food and Drug Administration (FDA)-approved package insert that is shipped with each product. Additional guidance for selected biologicals is contained in the CDC’s Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, included in the VFC manual distributed to each local health department (LHD). Here is a link to CDC’s vaccine management recommendations for selected biologicals.
- Administer all vaccines necessary to comply with the current version of the ACIP Recommended Immunization schedule including those vaccines needed for entry and attendance to Kentucky primary or secondary schools (public and private), preschool programs, child care centers, certified family child care homes or other licensed facilities which care for children, in accordance with Kentucky Revised Statutes KRS 158.035, KRS 158.037, KRS 158.160, KRS 214.034, KRS 214.036, KRS 214.990(5), and Kentucky Administrative Regulation 902 KAR 2:060.
- Develop emergency procedures for protecting vaccine inventories in case of natural disasters or other emergencies. Such emergency procedures should include: emergency backup power generation or identifying an alternate storage facility with back-up power where vaccine can be properly stored and monitored; ensuring the availability of staff to pack and move vaccine; maintaining appropriate packing materials; and, ensuring a means of transport for the vaccine to a secure storage facility. Guidelines for developing clinic specific procedures for the protection of vaccine inventories (storage and handling) before and during emergency conditions.
- Establish Immunization Linkage interventions to ensure children are properly immunized.
- Establish Reminder and Recall Policies for parent and/or patient notification.
- Develop a policy to provide programmatic direction for the prevention of fraud and abuse in the utilization of state-supplied, VFC funded...
vaccine, 42 U.S.C. 1396s, KRS 205.520, KRS 205.8453, 907 KAR 1:675, 907 KAR 1:680

Staff Requirements
1. Staff Required- Nurses with current Kentucky license who are proficient in administering immunizations both orally and by injections
2. Protocols for vaccine administration signed by the LHD Medical Authority
3. Education -Requires familiarity with immunization recommendations and references.
   - ACIP Vaccine Recommendations and Guidelines
   - Guidelines and Publications for Immunization Managers
   - Healthcare Providers/Professionals
   - Recommended Vaccines by Disease

4. All ACIP routinely recommended childhood and adolescent vaccines are published by the CDC in the Recommended Childhood and Adolescent Immunization Schedule – United States. This immunization schedule is revised at least annually.

Special Situations: Adults, Outbreak Control, Other
1. State-supplied hepatitis B vaccine may also be given to susceptible adult household, sexual, and needle sharing contacts of hepatitis B surface antigen (HBsAg)-positive pregnant women who have been reported to the DPH Immunization Program as a perinatal hepatitis B prevention case.
2. The DPH Immunization Program is not funded to provide for routine vaccination of adults aged 19 years and older. However, the DPH Immunization Program may initiate supply of vaccine and immune globulin for adult disease intervention and other special situations or projects. Otherwise, request for vaccine and immune globulin to support adult vaccination of patients not specifically identified above as eligible needs to be made to DPH Immunization Program, and will usually need to be accompanied by written justification of need and plan of action. LHDs engaged in routine vaccination of adults should do so with LHD-purchased vaccine.

Perinatal Hepatitis B Prevention and Reporting Testing and Screening:
KRS 214.160 (7) has required the screening of pregnant women for hepatitis B virus since 1998. Screening for hepatitis B surface antigen (HBsAg) is one of several required blood tests performed at the initial prenatal visit. If the woman is high risk for contracting hepatitis B virus infection, the serological testing should be repeated in the last trimester.
Reporting Requirements: Health Care professionals and health care facilities are required by regulation, 902 KAR 2:020, to report HBsAg-positive pregnant women and children born to those women.

Page 43
Administrative Reference
Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning/ Reporting
September 1, 2018
Epidemiology reports required:
1. Kentucky Reportable Disease form – EPID 200 (06/2010) – Used to report all vaccine preventable diseases and other diseases reportable in Kentucky per 902KAR2:020
2. Hepatitis B Infection in Pregnant Women or hepatitis B Infection in a Child – EPID 394 (08/12) – Used to report all pregnant women or children positive for hepatitis B
3. Perinatal hepatitis B Prevention Form for Infants – EPID 399 (05/12) – Used by hospitals to report vaccination status of newborn infants

Perinatal Hepatitis B Prevention Coordination
1. Local health departments shall have a designated person assigned to be responsible for the follow-up of prenatal women who test HBsAg-positive, their newborn infants, and household, sexual and needle-sharing contacts
2. The designated person at the local health department will work with private physicians and hospitals to coordinate the care and follow-up of these patients
3. The designated person at the local health department will report to the State Perinatal hepatitis B Prevention Coordinator regularly with any current information on patients being case managed

Infants Born To HBsAg Positive Women
Administration of hepatitis B immune globulin, hepatitis B vaccine, and follow-up testing should be conducted in accordance with the most current recommendations of ACIP and other guidance in the Core Clinical Service Guide.

V. Allowable Expenditures
Immunization Services Cooperative Agreement Funding

VI. DPH Responsibility
DPH will provide program management, guidance, federal grants and reporting coordination, relationships with CDC and vaccine partners, coordination with other state agencies/programs, required and optional trainings/staff development offerings, consultation for financial issues, quality monitoring and quality assurance.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.
Rabies Prevention

I. Background
The rabies program evolved during the 1950’s when animal rabies was endemic in the state’s domestic dog population. State rabies laws were instituted in 1954 to define the rabies prevention plan and have been amended multiple times since; specifically detailing what the pet owning public is responsible for in terms of rabies immunizations, animal testing and quarantines relating to human bites. The diagnostic testing at the DPH state laboratory for animals suspected of having rabies began during this period.

II. Definition
The rabies program strives to prevent human fatalities due to the zoonotic transmission of rabies. The unique characteristics of rabies require an accurate assessment of the elements of human exposure so that the proper prevention protocol can be recommended and the appropriate post-exposure prophylaxis (PEP) be administered, if needed. The provision of appropriate rabies post-exposure recommendations is a fundamental function of the local health department in the prevention of human rabies fatalities.

III. Eligibility
All persons calling or presenting at Kentucky public health departments are eligible for services.

IV. Expectations
It is expected that local health departments will maintain trained personnel to be able to receive animal exposure telephone calls, investigate the situation as indicated, and perform risk assessments of the reported animal exposures. All local health departments are expected to remain knowledgeable about current rabies surveillance in their jurisdictions and understand the high risk animal species, understand the recommendation for quarantine of certain species of animals that may have placed humans at risk for rabies, and know about methods to insure the humane euthanasia of the animals. If animals are sacrificed for rabies testing due to potential human exposure to rabies, it will be the responsibility of the local health department to correctly package and send those animal specimens in a timely manner and with the appropriate information to an authorized laboratory using suitable shipping methods, as prescribed by the Division of Laboratory Services. The local health department should notify the DPH rabies program of any specimens being sent for rabies testing.

It is also expected that local health departments will attend to patients (“do or assure”) presenting for rabies risk assessment and administer rabies Post Exposure Prophylaxis (rabies PEP) as indicated. If the local health department does not administer rabies PEP, the health department would assume the responsibility for assuring the linking of the exposed person to a designated medical provider for completion of the rabies PEP, if indicated. Prompt reporting of all animal rabies testing results to all proper authorities is also expected.
It is expected that each local health department provide information for dissemination on rabies, the health risks associated with contracting rabies, and proper quarantine methods. It is expected that the local health department will refer the exposure report to another local health department if the animal resides in another county or to the proper governing authority of another state if the offending animal resides out of state. It is expected that if there are questions as to whether prophylaxis is to be administered that the local health department will consult with the state veterinarian or on-call DPH practitioner (if after hours) and refer the patient to his or her physician.

Finally, each local health department is encouraged to plan, organize, advertise and help facilitate at least one rabies clinic once a year in their jurisdiction. Each local health department will work with their local animal control agency to assist in controlling feral dog and cat populations in their jurisdiction.

V. Allowable Expenditures
Core Public Health Block Grant funding can be used for staff time required to answer rabies telephone calls, attend to patients presenting for rabies prophylaxis, investigate animal exposures, and receive and ship animal specimens to appropriate labs. Potential costs that would be included in allowable expenditures would include:
1. The proper storage and overnight shipping of animal diagnostic specimens to the state lab or its agent;
2. The transportation expenses to investigate and or quarantine a biting animal in the jurisdiction; and
3. Rabies post exposure prophylaxis biologics, specifically human rabies immune globulin (HRIG) and rabies immunizations.

REQUIREMENTS FOR CONTRACTING:
Plans for assurance of services via contracts with a neighboring local health department or other community partner should consult with the appropriate DPH Division and outline such plans in the LHD Assurance Plan (Due FY14).

VI. DPH Responsibility
DPH will continue to provide rabies prevention program management, reporting infrastructure, and relationships with local health departments, animal control centers, veterinary practitioners and coordination with other state agencies/programs. DPH will perform required and optional trainings/staff development offerings, consultation for zoonotic and financial issues concerning rabies exposure, quality monitoring and quality assurance. DPH staff will continue to serve as subject matter experts on rabies and offer guidance on specific questions and scenarios that arise across the state. DPH will continue to offer accurate diagnostic animal testing for rabies, specified shipping containers, shipping diagnostic specimens’ expertise and report results in a timely and documentable method to the local health department and or submitter. DPH will report all animal rabies surveillance testing quarterly.
Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

PREPAREDNESS

I. Background
The Preparedness program seeks to ensure Public Health’s ability to support the citizen of the Commonwealth during disasters, public health emergencies, and planned events. Kentucky is currently in the top six states for presidentially declared disasters. The Center for Disease Control and the Department of Health and Human Services directs expectations for public health and health care system preparedness. These expectations are described at length in two documents. For public health emergency preparedness: http://www.cdc.gov/phpr/capabilities and for health care preparedness: http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf.

II. Definition
Preparedness is responsible for ensuring health departments have the capability including the tools and training needs to maintain essential health services during a disaster or event. This is accomplished through planning, training, exercises and disaster response support. These core capabilities include: Community Preparedness, Community Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Material Management and Distribution, Medical Surge, Non-Pharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance and Epidemiological Investigation, Responder Safety and Health, and Volunteer Management.

III. Expectations
1. Develop or assist in developing local emergency operations plans to include the County’s ESF 8 Public Health and Medical Services Annex with supporting ESF 8 Incident Specific Plans (Pandemic Influenza), Support Plans (Strategic National Stockpile, CHEMPACK, Mass Fatality, Medical Support Needs, Volunteer Management, etc.) and the agency’s Continuity of Operations Plan.
2. Participate with the Regional Healthcare Planning Coalitions to assist in the development of plans including: Mass Fatality, Medical Surge, Healthcare Preparedness Regional Plan, and Alternate Care Sites
3. Maintain 24/7 contact information for public to reach the local health department, key local health department staff through the health alert network (HAN), and for ESF-8 partners
4. Conduct a jurisdictional assessments on hazards, risks, vulnerable and planning gaps
5. Keep at least two persons trained on systems used by preparedness including WebEOC, MDMS, K HELPS, IRMS, Catalyst, Sat Radio, NEDSS; having a designated HAN Administrator
6. NIMS/ICS compliance through training of personnel and incorporation into plans
7. Conduct exercises, or responding to planned events, and submitting after action reports/improvement plans (AAR/IP)
8. Attend applicable local, regional and state preparedness meetings
9. Track inventory purchased with federal preparedness funds
10. Use an online system (Catalyst) to report activities

IV. Allowable Expenditures
Core Public Health Block Grant funding can be used to support meeting preparedness deliverables as specified by the DPH Preparedness Branch including staff time for planning, training, and exercises; travel; equipment purchases and maintenance; supplies; and information technology expenses.

V. DPH Responsibility
DPH will continue to provide program oversight, grants proposal development and reporting to funding agencies, coordination with other state and federal agencies, and programs to provide or coordinate staff training, subject matter expertise, and exercise support.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

LOCAL REGISTRAR CORE SERVICES

I. Background
A designated local registrar along with the responsibilities of the local registrar for each registration district is mandated by statute. KRS 213.036 (1) states, “each county in the Commonwealth shall constitute a registration district for the purposes of carrying out the provisions of this chapter.”

KRS 213.036 (2) states, “The secretary shall, upon the 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. The local registrar shall be an employee of the local health department. The designation may be revoked by the secretary.”

II. Definition
Local registrar is appointed by the secretary of the Cabinet, upon the recommendation of the state registrar, to aid in the efficient administration of the system of vital statistics mandated by KRS 213.036. The local registrar shall be an employee of the local health department.
III. Eligibility
All residents are eligible for these services.

IV. Expectations
KRS 213.036 (2) mandates: It is the local registrar’s responsibility to carry out the provisions of the law relating to the registration and filing of births, deaths, and stillbirths to aid in the efficient administration of the system of vital statistics.
KRS 213.036 (4) mandates: The local registrar shall carefully examine each certificate of birth or fetal death when presented for filing, to ensure the record has been properly completed. If the certificates are properly completed, the local registrar shall also make a complete and accurate copy of each certificate to be filed and permanently preserved in the local registrar’s office as the local record, in the manner directed by the Cabinet for Health and Family Services. The local registrar shall supply blank forms of certificates to all providers in the county who require them.

When a birth or fetal death certificate filed with a local registrar indicates the residence of the mother or the deceased to be in another county, the registrar shall mail a copy of the certificate to the local registrar of the county of residence. Local registrars are to gather documentation and file home births or births that did not occur in a hospital setting. The local registrar has the ultimate responsibility to see that the Certificate of Stillbirth is prepared and filed when a non-hospital delivery occurs.

Local registrars shall provide for voluntary paternity establishment services in accordance with 42 U.S.C. secs. 651 et seq., and transmit original certificates and affidavits to the Office of Vital Statistics. All health departments should post a notice stating these services are available. KRS 213.076 mandates: Provisional reports of death shall be filed with the local registrar in the county where the death occurred and shall serve as the initial notification that a death has occurred. The provisional also serves as a release for the body, a notification that organs are to be donated, who will be responsible for filing the death certificate, and coroner authorization for cremation.

Per Office of Vital Statistics (OVS) Business Procedures: Each local registrar is responsible for maintaining a filing system for the completed provisional reports of death. Only provisional for deaths that occur the registrar’s home jurisdiction should be filed. Local registrars should make facilities aware that the next-of-kin could take possession of a body. If this occurs, the facility should explain to the next-of-kin, if no funeral home is involved with the burial, that the white copy of the provisional needs to be taken to the health department within five (5) days after disposition. The local registrar will then be responsible for getting all the information needed to complete a death certificate. Local registrars should maintain a set of records that are legally available for the public to view, including
the “Birth” and “Death” microfiche, the electronically produced “Death Index” (Report 677), copies of death certificates prior to 1993, and copies of birth and stillbirth certificates. These records, or portions of these records, can be made available for inspection by the public.

V. DPH Responsibility
OVS ensures the local registrars are provided training to complete the required duties. Liaisons in OVS are available to assist local health departments with guidance and technical assistance.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

Division of Laboratory Services

I. Background
The Division of Laboratory Services (DLS) provides diagnostic, surveillance, and consultative clinical and environmental laboratory services to support core public health initiatives. DLS also supports the community at-large with newborn screening testing and select agent testing for biological, chemical and radiological pathogens. DLS is accredited by advanced clinical (CAP) and environmental agencies: AIHA, FDA, EPA, CDC and a host of other federal agencies. Community education and outreach activities in collaboration with other divisions within DPH and with first responders, sentinel laboratories, federal, state and local agencies are ongoing efforts. Consultative services are also offered to the public health labs of KY (PHLOK) for assistance in CLIA Certification and maintenance, proficiency testing, and developing and monitoring performance improvement metrics. DLS maintains stringent reporting turnaround times and monitors in-transit specimens to deliver optimum customer service. DLS offers electronic ordering through 2 web portals, OUTREACH and KY CHILD (newborn screening). Test results are also available through 2 web portals, Outreach and the KY Health Information Exchange.

II. Definition
DLS supports Core Communicable Disease Services by providing initial diagnosis, surveillance, and outbreak notification for influenza, TB, STD, HIV, Neisseria and a host of other bacterial and viral pathogens. DLS also supports communicable disease services by immunization status testing. DLS surveils sentinel sites for influenza through the flu seasons to ensure vaccine components are present in circulating strains and to detect novel influenza. Outbreak investigations require DLS to maintain an array of testing capabilities on clinical and environmental isolates. Some outbreak investigations require molecular fingerprinting for matching to local and national outbreaks. In addition, DLS maintains an expansive
select agent panel to assist in nefarious activity investigations related to biological, chemical, or radioactive events.

DLS offers support to Core Maternal and Child Services by providing newborn screening testing for 50 different disorders. Environmental tests associated with childhood lead screening are also offered. DLS offers support to Core Family Planning Services by providing STD, immune status and other clinical tests, as needed. DLS offers support to Core Public Health Education Services by providing chronic disease testing, education, and consultation.

DLS supports testing efforts to provide Core Environmental Services. DLS works with food manufacturing regulatory services to provide food testing on manufactured foods. DLS also investigates food outbreaks through examinations of food specimens in an effort to link to clinical specimens associated with outbreak investigations. DLS coordinates with environmentalists to obtain specimens for water and milk testing. Nonhuman rabies testing is performed at DLS. DLS also collaborates with Public Protection and Safety for evaluation of clinical specimens for radiation testing.

DLS offers 24/7 customer services for preparedness activities associated with environmental and clinical events requiring emergency testing or triage activities at the Department Operations Center.

To maximize efficient communications to meet core public health measures requiring laboratory testing, DLS provides efficient electronic order entry and electronic resulting through 2 web portals (Outreach System and the KY Health Information Exchange).

III. Eligibility
Utilization of testing services performed by DLS is pathogen specific, site specific for select pathogens, and/or may be required in statute, such as newborn screening. Testing services by DLS for local health departments are program linked to the Department for Public Health. Programs include but are not limited to: Communicable diseases, food safety, and emergency preparedness. DLS offers local health departments access to training on packaging and shipping and quality assurance tools for obtaining and maintenance of CLIA certification.

IV. Expectations
It is recommended that the local health departments who are identified as sentinel sites for pathogen specific testing, such as influenza, utilize DLS for diagnostic testing to ensure accurate rapid test results using advanced diagnostics, strain verification, timely coordination with CDC of vaccine effectiveness, and rapid surveillance. Specimens procured by the local health departments who receive grant monies to provide communicable disease surveillance and family planning, would most likely find it financially and clinically beneficial both from the patient and surveillance aspects to utilize DLS.
Emergency preparedness activities are coordinated using the state emergency operation plans and procurement of specimens to be sent to DLS requires a concerted effort with local health department staff, emergency responders, state and federal officials.

DLS provides packaging and shipping classes and CLIA Certification guidance and monitoring of which DLS encourages participation.

Most initial newborn screens are procured at the birthing centers and sent directly to DLS for testing. Local health departments procuring specimens will also forward the blood spot to DLS for screening, as indicated by an initial test result with a request for a repeat specimen; an initial specimen not procured following a home birth; or related to an adoption or transfusion.

DLS encourages customers to utilize its web portal (LIS-Outreach System) for electronic specimen submission and reporting. DLS web portal user access forms are located on the Business Operations Branch webpage. The DLS reports are also accessible in the KY Health Information Exchange (HIE) which is also a useful tool in meeting Meaningful Use.

V. DPH Responsibility
The Division of Laboratory Services is a division within the KY Department for Public Health. DLS is required to support the Department for Public Health by providing accurate, reliable, state of the art, timely transmitted test results. DLS will continue to maintain stringent accreditation standards for both clinical and environmental testing. DLS serves as laboratory performance improvement consultants to public and private partners. DLS is accessible 24/7.

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

Additional information on DLS can be found at: https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx

Division of Administration and Financial Management

I. Background
Local health departments provide administrative and financial services to maintain the operations of their agency.

II. Program Definition-NA

III. Program Expectations
Human Resources (Local Health Personnel)

Page 52
Administrative Reference
Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning/ Reporting
September 1, 2018
• Contracting – Use Employment or other LHDs agencies or employee contracts within guidelines.

**Education and Workforce Development**
• Training – Use of Distance Learning and Modules on TRAIN and Go To Webinars

• Competency Development.

Purchasing
• Group or subcontracting.

Processing Payroll/Processing AP and Travel
• Contract (outsource) with other LHDs or businesses to perform this service.

IV. **Allowable Expenditures**- Core Public Health Block Grant

V. **DPH Responsibility**
Technical assistance with administrative, personnel, financial and LHD network systems information technology issues.

**Division of Prevention and Quality Improvement**

**CHRONIC DISEASE PREVENTION AND CONTROL/HEALTH PROMOTION**

I. **Background**
Chronic diseases such as Heart Disease and Stroke, Diabetes, Asthma/COPD, Arthritis, Osteoporosis, and Cancer are among the most common, costly and preventable health problems in Kentucky and the nation. Three modifiable risk factors for chronic disease, physical activity, poor nutrition and tobacco use, are directly linked to the development of chronic diseases and their negative impact on quality of life and premature death. There is an increasing emphasis on the interconnections between common chronic diseases and modifiable risk factors. Because of these interconnections, it is increasingly common to develop coordinated efforts to address these areas rather than simply working in “silos” focusing on one disease at a time.

II. **Definition**
Promote, implement, and evaluate evidence-based interventions/strategies at the community and state level that support healthy living; improve access to preventive services, disease management and quality care; and prevent new cases of chronic disease.
III. Eligibility
As population-based programs, eligibility is not based on income. People with or at risk for chronic diseases, as well as, the providers who care for them, and the communities in which they live, are eligible for chronic disease prevention and control/health promotion efforts.

IV. Expectations
Local health departments will support one or more of the strategic areas in the Kentucky Coordinated Chronic Disease Prevention and Health Promotion program plan in order to “do” or “assure” the core public health services related to chronic disease prevention and control.

Strategic Areas:
- Evidence-based practices and environmental approaches that support and reinforce healthy behaviors
- Expand access to coordinated, quality, evidence-based clinical preventive services, clinical management and chronic disease self-management
- Cultivate strong connections linking individuals, community organizations, businesses, schools, the health care system and other partners to improve health outcomes, reduce health care costs, and improve quality of life
- Translate surveillance, research and evaluation findings into information that is easily accessible to and useful to the community partners, health advocates and decision makers

Examples of activities which could be supported under the strategic areas:
1. Create, maintain or participate in community coalitions that support chronic disease prevention and management such as Healthy Communities
2. Develop or participate in a Community Health Assessment, Health Impact Assessment, or Mobilizing for Action through Planning or Partnerships moving to public health accreditation
3. Provide or facilitate disease management education with approved evidence-based curricula (such as Diabetes Self-Management Education, Chronic Disease Self-Management, KY’s tobacco quit line and other cessation services, Walk with Ease, etc.), which will help individuals better manage their disease
4. Host public awareness events for prevention and management of specific chronic diseases
5. Support quality improvement projects related to chronic disease prevention and management (e.g., SEQIP)

V. Allowable Expenditures
Core Public Health Block Grant funding for chronic disease prevention and control/health promotion may be used for costs related to personnel, travel expenses, supplies, materials, printing, postage, and continuing education related to program activities.

VI. DPH Responsibility
• Continue to provide program management for the federally funded, categorical Chronic Disease Prevention and Control Programs
• Provide leadership for increasing coordination of efforts across all health promotion and chronic disease programs
• Provide technical assistance and training to LHDs and other partners related to evidence-based chronic disease prevention and control/health promotion efforts
• Disseminate chronic disease data, best practice guidelines, and other related resources. Monitor progress, activity, and outcomes as deemed appropriate

Quality Monitoring and Quality Assurance:
All LHDs providing program services commit to carrying out initiatives consistent with program standards and applicable regulations.

Community Health Planning

LHDs are asked to submit annually a fiscal year community-based public health activity plan as part of the LHD Budget process. See Accreditation, Performance Management, and Quality Improvement section of the AR for more detailed information on community health planning.

Community Health Reporting

The community health activities reporting process is continuing revision as a department quality improvement (QI) project. The goal is to make community reporting mutually beneficial for both the state and local health departments, and provide both parties with useable data and information for grant requirements and planning purposes.

Guidance from the Division of Administration and Financial Management (AFM):

If a public health program requires reporting of defined information, LHDs provide that information through the Community Reporting System, Catalyst, or through other methods of submitting the information as described in the specific program guidelines.

Community Based Cost Center Codes are found in the AR Financial Management Section.
TRAINING GUIDELINES AND PROGRAM DESCRIPTIONS

TRAINING GUIDELINES (Matrix):

Table of Contents

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

Abstinence Education ................................................................. 1
Arthritis ..................................................................................... 1
Asthma Program ........................................................................ 1
Breastfeeding Peer Counselor Program ....................................... 3
Cancer (KY Women’s Cancer Screening Program) ....................... 3
Cardiovascular Health Program .................................................. 4
Child Fatality Review .................................................................. 4
Colon Cancer Screening ............................................................... 4
Diabetes ...................................................................................... 5
Family Planning .......................................................................... 7
Folic Acid ................................................................................... 8
HANDS ....................................................................................... 8
Immunizations ............................................................................ 9
Lead (Childhood Lead Poisoning Prevention Program) ................. 11
Nutrition: Community ............................................................... 12
Nutrition: MNT ........................................................................ 12
Oral Health ............................................................................... 13
Osteoporosis .............................................................................. 14
Prenatal ....................................................................................... 14
Reportable Disease .................................................................. 15
School Health: Coordinated ...................................................... 17
School Health: Clinical Services (Nursing) ................................. 17
Sexually Transmitted Disease and HIV/AIDS ............................... 19
Tobacco Use Prevention and Cessation ....................................... 19
Tuberculosis ............................................................................... 22
Vital Statistics .......................................................................... 24
<table>
<thead>
<tr>
<th>Description</th>
<th>Abstinence Education</th>
<th>Arthritis</th>
<th>Asthma Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide education to decrease early sexual activity and teen pregnancy.</td>
<td>Provides support for implementing CDC recognized arthritis appropriate evidence based self-management and exercise programs, to improve the quality of life for adults with osteoarthritis.</td>
<td>Provides public and professional asthma education and awareness, in order to decrease asthma morbidity and mortality and improve the quality of life for people with asthma in KY.</td>
</tr>
<tr>
<td>Target</td>
<td>Adolescents age 10 – 19.</td>
<td>Adults with self-reported or MD diagnosed osteoarthritis.</td>
<td>All people with asthma in Kentucky</td>
</tr>
<tr>
<td>Category</td>
<td>I.B.</td>
<td>I.B.</td>
<td>I.B.</td>
</tr>
<tr>
<td>Laws, Regulations</td>
<td>Social Security: Title V, PL 104-193</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding Sources</td>
<td>Federal – CDC</td>
<td>Federal – CDC funding augmented by local funds</td>
<td>Federal – CDC funding</td>
</tr>
<tr>
<td>Cost Center</td>
<td>837</td>
<td>856</td>
<td>722</td>
</tr>
<tr>
<td>Staff Req.</td>
<td>Recommend experience with adolescents.</td>
<td>Health Educators, Program Coordinators or lay people who are trained in CDC recognized arthritis appropriate evidence based interventions. Approved interventions are: Walk with Ease, Arthritis Foundation Exercise Program, Chronic Disease Self-Management Program, and Enhance Fitness</td>
<td>Varies with level of services: certified asthma educator, RN, health educator</td>
</tr>
<tr>
<td>Training Req.</td>
<td>A-H Compliant with curricula abstinence education</td>
<td>Staff coordinating and offering programs need to</td>
<td>Asthma 1-2-3 one hour training – Optional for</td>
</tr>
<tr>
<td>Definition as defined by law PL 104-193</td>
<td>Attend approved training.</td>
<td>Clinic nurses. Healthy Homes Asthma Educator Institute – Optional Contact Asthma Program Mgr.</td>
<td></td>
</tr>
</tbody>
</table>

**Competencies**

**Under Development**

| Reporting | Semi and annual progress report in approved format | Quarterly reports on program activity submitted electronically, submission of program participant data as designated by specific intervention | CDC Special Projects |

**References**

| Division | DWH | PQI / Chronic Disease Branch | PQI |

**KEY:**

**Category I.A.** = Core service, required by statute or regulation.

**Category I.B.** = Preventive service for specific populations from appropriated funds.

**Category II.** = Local option service, provided after mandated services are assured.

**TA** = Trust and Agency (fees)

**GF** = General Fund

**EHMIS** = Environmental Health Management Information System

**RS** = Registered Sanitarian

**CCSG** = Core Clinical Service Guide

**PSRS** = Patient Services Reporting System
<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th><strong>Breastfeeding Peer Counselor Program</strong></th>
<th><strong>KY Women’s Cancer Screening Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides paraprofessional, peer to peer breastfeeding information and support to pregnant and breastfeeding mothers on the WIC Program.</td>
<td>Provides breast &amp; cervical cancer screening &amp; follow-up services to promote optimal health outcomes for women.</td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>WIC Program participants who are pregnant or breastfeeding.</td>
<td>Women ages 21–64, without insurance and at or below 250% of federal poverty guidelines.</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>I. B.</td>
<td>I.B.</td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td>Federal WIC Breastfeeding Peer Counselor Grant funding to selected agencies</td>
<td>Federal – CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant funds.</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>840</td>
<td>813</td>
</tr>
</tbody>
</table>
| **Staff Req.** | Peer Counselors must have breastfed at least one baby for six months and previously been or currently are a WIC participant. See further information under the Breastfeeding Peer Counselor Program Description in this section. | Clinical Screening:  
- MD, APRN, or PA recommended  
- RN with cancer screening certification  
Nurse Case Manager (NCM)  
- APRN, RN, or LPN |
| **Training Req.** | Peer Counselor - Must complete 12 modules of Loving Support Through Peer Counseling. Must have 4 hours continuing education every year. Must attend the WIC Program Peer Counselor Meetings.  
Supervisor – Must have completed Loving Support Through Peer Counseling supervisory training and State Agency provided Breastfeeding Peer Counselor Supervisor Training. Must attend WIC Program Peer Counselor Meetings. | Clinical Screening: Cancer screening training certification with preceptorship in CBE, Bimanual exam and Pap. *If nurse has a lapse of one (1) year in providing these services, she/he must contact Madison County Regional Training Academy Director to determine training needs.  
NCM: Complete required TRAIN modules listed in CCSG Cancer Section, one-on-one training with DPH QA Nurse, prior to assuming NCM role. |
Back-up NCM: Complete required TRAIN modules listed in CCSG Cancer Section, prior to assuming NCM duties.

All: View the Annual Women’s Health Update

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Breastfeeding Peer Counselor Program</th>
<th>PSRS, Special KWCSP reports (i.e. MDEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>Loving Support Through Peer Counseling (USDA Required Curriculum), WIC and Nutrition Manual, AR</td>
<td>CCSG</td>
</tr>
<tr>
<td>Division</td>
<td>MCH</td>
<td>DWH</td>
</tr>
</tbody>
</table>

* Refer to front page for a Key to Categories and Abbreviations.

<table>
<thead>
<tr>
<th>TRAINING MATRIX GUIDELINES*</th>
<th>Heart Disease and Stroke Prevention Program</th>
<th>Child Fatality Review (CFR)</th>
<th>Colon Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Provides public &amp; professional awareness, community education, quality improvement &amp; increase community clinical linkages to reduce the incidence &amp; complications of cardiovascular and cerebrovascular disease.</td>
<td>Multidisciplinary review of child deaths to identify preventable factors.</td>
<td>Provide colon cancer screening interventions, outreach, and education.</td>
</tr>
<tr>
<td>Target</td>
<td>All Kentuckians at risk for cardiovascular and/or cerebrovascular disease.</td>
<td>Unexpected or unexplained deaths of children &lt; 18 years of age.</td>
<td>Adults 50-64 and others with increased risk factors as defined in the U.S. Preventive Services Task Force.</td>
</tr>
<tr>
<td>Category</td>
<td>I.B.</td>
<td>I.B.</td>
<td>I.B.</td>
</tr>
<tr>
<td>Laws, Regulations</td>
<td>KRS 211.684</td>
<td>KRS 214.-540-544</td>
<td></td>
</tr>
<tr>
<td>Funding Sources</td>
<td>Federal – CDC funding.</td>
<td>Core Public Health Block Grant</td>
<td>Public and private funding coordinated</td>
</tr>
<tr>
<td>Cost Center</td>
<td>832</td>
<td>774</td>
<td>770 Clinical and 738 Outreach and Education.</td>
</tr>
<tr>
<td>-------------</td>
<td>-----</td>
<td>-----</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
<td>Varies with level of services: nurse, RD or certified nutritionist, &amp;/or health educator.</td>
<td>LHDs are required to have a representative on the local team.</td>
<td>LHDs should designate a patient navigator and manage the fiscal funding through any contracted entity.</td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td>Varies with level of services provided.</td>
<td>Offer grief counseling and refer to local resources.</td>
<td>Follow LHD training.</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td><strong>Under Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Special project reports</td>
<td>Rapid Response Form, CFR Grief Counseling Form, CFR Local Team Review Form, Sudden Unexpected Infant Death Investigation (SUIDI) Local Data Form, CFR Coroner Reporting Form, Vital Statistics</td>
<td>Data submitted through the state lab system, services in PSRS.</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>CCSG</td>
<td>AR</td>
<td></td>
</tr>
<tr>
<td><strong>Division</strong></td>
<td>PQI</td>
<td>MCH</td>
<td>PQI</td>
</tr>
</tbody>
</table>

*Refer to front page for a Key to Categories and Abbreviations.

**TRAINING MATRIX GUIDELINES**

**Diabetes**

**Description**
Provides a variety of diabetes prevention and control efforts. Since funds are not sufficient to support implementation of all aspects of the program statewide, the program is implemented at three levels of activity. Each funding level is required to complete a set of associated requirements set annually by the program including:

**Basic Funding:** Completion of the KDPCP Community Diabetes Resource Assessment and updating the online Diabetes Resource Directory; delivery of community prediabetes and diabetes awareness activities/presentations; provision of non-comprehensive diabetes education, and facilitation of referrals to Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES).

**Enhanced Funding:** Includes all the Basic requirements above plus provision of DPP and/or DSMES in the service area if there is no other
provider, submission of related data, and establishing referral mechanisms for DPP and DSMES.

**Comprehensive Funding:** Includes all of the requirements for Enhanced & Basic above plus: Participation in the state wide coalition Kentucky Diabetes Network (KDN) and local coalitions; development of policies/plans that support local and statewide diabetes efforts, collaboration with state partners to develop/promote reimbursement models/policies, provision of leadership/assistance to others working toward DSMES accreditation or DPP Recognition, and establishment of new DPP & DSMES programs in the service area.

<table>
<thead>
<tr>
<th><strong>Target</strong></th>
<th>Kentuckians with or at risk for diabetes and prediabetes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td>I.B.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td>Federal – CDC and State General.</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>809, 841</td>
</tr>
</tbody>
</table>
| **Staff Req.**      | **Clinical/Diabetes Self-Management Education (DSME) providers:** RN, RD or certified nutritionist and licensure as a Diabetes Educator (LDE) required. Certification as a diabetes educator (CDE) preferred.  
**Community service providers:** Varies with service. Several awareness and education programs can be taught by non-licensed staff (e.g. DPP, Stanford CDSMP). Check with state level staff for more detailed information.  
**Diabetes Prevention Program (DPP) Providers:** DPP lifestyle coaches may include individuals who have been trained to deliver the required curriculum content and possess the skills, knowledge and qualities to deliver a behavior change program. Coaches may be lay health workers or health professionals. |
| **Training Req.**   | **Clinical/DSMES providers:** Contact state diabetes staff to begin the training process that includes online training modules from the American Association of Diabetes Educators, and other TRAIN modules. Fifteen hours of annual continuing education is required for DSME providers and Licensed Diabetes Educators.  
**Community service providers:** CATALYST system training required. Other training varies with service provided.  
**DPP Providers** Lifestyle coaches should receive either face-to-face or online DPP training offered through one of the CDC approved DPP trainers listed at: [http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html](http://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing-training.html)  
Additional trainings may be required depending on services provided. |
**Accredited DSMES providers/sites, including Healthy Living with Diabetes (HLWD) sites, must follow accreditation guidelines if different from above.**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Under Development.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting</td>
<td>PSRS/LHD EHR, Catalyst Diabetes, DiaWEB</td>
</tr>
<tr>
<td>References</td>
<td>CCSG, Nutrition Section of the WIC and Nutrition Manual, National Standards for Diabetes Self-Management Education and Support, and Standards of Medical Care in Diabetes</td>
</tr>
<tr>
<td>Division</td>
<td>PQI</td>
</tr>
</tbody>
</table>

*Refer to front page for a Key to Categories and Abbreviations.*

**TRAINING MATRIX GUIDELINES**

<table>
<thead>
<tr>
<th>Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
</tbody>
</table>
| **Target**      | • Females, males and teenagers in need of reproductive health services  
                  • Priority to low-income persons at or below 100% of the federal poverty level |
| **Category**    | I.B. |
| **Laws, Regulations** | **Federal Title X PL 91-572** |
| **Funding Sources** | Federal Title X. |
| **Cost Center** | 802 |
| **Staff Req.**  | Medical: MD, APRN or PA.  
                  Counseling: RN, LPN or appropriately trained health professional. |
| **Training Req.** | **Mandatory Initial Orientation** for all new staff:  
                  • [Family Planning Basics](#), located on the National Family Planning Training Center website.  
                  • "Mandatory Reporting of Child/Adult Abuse, Neglect, Violence and Human Trafficking per Kentucky Statute" webcast, TRAIN # 1028362, per OPA requirements.  
                  • TRAIN #1015638 Inspiring Staff about Family Planning  
                  • TRAIN #1017232 Folic Acid Training  
                  • TRAIN #1023565 Culturally Competent Nursing Care: A Cornerstone of Caring or TRAIN #1042680 Cultural Competency |
| **Mandatory Annual** |  

- MDs, APRNs, RNs, and LPNs - a minimum of 3.0 hours of training or contact hours each fiscal year; Support staff - one training each fiscal year.
- MODULE "Kentucky State Laws Regarding Mandatory Reporting & Human Trafficking": TRAIN #1034386.
- At least one cultural competency training. Cultural Competency trainings are listed on the Annual Family Planning Training Calendar.

**Mandatory Every Three Years** (grant cycle)

- **Family Planning Basics**, located on the National Family Planning Training Center website.

*The Annual Family Planning Training Calendar (approved and distributed by the Family Planning Program) lists all family planning trainings available for family planning staff each fiscal year.*

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting</td>
<td>PSRS, FPAR, QA Site Visits</td>
</tr>
<tr>
<td>References</td>
<td>CCSG</td>
</tr>
<tr>
<td>Division</td>
<td>DWH</td>
</tr>
</tbody>
</table>

---

**TRAINING MATRIX GUIDELINES***

<table>
<thead>
<tr>
<th></th>
<th>Folic Acid</th>
<th>HANDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Provides multivitamins with 0.4 mg. of folic acid &amp; counseling to prevent neural tube defects.</td>
<td>Voluntary home visits to support at risk parents during prenatal period &amp; up to child’s second birthday.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Women of childbearing age.</td>
<td>Pregnant women (first time parents) &amp; their infants &amp; toddlers.</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>I.B.</td>
<td>I.B.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td>KRS 200.703</td>
<td>KRS 211.690</td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td>KIDS NOW Tobacco Settlement Funds</td>
<td>Phase I Tobacco Settlement and Federal Medicaid</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>802</td>
<td>853</td>
</tr>
</tbody>
</table>
### Staff Req.
Nurses, nutritionists, dietitians, health educators or physicians may provide counseling.

### Coordinator:
RN, SW or other professional

### Supervisor:
Licensed RN/SW

### Family Support Worker:
High school diploma or GED

### Parent Visitor:
RN, SW or other professional

### RN/SW Visitor:
RN or SW

### Training Req.
Folic Acid training module
TRAIN #1017232

### Mandatory core, curriculum and advanced training along with annual basic wrap around hours.

### Basic computer training recommended.

### Competencies
Under Development

### Reporting
PSRS

### HANDS web-based system

### References
CCSG

### CCSG

### Division
DWH

### MCH

* Refer to front page for a Key to Categories and abbreviations.

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Immunization: Vaccine Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Provides immunizations and immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases.</td>
</tr>
<tr>
<td>Provides immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases and assures the use of quality vaccine.</td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Primarily children &amp; some adults.</td>
</tr>
<tr>
<td>Primarily children &amp; some adults.</td>
<td></td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>I.A.</td>
</tr>
<tr>
<td>I.A.</td>
<td></td>
</tr>
</tbody>
</table>
| Laws, Regulations | KRS 214.034  
KRS 214.036  
902 KAR 2:060 | KRS 214.034  
KRS 214.036  
902 KAR 2:060 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Sources</td>
<td>Federal – CDC, State General Fund.</td>
</tr>
<tr>
<td>Cost Center</td>
<td>800/801</td>
</tr>
<tr>
<td>Staff Req.</td>
<td>Nurses</td>
</tr>
</tbody>
</table>
| Training Req.     | Requires familiarity with recommendations and references.  
- You Call the Shots – Web-based Training Course  
- Pink Book Webinar Series  
- Current CDC Immunization Schedules. | Requires familiarity with recommendations and references.  
- CDC: Vaccine Storage and Handling Toolkit.  
- In Person training by Immunization Program Field Staff  
- DPH Storage & Handling Webinars, conferences, or trainings |
| Competencies      | Under Development    |
| Reporting         | KYIR                 |
| References        | Vaccine Preventable Disease  
Manual for the Surveillance of VPD  
KY Immunization Program (KIP) Provider Manual |
| Division          | EPI & HP             | EPI & HP             |

* Refer to front page for a Key to Categories and Abbreviations.
## TRAINING MATRIX GUIDELINES*

### Childhood Lead Poisoning Prevention Program

<table>
<thead>
<tr>
<th>Description</th>
<th>Provides blood lead screening to identify elevated blood lead levels (EBLLs) &amp; case management/environmental follow-up services for persons with elevated lead.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Children 72 months of age and younger &amp; pregnant women.</td>
</tr>
<tr>
<td>Category</td>
<td>I.A.</td>
</tr>
<tr>
<td>Laws, Regulations</td>
<td>KRS 211.180, KRS 211.210, KRS 211.900-211.905, KRS 211.994, 902 KAR 4:090, 902 KAR 4:095</td>
</tr>
<tr>
<td>Funding Sources</td>
<td>Core Public Health Block Grant</td>
</tr>
<tr>
<td>Cost Center</td>
<td>818 Chap 5</td>
</tr>
<tr>
<td>Staff Req.</td>
<td>Staff obtaining blood lead specimens</td>
</tr>
<tr>
<td></td>
<td>Staff performing blood lead screenings</td>
</tr>
<tr>
<td></td>
<td>Staff ensuring case management/follow-up services</td>
</tr>
<tr>
<td></td>
<td>Environmental staff performing environmental visual investigations, and certified lead inspections/risk assessments</td>
</tr>
<tr>
<td>Training Req.</td>
<td>CLPPP Case Coordinators/Managers are required to complete the Lead Case Management Training Module 1023366 on TRAIN within 6 months.</td>
</tr>
<tr>
<td></td>
<td>All LHD staff obtaining blood lead specimens must view <a href="https://www.cdc.gov/nceh/bpl/documents/lead_br.pdf">CDC’s Blood Lead Collection and Handling Guidelines</a></td>
</tr>
<tr>
<td></td>
<td>ALL LHD staff obtaining blood lead specimens must be familiar with their analyzing labs’ requirements on blood lead specimen collection. (check with the LHD lab)</td>
</tr>
<tr>
<td></td>
<td>Annual: Mandatory update trainings when posted</td>
</tr>
<tr>
<td></td>
<td>Certified Risk Assessors are required to complete the refresher courses provided by DPH’s Environmental Lead Program every 2 years.</td>
</tr>
<tr>
<td>Competencies</td>
<td>Under Development</td>
</tr>
<tr>
<td>Reporting</td>
<td>Case management, home visit, lead inspection/risk assessment forms, Kentucky On-line Gateway (KOG) Gentrac</td>
</tr>
<tr>
<td>References</td>
<td>CCSG: Lead Section; Forms and Teaching Sheets/Lead Section, Follow-up/Internal Tracking; Prenatal Section; Preventive Guidelines, Pediatrics Section; and AR Environmental Section</td>
</tr>
<tr>
<td>Division</td>
<td>MCH</td>
</tr>
</tbody>
</table>

* Refer to front page for a Key to Categories and Abbreviations.
## TRAINING MATRIX GUIDELINES*

<table>
<thead>
<tr>
<th></th>
<th>Nutrition (Community)</th>
<th>Nutrition (MNT)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Provides public and professional awareness, community education, and community mobilization to promote optimal nutrition.</td>
<td>Provides Medical Nutrition Therapy to individuals &amp; groups to promote optimal nutrition.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Community through nutrition activities.</td>
<td>Individuals with a medical problem for which dietary therapy can be beneficial (Medical Nutrition Therapy - MNT).</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>I.B.</td>
<td>I.B.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td>KRS 310; 201 KAR 33</td>
<td></td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td>Federal MCH Block, &amp; State General.</td>
<td>Federal MCH Block, &amp; State General, Medicaid &amp; Medicare, local fees, and other third party payers.</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>805</td>
<td>805</td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
<td>Varies with level of services: Registered Dietitian, Certified Nutritionist, Nurse, &amp;/or health educator.</td>
<td>MNT counseling can only be provided by a Registered/Licensed Dietitian or a Certified Nutritionist.</td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td>Varies with level of service, minimum of 4 hours of Continuing Education annually.</td>
<td>Annual 15 hours of continuing education required to maintain license or certification.</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td>Knowledge of Nutrition, and Dietary Guidelines for Americans</td>
<td>Effective education and counseling skills to facilitate behavior change. Knowledge of Nutrition, and Dietary Guidelines for Americans. Ability to evaluate emerging research for application in dietetics practice.</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Community Reporting System</td>
<td>PSRS</td>
</tr>
<tr>
<td>Division</td>
<td>MCH</td>
<td>MCH</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
<td>-----</td>
</tr>
</tbody>
</table>

* Refer to front page for a Key to Categories and Abbreviations.

**TRAINING MATRIX GUIDELINES***

<table>
<thead>
<tr>
<th>Description</th>
<th>Oral Health: Nursing</th>
<th>Oral Health: Public Health Dental Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide fluoride varnish application, fluoride supplies, supplements &amp; training &amp; water testing to reduce caries.</td>
<td>Provide preventive dental services in accordance with Public Health Dental Hygiene Program standards.</td>
<td></td>
</tr>
</tbody>
</table>

| Target | Children 6 months through 6 years of age for Fluoride Supplement program. Fluoride Varnish for children birth (eruption of first tooth) through children in the fifth grade.. | Patients in need of primary dental prevention whose needs meet the scope of practice of a Public Health Registered Dental Hygienist. |

<table>
<thead>
<tr>
<th>Category</th>
<th>I.B.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laws, Regulations</th>
<th>KRS 211.180(1)(a)</th>
<th>KRS 313.040 and 201 KAR 8:562</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Funding Sources</th>
<th>State General Funds for Supplementation Program. Medicaid and Tobacco Settlement Funds and Title V Funds for Varnish Program.</th>
<th>State General Funds, Medicaid, Title V Funds and Local Public Health Tax Funds.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>712, 733</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff Req.</th>
<th>APRN, RN, LPN, RDH, DMD, DDS – Who have completed KIDS Smile Fluoride Varnish training.</th>
<th>RDH with Certificate as a Public Health Registered Dental Hygienist</th>
</tr>
</thead>
</table>

| Training Req. | Kids Smile Fluoride Varnish training.  
Course presentation available upon request. | Public Health Orientation Dental Preventive Program Orientation and Training available upon request |
|---------------|-------------------------------------------------|-------------------------------------------------|

| Competencies | Supplementation: Education of Program as taught by Supervising Nurse  
Varnish: Completion of KIDS Smile Curriculum as presented by the Oral Health Program/Staff. | Experience as required by Kentucky Law. |
|---------------|-------------------------------------------------|-------------------------------------------------|

Page 13
Administrative Reference
Training Guidelines (Matrix)
September 1, 2018
**TRAINING MATRIX GUIDELINES**

<table>
<thead>
<tr>
<th>Osteoporosis</th>
<th>Prenatal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td></td>
</tr>
<tr>
<td>Promote or provide evidence-based strategies and interventions which will</td>
<td>Assures prenatal services either directly or by referral.</td>
</tr>
<tr>
<td>prevent osteoporosis in individuals over the life continuum and improve</td>
<td></td>
</tr>
<tr>
<td>falls prevention and reduce fractures related to osteoporosis in the</td>
<td></td>
</tr>
<tr>
<td>older population at a community level.</td>
<td></td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td></td>
</tr>
<tr>
<td>Community at large, children through adults.</td>
<td>Pregnant women without a secondary payment source for prenatal care;</td>
</tr>
<tr>
<td></td>
<td>income at or below 185% FPL.</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td></td>
</tr>
<tr>
<td>I.B.</td>
<td>I.A.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td>902 KAR 4:100</td>
</tr>
<tr>
<td><strong>Funding Sources</strong></td>
<td></td>
</tr>
<tr>
<td>Federal PHHSBG funding for targeted approaches</td>
<td>Core Public health Block Grant &amp; State General Funds.</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td></td>
</tr>
<tr>
<td>723</td>
<td>803</td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
<td></td>
</tr>
<tr>
<td>Health educators, community lay leaders or others designated by the LHD</td>
<td>Medical: MD, APRN, CNM, or PA. Support: RN, LPN. OB consultation must be</td>
</tr>
<tr>
<td></td>
<td>available.</td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td></td>
</tr>
<tr>
<td>National Osteoporosis Foundation, and Falls Prevention</td>
<td><strong>Initial:</strong> Nurses must complete a DPH approved Prenatal/Postpartum</td>
</tr>
<tr>
<td><a href="http://nof.org/learn/prevention">http://nof.org/learn/prevention</a></td>
<td>Comprehensive Training within one year of hire/assignment to a health</td>
</tr>
<tr>
<td></td>
<td>department prenatal clinic.</td>
</tr>
<tr>
<td></td>
<td><strong>Annual:</strong> Nurses who work in a health department prenatal clinic must</td>
</tr>
<tr>
<td></td>
<td>also</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Prenatal</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>complete a DPH approved one day Prenatal/Postpartum Update annually.</td>
</tr>
</tbody>
</table>

**Competencies**

Knowledge of osteoporosis prevention strategies including nutrition, physical activity and falls prevention

**Under Development**

**Reporting**

Through approved format for federal funding

PSRS

**References**

AR

PQI

MCH

* Refer to front page for a Key to Categories and Abbreviations.

**TRAINING MATRIX GUIDELINES**

<table>
<thead>
<tr>
<th>Reportable Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td><strong>Target</strong></td>
</tr>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
</tr>
<tr>
<td><strong>Funding Source</strong></td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Reportable Disease

| Competencies | Reportable Disease staff nurses without formal epidemiology training are expected to review the CDC course: *Principles of Epidemiology in Public Health Practice.* [https://www.cdc.gov/ophss/csels/dsepd/ss1978/ss1978.pdf](https://www.cdc.gov/ophss/csels/dsepd/ss1978/ss1978.pdf)  
|              |  
| C. State and LHD Reportable Disease staff must complete National Electronic Disease Surveillance System (NEDSS) training  
| Competencies |  
| Reporting    | Nurses are expected to: Have a basic understanding of epidemiology regarding the ten steps of outbreak investigation and data collection methods.  
|             | Epidemiologists are expected to: Have a comprehensive understanding of epidemiology involving outbreak investigations and data analyses and serve as a resource to reportable disease nurses in their region. Regional Epidemiologists are required to update necessary staff with case definitions, epi curves, line lists, and reports during an outbreak investigation.  
|             |  
| Reporting    | Reportable Diseases Form, (EPID 200) National Electronic Disease Surveillance System (NEDSS) (Electronic)  
|             |  
|             |  
| Division     | Division of Epidemiology and Health Planning  
|             | MCH  
|              |  
| * Refer to front page for a Key to Categories and Abbreviations. |
### TRAINING MATRIX GUIDELINES*

<table>
<thead>
<tr>
<th>Description</th>
<th>School Health: <a href="#">Coordinated</a></th>
<th>School Health: <a href="#">Clinic Services (Nursing)</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides seven of the ten components of coordinated school health:</td>
<td>Includes preventive health services and anticipatory guidance and education provided in the school setting. Kentucky Department of Education (KDE) guidelines should be followed for emergency care, referral and management of acute and chronic conditions in a school setting. Synchronize clinical with coordinated school health services.</td>
<td></td>
</tr>
<tr>
<td>1. Health Education</td>
<td>(Should be synchronized with Clinical Health Services (Health Services) which completes the 10 components.)</td>
<td></td>
</tr>
<tr>
<td>2. Physical Education and Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Nutrition Environment and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Social and Emotional Climate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Counseling, Psychological, and Social Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Physical Environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Employee Wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Family Engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Community Involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target</th>
<th>School aged &amp; adolescent children up to age 21.</th>
<th>School aged children up to age 21.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>IB</th>
<th>I.B.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laws, Regulations</th>
<th>Must be carried out in accordance with KDE &amp; DPH mandates.</th>
<th>KRS 156.501 KRS 156.502, KRS 314.011. Must be carried out in accordance with KDE and DPH mandates.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>PSBG, Federal MCH Block Grant, State General &amp; contracts with schools.</th>
<th>Medicaid, LHD local tax dollars, and LHD local reserves</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CostCenter</th>
<th>Determined by Community-based Plan.</th>
<th>Determined by ICD-10 codes.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Staff Req.</th>
<th>Health Educators, Dietitians, Nutritionists, Nurses &amp; support staff, as appropriate.</th>
<th>Nurses for school health nursing functions. Other staff as appropriate: Health Educators, Dietitians, Nutritionists, and support staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Health: Coordinated</td>
<td>School Health: Clinic Services (Nursing)</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td><strong>Mandatory</strong></td>
<td></td>
</tr>
<tr>
<td>No mandatory training. Please note that training and technical assistance is available through the CSH Team at KDE &amp; DPH</td>
<td>1) All registered nurses providing billable services for Medicaid enrolled children outside of the student’s Individual Education Plan (IEP) must complete the state approved Pediatric Assessment/Well Child Certification Program. This certification must be completed <strong>before</strong> billing for services can occur.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Required to attend one update provided by the Well Child Program every three years or other six CE Pediatric Assessment/School Health Update program pre-approved by the Well Child Coordinator.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Required KDE School Nursing trainings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) BLS Adult/Child and infant CPR, First Aid and AED certification (as appropriate) and maintain certification status as required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5) Train the Trainer Program-Medication Administration Training for the Non-Licensed School Personnel.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6) KY School Nurse Association Orientation for New School Nurses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7) Complete all trainings specific for services provided as required in the CCSG and AR.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competencies</th>
<th><strong>Under Development</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting</strong></td>
<td>PSRS (Community Health Services Report) and KDE required reports.</td>
</tr>
<tr>
<td></td>
<td>Nurses are required to report health services provided in schools into KDE’s Infinite Campus following KDE’s guidelines. Nurses are required to report school health services provided in schools in the LHD PSRS, (Community Health Services Report).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>References</th>
<th>CCSG, KDE references.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR, CCSG, KDE references.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Division</th>
<th>MCH</th>
</tr>
</thead>
</table>

* Refer to front page for a Key to Categories and Abbreviations.
### TRAINING MATRIX GUIDELINES*

<table>
<thead>
<tr>
<th><strong>Sexually Transmitted Disease and HIV/AIDS</strong></th>
<th><strong>Tobacco Use Prevention and Cessation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Provide the services directly or indirectly. A service is being provided indirectly when the LHD does the following:</td>
</tr>
</tbody>
</table>
| Provides education, surveillance, diagnosis, treatment, & contact follow up for sexually transmitted diseases. | 1. Send DPH a letter outlining what facility will provide the service;  
2. Refer and set up an appointment for the patient at that facility;  
3. Assist the patient with applying for insurance where needed;  
4. Receive invoices for payment with itemized specific services; and  
Collect and report the metrics where applicable. |

The single most important step in addressing tobacco use and dependence is screening for tobacco use.

1. All Health Departments shall ensure that **tobacco use status** identification is prominently visible in the patient’s file. Documentation shall include status, referrals, progress and follow-up.  
2. Tobacco use status questions shall be **asked** and recorded for every visit.  
3. *Every* patient identified as a smoker shall be **advised** to quit at every visit. This advice shall be clear, strong, and personalized to the patient.  
4. Each patient identified as a smoker shall be **assessed** as to willingness to quit.  
5. **Assist** every smoker who wants to quit by providing educational materials, referrals to cessation services.  
6. Patients, parents of small children exposed to secondhand smoke, and pregnant women shall be **informed** of the health effects of exposure to secondhand smoke.  

At the minimum, each visit should include the 2 A’s Plus 1 R:

- **Ask.** Find out about your client’s smoking status.  
- **Advise.** Explain the benefits of being smoke-free, and let them know they need to stop.
Refer. Verbally refer the patient to cessation resources such as Cooper/Clayton Method to Stop Smoking or Kentucky’s quit line (800-QUIT NOW [1-800-784-8669])

**Cessation Referral Sources:**

**Quit Now Kentucky** is a telephone and/or online service that helps Kentuckians quit smoking or using tobacco products. Kentuckians who want to stop using tobacco within the next 30 days or are concerned about a family member or friend’s tobacco use can call 1-800-Quit-Now (1-800-784-8669) from 8am to 1am EST (7am to 12 midnight CST) Monday through Sunday. If contemplating quitting log on to [www.QuitNowKentucky.org](http://www.QuitNowKentucky.org) for resources to help you get ready to quit. All cessation services are available in English and Spanish.

**Freedom From Smoking** is an eight week tobacco cessation intervention developed by the American Lung Association. This series of sessions identifies why a smoker smokes, options for nicotine replacement therapy and pharmacotherapy, helps tobacco users set a quit date, and provides support to remain tobacco-free. Lectures, group discussion, and skills practice focusing on a variety of evidence-based cessation practices are led by a trained facilitator. Certification is required.

**Cooper/Clayton Method to Stop Smoking** is a twelve-session cessation intervention developed by Drs. Thomas M. Cooper & Richard R. Clayton of The Institute for Comprehensive Behavioral Smoking Cessation. The program combines counseling with nicotine replacement therapy and social support to maximize success with minimal relapse. A trained facilitator, primarily in a group setting, provides the intervention, which addresses all aspects of smoking-physical, psychological, and behavioral.

<table>
<thead>
<tr>
<th><strong>Target</strong></th>
<th>Individuals who are at increased risk for acquiring STDs as well as individuals diagnosed with STDs</th>
<th>Current smokers &amp; youth as future potential smokers.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td>I.A.</td>
<td>I.A.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td>KRS 211; KRS 214; and 902 KAR 2.080</td>
<td></td>
</tr>
<tr>
<td><strong>Funding Source</strong></td>
<td>CDC – Prevention Funds and State General Funds</td>
<td>Federal - CDC &amp; State Master Settlement Agreement</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>807</td>
<td>836</td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
<td>Healthcare providers, disease intervention specialists and support staff</td>
<td>Minimum 0.25 FTE if &lt;$18,000; 0.50 FTE if &gt;$18,000; 1.00 FTE all Districts, Lexington, and Louisville</td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td>• Mandatory Clinical initial training</td>
<td>Minimum training:</td>
</tr>
<tr>
<td></td>
<td>• Mandatory initial STD modules for all healthcare providers who provide STD clinic services.</td>
<td>• Basics of Tobacco Control (BOTC) – Pathway to Change</td>
</tr>
<tr>
<td></td>
<td>• Mandatory STD Update every two years for CE’s.</td>
<td>Resources:</td>
</tr>
<tr>
<td></td>
<td>• Mandatory HIV/AIDS Training</td>
<td>• The Guide to Community Preventive Services: Tobacco Prevention and Control</td>
</tr>
<tr>
<td></td>
<td>• DIS: Advanced–Mandatory: Advanced Sexually Transmitted Disease Intervention (ASTDI)</td>
<td>• State and Community Resources: Best Practices – User Guides</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Products and Tools</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td>Under Development</td>
<td>Under Development</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>CATALYST</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSRS, Provider Reports: Reportable Disease Form (EPID 200)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lab generated reports or EPID 240</td>
<td></td>
</tr>
</tbody>
</table>
### Training Guidelines

#### Tuberculosis

<table>
<thead>
<tr>
<th>Description</th>
<th>Finding and managing persons who have or who are suspected of having active tuberculosis (TB) and ensuring completion of therapy. Finding and evaluating contacts of active TB patients and ensuring completion of appropriate treatment. Targeted tuberculin testing of persons in at risk groups and ensuring completion of treatment for latent tuberculosis infection (LTBI).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>General population at risk.</td>
</tr>
<tr>
<td>Category</td>
<td>I.A.</td>
</tr>
</tbody>
</table>
| Laws, Regulations | KRS Chapter 211 & KRS Chapter 215 (.511-.600, Tuberculosis Control)  
902 KAR 20:016-200  
902 KAR 2: 020-090 |
| Funding Source | Federal – CDC & State General Fund |
| Cost Center | 806 |
| Staff Req. | TB Coordinator: Each district and independent health department shall designate a registered nurse as TB coordinator. |
| Training Req. | 1. CDC Self Study Modules on Tuberculosis  
(Modules 1-5, 2008)  
(Modules 6-9, 2000)  
2. CDC MMWR Treatment of Tuberculosis, June 20, 2003, Vol. 52, No.RR-11  

For nurses and outreach workers whose duties are strictly related to tuberculosis these training requirements should be completed within 90 days of employment.

For TB Coordinators whose responsibilities include other areas beyond TB and for those staff nurses that may work in the TB program this training requirement should be completed according to the incidence of TB in the community.

---

* Refer to front page for a Key to Categories and Abbreviations.
<table>
<thead>
<tr>
<th><strong>Tuberculosis</strong></th>
</tr>
</thead>
</table>
| • If 1 case or more of active TB has been identified in the county, in each year of the last five years – complete within 6 months of employment.  
• If 1 case or more of active TB has been identified in the county in some of the last five years, but not each year – complete within 9 months of employment.  
• If zero cases of active TB have been identified in the county in the last five years – complete the requirements within 12 months. |
| **Competencies** | **Recommended Trainings** |
| | 1. CDC MMWR Controlling Tuberculosis in the United States, November 4, 2005, Vol 54, No. RR-12  
2. Attendance at national, state, and regional TB seminars  
3. [CDC on Tuberculosis](#) - Interactive Core Curriculum: What the Clinician Should Know. |
| **Reporting** | **TB CI-1**  
**RVCT**  
**TB-1 LTBI form**  
**TB-2 Contact Roster**  
Follow-up form for B1, B2 TB Classified Immigrants and Refugees |
| **References** | CCSG, TB Chapter, CDC TB Guidelines, Red Book, Control of Communicable Diseases Manual, Reportable Disease Desk Reference, |
| **Division** | EPI & HP |

* Refer to front page for a Key to Categories and Abbreviations.
<table>
<thead>
<tr>
<th>Vital Statistics</th>
<th>Well Child Pediatrics</th>
<th>WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Records all births, deaths, &amp; other vital records by county of occurrence &amp; forwards to DPH Vital Statistics Br.</td>
<td>Provide comprehensive health and history screening, assessment of the physical, mental, and social well-being of children and in providing anticipatory guidance according to the American Academy of Pediatrics preventive pediatric guidelines.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>General public</td>
<td>Age birth to 21 years of age.</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>I.A.</td>
<td>I.B.</td>
</tr>
<tr>
<td><strong>Laws, Regulations</strong></td>
<td>KRS 213.036</td>
<td>KRS 211.180 (i) (e)</td>
</tr>
<tr>
<td><strong>Funding Source</strong></td>
<td>State T &amp; A</td>
<td>Core Public Health Block Grant</td>
</tr>
<tr>
<td><strong>Cost Center</strong></td>
<td>890</td>
<td>800</td>
</tr>
<tr>
<td><strong>Staff Req.</strong></td>
<td>Local Registrar recommended by LHD director &amp; appointed by Commissioner of DPH. Certified Well Child Registered Nurse or Advanced Practice Registered Nurse (APRN certified in Peds is exempt from Well Child certification)</td>
<td>WIC Coordinator, Nutrition Education Coordinator and a Breastfeeding Coordinator MUST be designated.&lt;br&gt;<em>Certifying health professional</em> – MD, nutritionist, dietitian, APRN, RN, LPN, or PA.</td>
</tr>
<tr>
<td><strong>Training Req.</strong></td>
<td>Mandatory for all new registrars &amp; mandatory updates.</td>
<td>Mandatory for Well Child Pediatrics:&lt;br&gt;- Must complete the state approved Pediatric/Well Child</td>
</tr>
</tbody>
</table>
Certification program lecture course modules on TRAIN, followed with a three day practicum.
- Required to attend one update provided by the Well-Child program every three years or other 6 CE pediatric assessment program pre-approved by the Well-Child Coordinator. RNs and APRNs that participate in the Kids Smile Fluoride Varnish Program are required to complete the Kids Smile Fluoride Varnish Program.

WIC 101 module number 1033155 on TRAIN is required for all new staff and as a refresher for all existing staff.

Civil Rights module 1020093 on TRAIN is required annually.

Saving the Children – the History of WIC video module TRAIN number 1052630 is recommended for all new staff providing WIC services and as a refresher for all existing staff.

Pronto Non-invasive modules numbered 1041662 and 1043029 are available for any staff that conducts hematological measures for the WIC Program.

Certifying Health Professional who are designated to approve exempt infant formulas must complete the State Agency WIC Program Formula Training.

### Competencies

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Under Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting</td>
<td>Certificates</td>
</tr>
<tr>
<td>References</td>
<td>Registrar Guidelines</td>
</tr>
<tr>
<td>Division</td>
<td>EPI &amp; HP</td>
</tr>
</tbody>
</table>

* Refer to front page for a Key to Categories and Abbreviations.
# PROGRAM DESCRIPTIONS:

## Table of Contents

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

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer: KY Women’s Cancer Screening Program - KWCSP</td>
<td>1</td>
</tr>
<tr>
<td>Child Fatality Review and Injury Prevention</td>
<td>4</td>
</tr>
<tr>
<td>Diabetes Self Management</td>
<td>8</td>
</tr>
<tr>
<td>Family Planning Program (Title X)</td>
<td>10</td>
</tr>
<tr>
<td>HANDS (Health Access Nurturing Development Services)</td>
<td>26</td>
</tr>
<tr>
<td>Healthy Start (Child Care)</td>
<td>32</td>
</tr>
<tr>
<td>Hepatitis (Adult Viral Hepatitis Prevention Coordinator)</td>
<td>35</td>
</tr>
<tr>
<td>HIV/AIDS Branch</td>
<td>36</td>
</tr>
<tr>
<td>HIV/AIDS Care Coordinator Program</td>
<td>39</td>
</tr>
<tr>
<td>Immunization Program</td>
<td>42</td>
</tr>
<tr>
<td>K-STRIPED Program (KY State and Regional Infection Prevention and Epidemiology)</td>
<td>57</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>60</td>
</tr>
<tr>
<td>Lead: Childhood Lead Poisoning Prevention Program</td>
<td>67</td>
</tr>
<tr>
<td>MCH Coordination and Improvement Collaborative Grant</td>
<td>71</td>
</tr>
<tr>
<td>Newborn Metabolic Screening Program</td>
<td>78</td>
</tr>
<tr>
<td>Oral Health Program</td>
<td>81</td>
</tr>
<tr>
<td>Passport Well Child Outreach Referral Program</td>
<td>87</td>
</tr>
<tr>
<td>Preconception/Folic Acid Guidelines</td>
<td>92</td>
</tr>
<tr>
<td>PH Prenatal Program</td>
<td>96</td>
</tr>
<tr>
<td>Preventive Services Protocols</td>
<td>105</td>
</tr>
<tr>
<td>Reportable Diseases</td>
<td>119</td>
</tr>
<tr>
<td>ROR Program (Reach Out and Read)</td>
<td>120</td>
</tr>
<tr>
<td>School Health: Coordinated</td>
<td>122</td>
</tr>
<tr>
<td>School Health: Clinical Services (Nursing)</td>
<td>125</td>
</tr>
<tr>
<td>STD Control Program</td>
<td>137</td>
</tr>
<tr>
<td>TB Prevention and Control Program</td>
<td>138</td>
</tr>
<tr>
<td>Well Child</td>
<td>144</td>
</tr>
</tbody>
</table>
WIC Program.................................................................................................................. 148
WIC Farmers Market Program (FMNP) ........................................................................... 152
WIC Breastfeeding Peer Counselor Program ............................................................... 153
Fair Hearing Procedures (WIC Program)........................................................................ 162
Kentucky Women’s Cancer Screening Program (KWCSP)

Laws, Regulations, Guidelines:

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention’s (CDC’s) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The program provides grant awards to states for breast and cervical cancer screening exams to underserved women, including those who have low incomes or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, 6 U.S. territories, and 13 tribes or tribal organizations.

Additionally, in 1990, legislation (KRS 214.554) established the Kentucky Women’s Cancer Screening Program (KWCSP) in the Department for Public Health (DPH), in the Division of Women’s Health. The KWCSP, the state branch of the NBCCEDP, is 100% funded by the CDC and provides breast and cervical cancer screenings, diagnostic follow-up services and case management. For more information on how funds are utilized see Focus and Strategies in the Breast and Cervical Cancer Screening and Follow-up section of the Administrative Reference (AR).

KRS 214.554 created a Breast Cancer Advisory Committee (BCAC), which advises the Commissioner of the Kentucky Department for Public Health. This committee must provide input for the purposes of: (a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and (b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities.

The members of the Breast Cancer Advisory Committee shall include: the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Health, one (1) radiologist with preference given to one who has been fellowship-trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor.

Eligibility and Target Population:

A woman may be eligible for a free or low cost breast and cervical cancer screening through the KWCSP if she meets the following requirements:

- 21 to 64 years of age
- household income at or below 250% of the federal poverty guideline
- uninsured/no third party payer source (no Medicare, no Medicaid and no private health insurance).
Service Description & Key Roles & Responsibilities of the Health Departments:

Some health departments will provide breast and cervical cancer screening services on site and others will contract services out. Currently there are approximately 500 subcontractors providing KWCSP services to LHDs.

Training Requirements for Clinical Screenings:

An MD, APRN, or PA is recommended as the provider of services but an RN who has completed the DPH “Comprehensive Reproductive Exam Training” (CRET) and preceptorship program in CBE, Bimanual exam and Pap screening may also render services. If an RN has a lapse of one (1) year in providing any of these services, she/he must contact the Madison County Regional Training Academy director to determine training needs.

Training Requirements for Nurse Case Manager (NCM):

Clinical case management (follow-up) must be provided to patients with abnormal screening results. Each clinic site must assign the responsibility of Nurse Case Manager to either a Registered Nurse, an Advanced Practice Registered Nurse or Licensed Practical Nurse. To assume this role, the nurse must first complete the following training requirements:

- TRAIN Modules (listed in the CCGS)
- One-on-One training with DPH Quality Assurance Nurse
- Attendance at (or viewed via webinar) the Annual Women’s Health Update

There must also be another RN, APRN or LPN at each clinic site who can assume the NCM’s role in the event the NCM is absent for more than 7 calendar days. This back-up NCM must be knowledgeable about cancer screening follow-up and must have completed the same TRAIN Modules (referred to above) required for the NCM. The back-up NCM may request the one-on-one training but it is optional for the temporary role.

Reporting Requirements:

Core Program Performance Indicators (MDEs) are reported via the ACH-58 data collection form. Minimum Data Elements (MDEs) are a set of standardized data elements used to collect demographic and clinical information on women screened with National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds. Screening and diagnostic data collected on women reported in the MDEs must meet all data quality standards set by CDC and be complete and accurate. See more about data collection in the Breast and Cervical Cancer Screening and Follow-up section of the Administrative Reference (AR).

Billing and Coding Procedures Specific to KWCSP:

The Program’s federal funds will reimburse for breast and cervical cancer screening, diagnostics and follow-up for KWCSP eligible patients.
The Program will only reimburse for procedures listed on the KWCSP approved Current Procedural Terminology (CPT) codes rate sheet. Please refer to the latest CPT code list, revised annually. KWCSP will reimburse all approved CPT codes up to the allowable Medicare B reimbursement rates. KWCSP will pay for all the program approved CPT codes reported under the 813 cost center up to the LHD’s allocation. The LHDs may use other revenues or other funds to pay for procedures after the exhaustion of their KWCSP federal allocations. LHDs must enter these procedures in the Custom Data Processing’s (CDP), Patient Services Reporting System (PSRS). Please contact the Local Health Operations (LHO) Branch for medical coding and preventive health billing questions at (502) 564-6663, Option 1 or the LHO Branch email at: LocalHealth.HelpDesk@ky.gov.

**KWCSP CPT Codes and Reimbursement Rates**

**Breast Cancer Trust Fund:**

The Breast Cancer Research and Education Trust Fund (BCTF), in accordance with KRS 211.580, was created in June 2005. The purpose of the Trust Fund program is to distribute funds to support breast cancer research, education, treatment, screening, and awareness in Kentucky. The Trust Fund consists of funds collected from the state income tax check off, the sale of the “Driving for a Cure” license plates, and any other proceeds from grants, contributions, appropriations, or other funds made available for the purposes of the Trust Fund.

Trust Fund moneys are allocated through a competitive grant process to provide funding to not-for-profit entities, educational institutions, and governmental agencies in Kentucky. Proposals are used to provide programs or services in the areas of breast cancer research, education, awareness, treatment, and screening. Preference for funding is given to entities whose programs will serve medically underserved populations. Trust Fund grant availability is advertised through a board-approved notification plan.

The Breast Cancer Research and Education Trust Fund program is located organizationally within the Department for Public Health, Division of Women’s Health (DWH). The Breast Cancer Research and Education Trust Fund Board administers the program with the assistance of DWH staff. Together, they assure that BCTF program funds are used to support breast cancer research education, awareness, treatment, and screening, thereby improving the health outcomes of Kentucky’s women.

**Provider Services Requirements:**

*See Provider Requirements in the Breast and Cervical Cancer Screening and Follow-up section of the Administrative Reference (AR).*
Child Fatality Review and Injury Prevention

Laws, Regulations, Guidelines:

The Kentucky Child Fatality Review and Injury Prevention Program was established in 1996 through statute KRS211.680-686. The law authorizes and establishes the state program to prevent child fatalities, including a state child fatality review team, annual report, and local teams; confidentiality of team proceedings and records. The local teams are to assist the coroner in accurately identifying the manner and cause of the death, and identify trends and opportunities for prevention.

- KRS.029 requires the coroners to notify public health upon the death of a child, and to submit a report to the Department for Public Health on each child’s death.
- KRS 213.161 “Sudden Infant Death Syndrome Program” including surveillance, public education, and grief counseling.
- KRS 189.125 Requirements for use of seat belts, child restraint systems, and child booster seats in motor vehicles
- KRS 314.073 requires training for nurses to complete 1.5 hours of continuing competency requirements covering the recognition and prevention of pediatric abusive head trauma.

Target Population:

Target population is children birth through 17 years of age, including prevention efforts for those at risk, child fatality reviews for those children who die, and grief counseling services for families of children who have died.

Funding:

The Kentucky Child Fatality Review and Injury Prevention Program is funded through the Title V Block Grant (cost center 766 or 774) and State General Fund (Core public health Block Grant).

Special Requirements:

- **Staff Requirements**
  The local Health Department staff (nurses, social workers, registered dieticians, HANDS supervisors, or health educators) who have been designated by their agency. Staff will assist the coroner in facilitation of the local child fatality review team, offer grief counseling to families whose child has died, and assist with coordinating and reporting injury prevention efforts. The MCH Coordinator may be responsible for these activities.

- **Training Requirements**
  - CFR coordinator should complete
    - Abusive head trauma training (TRAIN course #1029723)
- **Investigation Protocols Review from the National Center for Fatality Review and Preventive**
- Health department staff may, but are not required to, seek certification as a car seat installation technician. The state program will provide a list of training opportunities for certification upon request.
- Documentation of these trainings shall be maintained by the local health department in the staff member’s personnel file.
- Training for grief counseling is no longer available. Families should be referred to local resources for grief counseling.

**Reporting Requirements:**

DPH does require that your staff report their activities in Catalyst. We will be monitoring this closely and will implement re-allocations for those who are not reporting activities as required to those that are compliant.

- Record all injury prevention events the LHD has participated in including who led the event, length and location of the event, type of event (parent group meeting, teen parenting class, etc.), successes and barriers, etc. in CFR Catalyst.
- Report any education provided.
- Enter planning activities for future events.
- Please be outcome focused and report audience types and numbers accurately.
- Monthly reports in CFR Catalyst are due on or before the 20th of the month following the month for which you are reporting (e.g. report for July – due by COB August 20).

**Billing and Collection Procedures:**

Staff time for providing the Services as described above may be reimbursed via Cost Center 766 up to the budgeted amount as determined in the Health Departments’ plans and budgets. Both staff time and funding of prevention activities can come from the Core Public Health Block Grant. Depending on the extent of the prevention activities, local funds may also be used. AFM notifies each health department of allocation amounts. Contact the **AFM Budget Branch, Local Health Budget Section** at (502) 564-6663, Option 2 for budget and allocation inquiries.

**Program Specific Offerings:**

See web-based trainings. Other offerings can be arranged upon request. Technical Assistance including attendance at local CFR team meetings can be provided by the DPH CFR coordinator. The program contracts with a university-based pediatric injury prevention specialist for training and technical assistance to local teams and groups such as HANDS staff.
Program Specific Requirements:

Above mentioned documentation be submitted in a timely fashion and billing to be coded appropriately.

Services Description and Key Roles and Responsibilities of Health Department:

1. Child Fatality Review—
   Local Health Departments must identify a **local CFR coordinator**.
   a. KRS 72.410 requires the coroner to notify the LHD in case of a child death, so the CFR coordinator must be identified to the local coroner, in addition to notifying the state MCH program.
   b. The CFR coordinator shall assist the local coroner with the logistics of a team meeting when needed.
   c. The local CFR Coordinator must represent Public Health at the local CFR team meetings and provide a report of the meeting to the State CFR coordinator. This includes providing records to the coroner, prepared according to LHD policy ad HIPPA compliance, if the child was a previous LHD client.
   d. The local CFR Coordinator must maintain confidentiality forms for the local team and assure that each participating member has signed a form. Any violations of confidentiality should be reported to the State CFR coordinator.
   e. Child fatality teams may meet on the call of the coroner, at regularly scheduled times, or as members of the team feel is appropriate.

2. Grief Counseling - The local CFR Coordinator, or their designee, shall provide information on **grief counseling** to local families who have had a child 0-17 die. This information, usually provided through a letter, must include condolences, suggest counseling, provide a list of local resources for counseling, and a number to call if the family wishes to request help finding counseling.
   a. If the family calls to request assistance, the local CFR coordinator shall link them to a local resource with training for grief counseling for infant/child deaths. These may include local grief support groups, genetics for genetic counseling if indicated, or other resources per the family’s preference/request.
   b. If a local health department wishes to train LHD staff in grief counseling, DPH will assist in arranging the training.

3. Pediatric Injury Prevention - The local CFR Coordinator, or their designee, shall coordinate injury prevention activities and projects,
   a. Vehicular accidents are the leading cause of death in children. At a minimum, LHD should educate all caregivers of infant/pediatric clients on proper use of child safety seats. Any child under age 12 should ride in the back seat with an appropriate child safety restraint, as described below.
      Kentucky Law requires that:
i. Infants up to 20 pounds and up to 1 year should ride in the back seat in a rear-facing federally approved child safety seat

ii. Infants over 20 pounds and at least 1 year of age should ride in the back seat in a forward-facing federally approved child safety seat

iii. Children over 40 pounds should ride in a federally approved child restraint until the car’s lap/shoulder belt fits correctly – this is typically about age 4 to at least age 8
   1. Children with a height 40 inches and under should be in a federally approved child restraint seat. [Child Safety Advocates recommend a booster seat from about 40 pounds to about 80 pounds and a height of 57” (4 ft 9 in)]
   2. Children with a height over 40 inches, depending on proper fit of the seatbelt, may be in a federally approved child restraint seat, booster seat, integrated car seat, or seat belt.

iv. Violations may result in fines and other legal assessments.

b. LHD must assure that local resources are available to families for checking car seats for proper installation.

c. To report observation of an unrestrained child in a vehicle call 1-888-235-8KID and give the license plate number of the vehicle.

d. For additional information and patient handouts, LHD staff can contact the National Highway Traffic Safety Administration at 1-888-327-4236 or web site nhtsa.dot.gov/people/injury/child.

e. Purchasing or providing child safety seats is not a requirement and is optional for LHDs. LHDs should follow local policy regarding car seat loan programs and returns, when applicable.

f. LHD’s should collaborate with local Safe Kids Coalitions where appropriate.

4. Child Maltreatment is the other leading cause of injury death in KY. All LHD nurses and staff who see pediatric patients must complete a state-approved course on Abusive Head Trauma.

**Minimum Patient Responsibility:**

These are population-based services. The patient has no financial responsibility for these services.

**Services (Arranged and Paid) Include:**

This is a core public health service funded through Core Public Health Block Grant. Staff time (salary/benefits only) for Services as described above may be charged to Cost Center 766, MCH Coordinator. Activities, materials, and additional staff time (not covered by 766), will be funded from the Core Public Health Block Grant or local funds.
Comprehensive Group Diabetes Self-Management Education/Training (DSMES/T)

Comprehensive Group Diabetes Self-Management Education & Support/Training (DSMES/T) is defined as a series of diabetes group classes (2 or more participants), of at least 8 hours in length, delivered over a period of no more than 3 months, utilizing the Kentucky Diabetes Prevention and Control Program’s (KDPCP) curriculum or American Diabetes Association approved curriculum which covers the following topics (as appropriate to the needs of the audience):

- Describing the diabetes disease process and treatment options
- Incorporating appropriate nutritional management into lifestyle
- Incorporating physical activity into lifestyle
- Utilizing medications (if applicable) safely and for therapeutic effectiveness
- Monitoring blood glucose, and other parameters and interpreting and using the results for self-management decision making
- Preventing, detecting, and treating acute complications
- Preventing (through risk reduction behavior), detecting, and treating chronic complications
- Developing personal strategies to address psychosocial issues and concerns
- Developing personal strategies to promote health and behavior change

Instruction time for each class session will generally last 2-3 hours (including registration and breaks); however, as long as curriculum topics are covered at a minimum of time intervals defined, a class series may last one full day, two half days, etc.

**Target Audience:** DSMES/T classes will be offered to individuals diagnosed with diabetes and their family members. Other interested community members may also be allowed to attend.

**Staff/Training Requirements:** Instructors must be licensed professionals (RN, RD, or Certified Nutritionist) and must be licensed as a Diabetes Educator (LDE). Certification as a diabetes educator (CDE) is preferred. Instructors must complete the KDPCP required training with at least annual updates.

**Billing/Coding:** If the health department is eligible to bill (i.e. is accredited), and chooses to bill for the service, LHD required forms including HIPAA, Release of Information, and the Patient Encounter Form (PEF) should be utilized. The code **G0109** (diabetes outpatient self-management training services, group session) is the code that should be used. This code is specified in 30 minute units; therefore the appropriate number of units for the time spent should be entered (e.g., if instruction time in a class is 2 hours, the code is G0109 with the number of units being 4). Contact the Medicaid MCOs, Medicare, or LHD contracted third party carriers for possible limitations on reporting the G0109 code.
Cost of Service: Third party payers should be billed for those patients with Medicaid, Medicare, or another third party coverage. Patients without third party coverage will be assessed a fee on the Uniform Sliding Fee schedule in accordance with the rules applied to other LHD health services. Attendees will be informed that no person will be denied services because of an inability to pay. The LHD may provide the services at no cost to the attendees but the LHD shall not bill any third parties for those services.

Record Keeping – A Class Roster including all participants and their contact information must be completed on each date of class attendance for each attendee diagnosed with diabetes. This, along with the associated LHD forms and class documents (assessment, survey, etc.), should be maintained according to LHD policy and HIPPA standards by the primary coordinator of the class series.

Reporting/Outcome Measurements:

Complete the KDPCP Diabetes Education Assessment form on all class participants with diabetes prior to the class to appropriately tailor the class content. At the end of each class:

- All participants should complete the Diabetes Class Survey – (required for accredited sites and encouraged for all sites). LHD should report data in Genlog.
- If the LHD is accredited under the DPH Healthy Living with Diabetes Program, or independently accredited, additional requirements will apply.
- Contact the Diabetes Program for further information at (502) 564-7996.

Only health departments who are accredited to provide Diabetes Self-Management Education/Training by the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE) – including Healthy Living with Diabetes Branches, are able to bill Medicare for DSMT.

If a health department is a Recognized Provider of DSMT and plans to bill Medicare, the Medicare Guidelines for DSMT must be followed.

Reference: National Standards for Diabetes Self-Management Education and Support
Family Planning Program (Title X)

Laws, Regulations, Guidelines:
The Kentucky Family Planning/Title X Program is authorized by the Public Health Service Act through the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). The act was created “to promote public health and welfare by expanding, improving, and better coordinating the family planning services and population research activities of the Federal Government, and for other purposes. The Family Planning Services and Population Research Act of 1970 established the Office of Population Affairs, within the Department of Health and Human Services, to manage family planning services and population research. The Title X Family Planning program is administered within the Office of Public Health and Science, Office of Population Affairs (OPA) by the Office of Family Planning (OFP).

The federal regulation, 42 CFR, Part 59, Subpart A, Grants for Family Planning Services, are the requirements in the provision of voluntary family planning services funded under Title X and to implement the statute as authorized under Section 1001 of the Public Health Service Act. Section 1001 of the Act (as amended) authorizes grants “to assist in the establishment and operation of voluntary family planning projects, which offer a broad range of acceptable and effective family planning methods, including natural family planning methods and services, including infertility services, and services to adolescents.” The mission of Title X is to provide individuals (females and males) the information and means to exercise personal choice in determining the number and spacing of their children.

Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b) (5)).

The following legislative mandates have been part of the Title X appropriations language since 1999. Title X family planning services projects should include administrative, clinical, counseling, and referral services necessary to ensure adherence to these requirements.

- None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
- Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
Below is the OPA program requirements regarding Title X compliance with grant funding and applicable federal and state laws, including state reporting laws:

https://www.hhs.gov/opa/title-x-family-planning/index.html

All Title X funded clinic sites are required to comply with federal anti-trafficking laws, including the Trafficking Victims Protection Act of 2000 (Pub. L. No. 106-386) and 18U.S.C.1591.

Federal Regulation (42 CFR Part 59) requires that Family Planning services be provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies or marital status. This same federal regulation sets requirements for confidentiality:

KRS 214.185 states that a minor as a patient with the consent of such minor may seek and be provided Family Planning services without the consent of or notification to the parent, parents, or guardians of such minor patient; or to any other person having custody of such minor patient.

Federal Regulations for Title X, Family Planning may be reviewed online. Kentucky regulation regarding family planning services is 902 KAR 4:050, and relates to KRS 211.090 and KRS 211.180.

**Target Population:** Priority for family planning services must be given to low-income persons at or below 100% of the federal poverty guidelines.
- Kentucky family planning clinics serve females, males and teens.

**Funding:** DPH, as the sole Kentucky Title X grantee, allocates awarded federal Title X funds to LHDs through Memorandum of Agreements, university and private family planning clinics through contracts, and the state office retains a small amount of the Title X award for administration costs. Additional sources of funding include:
  - Discretionary state funds allocated to LHD
  - Reimbursement from third party insurers, including public and private
  - Local tax funds
  - Fee collection, donations

**DPH Responsibility:** DPH responsibilities include the following:
- Completion of a statewide needs assessment of reproductive health issues and outcomes; collection of family planning user data to complete the mandated Family Planning Annual Report (FPAR);
- Administrative Reference and Core Clinical Service Guide reviews with appropriate revisions based on federal site visit findings,
• Assurance of national standards or care, and identified improvements to family planning services; monitor the fiscal management of Title X funds;
• Provide and update allowable family planning expenses and reimbursement schedule;
• Provide LHD training related to Title X and state financial requirements;
• Provide technical assistance to LHD support staff, nursing staff, nurse leaders, and directors; monitor LHD budgets;
• Allocate Title X awarded funds;
• Distribute relevant federal and state information related to family planning services, including training opportunities, to all Title X funded clinic sites; and
• Develop and submit the annual Title X grant application to assure continued funding.

LHD Responsibilities:
Family planning has been designated as a core local public health service. Local health departments are awarded Title X Family Planning Program grant funds each fiscal year based on the number of family planning clients served in the previous calendar year. Family planning services, including providing all contraceptive methods, pregnancy testing and counseling, basic infertility services, sexually transmitted disease services and preconception health services must be provided either directly at the health department’s clinic(s) or indirectly through a contractual agreement with an indirect service provider.

Indirect Clinical Service Provider (ICSP) is defined as a medical provider who is contracted by an LHD to provide family planning services in lieu of the LHD providing direct clinical services for Family Planning Program patients. LHDs must provide a copy of the ICSP contract to the Family Planning Program for review and approval prior to implementation of the contract.

ICSP obligations to be stated in the contractual agreement:

1. Services to be provided by the ICSP:
   • A list of the family planning services to be provided by the ICSP, including CPT codes, and an agreed upon reimbursement fee schedule.
   • CPT codes must be on the list of approved family planning CPT codes for reimbursement.
   • Fees may be negotiated between the health department and the ICSP. The Family Planning Program will reimburse at the approved fee regardless of the amount stated in the contract.

2. Adherence to QFP Requirements:
   The ICSP must agree to adhere to the Quality Family Planning (QFP) Requirements established by the Office of Population Affairs (OPA) and agree to allow the LHD, the Family Planning Program, and the Office of Population Affairs to conduct on-site reviews and have direct access to Family Planning Program patient records.
3. **Family Planning Annual Reporting (FPAR):**
   Providers must agree to provide the health department with the information required by OPA on the annual FPAR reports.

**LHD obligations to be stated in the contractual agreement:**

1. **Reimbursement for Self-Pay Clients:**
   - language clearly stating that costs incurred at the negotiated rate for self-pay clients will be reimbursed by the local health department.
   - ICSPs may bill Medicaid, MCOs and third party payers directly for clients with these payer sources.

2. **Training of ICSP:**
   LHDs must educate, train, and monitor all ICSPs on the following:
   - Title X Requirements and federal regulations regarding Title X funding;
   - Family Planning Program guidelines outlined in the CCSG and AR, including training requirements;
   - Family Planning Annual Report (FPAR) data collection requirements and procedures; and

3. **Monitoring of ICSP:**
   LHDs must adhere to the Quality Assurance/Quality Improvement policy as outlined in the AR including, but not limited to, conducting at least one site visit per year to ensure the ICSP is following the Family Planning Program protocols.

**Title X Clinical Requirements:**

**CLIENT ACCESS TO SERVICES AND ADDRESSING BARRIERS**

Family planning services must be voluntary and offered in a competent, non-discriminatory manner, respecting client confidentiality. Clients are guaranteed the right to choose family planning providers and methods without coercion. Acceptance of family planning services must not be a prerequisite to eligibility for or receipt of any other service or assistance.

Family planning facilities should be geographically accessible to the population served and should be available at times convenient to those seeking services. Facilities should be adequate to provide client-friendly confidential services.

Protocols to ensure adequate delivery of “same-day” treatment for special family planning instances to prevent delay in treatment should be available. Examples of these special instances include but are not limited to the following: pregnancy testing, STD evaluation and treatment; provision of emergency contraception; possible interruption in birth control method; client seeking support after a domestic violence situation; client reporting thoughts of suicide; etc.
EDUCATION, COUNSELING, AND INFORMED CONSENT

Client education and counseling must be appropriate to client’s age, level of knowledge, language, and socio-cultural background. Provide basic reproductive anatomy and physiology education as needed to assure understanding of how and when pregnancy can occur.

The primary purpose of counseling in family planning is to assist patients to make informed decisions regarding their reproductive health by providing information and education to answer their questions about contraceptive choices. Family planning educational materials (FPEM) and most are located in the Forms and Teaching Sheets section of the CCSG. FPEMs are available in English and Spanish versions. The FPEM-2 and FPEM-19 are family planning educational materials designed to provide information on all available methods of on-going contraception, preventive reproductive health issues, and Emergency Contraception (ECPs). The FPEM-19 is a Family Planning Program pamphlet. Contact the Division of Women’s Health to obtain copies of this pamphlet. The FPEM-2 is available via the LHD Forms webpage.

When initiating a new method of contraception, review instructions from the manufacturer’s insert and method specific FPEM. Counseling on the chosen method of contraception will include benefits, risks, potential side effects and possible danger signs specific to the methods. Inform the patient of the risk of pregnancy if the contraceptive method is not used as recommended or a contraceptive accident occurs.

Documentation of this counseling shall be noted on the FP-1, Family Planning Consent Form, with notation of the method specific FPEM sheet (listed above) along with the client’s signature. This documentation along with the clients’ verbal acknowledgment of his/her understanding of the method ensures, to the extent possible, voluntary informed consent for the method.

Any method specific consent form or statement on the FP-1 must be updated if the client changes method, stops a method and then decides to resume it, or has a major change in health status.

Special consents required, in addition to the FP-1, are located in the CCSG Teaching Sheets section of the LHD Forms webpage, under Family Planning: IUD Insertion and/or Removal (ACH-280), Contraceptive Implant Insertion and/or Removal (FP-3 and FP-4), Consent for Deferring a Physical Exam (ACH-264-B), Depo-Provera Consent (FP-2), and Sterilization Consent form (see below). All consent forms are available in English and Spanish versions.

Services to Adolescents:

The adolescent’s signature on the consent form documents the family participation and resisting coercion counseling requirements. Parental consent is not required to provide family planning services to an adolescent. Required Adolescent Counseling:
• Discuss how abstinence from sex can help prevent pregnancy and STDs.
• Encourage adolescents to discuss sexual/reproductive health decisions with parents or guardians.
• Provide counseling on resisting attempts to be coerced into engaging in sexual activities.

Recommended Adolescent Services:
• Provide assessment of need for age-appropriate immunizations according to Immunization Program guidelines.

Additional Counseling for Clients Born Between 1940 and 1970:

History of mother taking estrogen (diethylstilbestrol –DES) during pregnancy to determine client’s prenatal exposure to DES, known to have caused genital abnormalities and potential development of adenocarcinoma later in life. Patient with history of DES exposure should be counseled regarding recommendation for special screening (colposcopy) for adenocarcinoma of the genital tract.

Additional Services for Clients after Receiving Sterilization:

Encourage clients to continue participation with the Family Planning Program to obtain preventive health services including STD detection and prevention and cancer screening.

Methods of Fertility Regulation and Informed Consent

All Food and Drug Administration (FDA) methods of contraception must be offered. With limited LHD resources, it may become necessary to limit provision of any given method. Only FDA approved drugs and devices may be provided. No funds may be used to purchase experimental or ineffective drugs. When new methods are introduced, an LHD may elect to postpone offering them in their communities until staff has received training (either through DPH, pharmaceutical representative, or other sources).

These methods must be made available onsite or by formal contractual referral:

The forms and CCSG teaching sheets identified below are available on the LHD Forms webpage to review and print. Contact the Division of Women’s Health for assistance as needed.

• Abstinence from sexual intercourse (FPEM-3)
• Fertility Awareness Methods/Natural Family Planning (FPEM-13)
• Barrier Methods:
  ▪ Diaphragm with gel or cream/cervical caps (trained clinician available);
  ▪ spermicides [foam, contraceptive film, suppositories] (FPEM-14, FPEM-17,
and FPEM-18)
  - Male and female condoms (FPEM-15 and FPEM-16)
  - Oral Contraceptive Pills combined (FPEM-4) and progestin only pills (FPEM-5) in a reasonable range of doses to cover the needs of the majority of clients
  - Transdermal Hormonal Contraceptive Patch [Ortho Evra®] (FPEM-8)
  - Vaginal Hormonal Contraceptive Ring [NuvaRing®] (FPEM-9)
  - Depo-Provera Contraceptive Injections [DMPA] (FPEM-6)
  - Contraceptive Implant (FPEM-7)
  - Intrauterine Devices or Systems [IUD] (FPEM-10)
  - Emergency Contraceptive Pills [ECPs] (FPEM-2)

LHDs or their contracted ICSPs must plan to use part of their yearly allocation to provide at least one sterilization through contract with a qualified provider per year. Contracts with providers for sterilizations must adhere to the federal requirements, including but not limited to the following language: *The federal sterilization consent form shall be signed at least 30 days (no less) prior to the date of surgery and the procedure performed within 180 days of the signature.*

If a client of reproductive age is sterilized under the service site’s Title X-funded project, or is an ongoing Title X user who was sterilized elsewhere but continues to receive gynecological or related preventive health services from the site, the encounter is considered a family planning encounter and the agency may continue to count the client as a family planning user (Title X Family Planning Annual Report Instructions).

The health department must have formal agreement(s) in place with local provider(s) to provide any contraceptive method not available in the health department. This assures clients can obtain their preferred contraceptive method that is medically appropriate. See ICSP section under LHD Responsibilities for specific guidance for providing family planning services indirectly.

**INFERTILITY SERVICES**

Basic infertility services should be offered to both women and men and include the following: assessment of the client’s pregnancy intention, medical history, sexual health assessment and physical exam.

FAMILY PLANNING PREGNANCY TESTS
Minimal history shall be brief and include: LMP, associated symptoms, duration, current medications, use of alcohol, drugs, and tobacco, and history of NTD. Examination shall consist of height, weight, blood pressure, BMI, and statement of general appearance. Diagnostic procedure is a urine pregnancy test, and management includes health education and guidance for follow-up care. Options counseling shall be provided on all positive pregnancy tests and appropriate education and care provided based on the woman’s choice.

Documentation and distribution of pregnancy test education materials under the heading of “Pregnancy Test Education Materials” (PTEM) will satisfy documentation of counseling.

OPTIONS COUNSELING
Abortion is not a method of family planning. Family planning agencies with Title X funds must not arrange for, pay for, or transport clients for this service. Title X of the Public Health Service Act, 42 U.S.C. 300 et seq, Section 1008: None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning (Statutes and Regulations).

In accordance with CFR Title 42, Volume 1, Part 59, Subpart A, per request, pregnant women must be offered the opportunity to be provided information and counseling regarding each of the following options:

- Prenatal care and delivery
- Infant care, foster care, adoption
- Pregnancy termination

Such information and counseling should be provided in a nondirective manner on each of the options with provider names, addresses, and phone numbers. Exceptions may be made with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling. Adoption Referral Agency listing of area agencies can be obtained from the state Title X Program staff.

SERVICES TO MALES
All Family Planning male clients should have a reproductive life plan assessment and receive information about sexual and reproductive health such as:

- Understanding anatomy and physiology of the male and female reproductive tract;
- Fertility cycle for female partner and the understand of their partner’s chosen contraceptive method, if relying on one for pregnancy prevention;
- Withdrawal method;
- STD prevention - how to put on/ correctly use a condom;
- Abstinence; and
Sterilization through vasectomy.
For patients requesting temporary methods of contraception, a physical examination is not required although the service should be offered. For patients requesting a vasectomy, a physical examination and contraceptive counseling is required.

SEXUALLY TRANSMITTED DISEASES

Health departments should offer STD services in accordance with the CDC’s STD treatment and HIV testing guidelines. Family planning STD services include assessment and screening. STD treatment is provided through the STD Program.

In coordination with the STD Program, “brown bags” should be provided in a confidential manner at each Title X clinic. Ideally, they should be made available to clients without requiring contact with clinic staff. The brown bags should contain condoms; instructions on correctly applying a condom; STD and HIV/AIDS prevention information; unintended pregnancy prevention/family planning services; and clinic hours and phone number.

CONTRACEPTIVE FOLLOW-UP

IUD Insertion: Return in 4-6 weeks for evaluation, then annually.

Depo-Provera Users: Return in 11-13 weeks for next injection. Counsel on necessity of receiving injections on time.

All other contraceptive methods: For most clients, routine follow-up visits are not required. Patients should be advised to return at any time to discuss questions or concerns about contraceptive method use.

Special considerations that may require a scheduled follow-up visit include:

- **Self-pay clients** receiving oral contraceptives or other self-administered method (patch, ring, etc.) for the first time directly from the clinic site (not a prescription): Provide the client with a 3-month supply of the contraceptive method and schedule a resupply visit in 3 months. LHDs may choose to provide a year supply at the follow-up resupply visit or may continue to provide contraceptive methods every 3 months.
- Clients with a history of inconsistent or incorrect use of a method.
- Clients who have had problems with other contraceptive methods.
- Clients fitted with a diaphragm may need a follow-up visit to assure the client is properly placing the device.

Alternative modes of follow-up other than visits to the service site, such as telephone, e-mail, or text messaging may be considered (assuming confidentiality is assured).
**IMMUNIZATION GUIDELINES**

For female and male clients, providers should screen for immunization status in accordance with recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP) and offer vaccination, as indicated, or provide referrals to community providers for immunization. Female and male clients should be screened for age-appropriate vaccinations, such as influenza and tetanus–diphtheria–pertussis (Tdap), measles, mumps, and rubella (MMR), varicella, pneumococcal, and meningococcal. In addition, American College of Obstetricians and Gynecologists (ACOG) recommends that rubella titer be performed in women who are uncertain about their MMR immunization status. Provide counseling to client regarding congenital rubella syndrome. ([MMWR, April 25, 2014, Vol. 63, No. 4, page 17; review CCSG, Immunization section.])

**REFERRALS TO COMMUNITY HEALTHCARE PROVIDERS AND SOCIAL SERVICES:**

Services determined to be necessary, but which are beyond the scope of the family planning clinic services, must be recommended for follow up care from appropriate healthcare providers. Family planning clinics must maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other Federal programs available in the community. Referrals to available social services for housing, food, mental health, etc. should be made for needed services.

**PERSONNEL REQUIREMENTS**

A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: Clinical Services Providers and Other Services Providers

**Clinical Service Providers** may be physicians, physician assistants, nurse practitioners, certified nurse midwives, who are trained and permitted by state-specific regulations to perform all aspects of the patient (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client’s proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the Quality Family Planning (QFP) Program Guidelines. Family Planning Expanded Role Registered Nurses (FP-ERRN) (description and requirements below) are clinical services providers with a limited scope of practice.

**Other Service Providers** include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse
assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client’s proposed or adopted method of contraception, general reproductive health, or infertility treatment. Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation). See the QFP Program Guidelines for additional guidance.

**Family Planning Expanded Role Registered Nurse (FP-ERRN) Requirements:**

Current Certified ERRNs have completed the Department for Public Health:

- Breast and Cervical Cancer Program Assessment,
- The corresponding preceptorship,
- The Adult Preventive Assessment Trainings, and
- The corresponding preceptorship.

Current Certified ERRNs perform the following gynecological procedures:

- Bimanual pelvic exam,
- Pap testing,
- HPV testing,
- Clinical Breast Exam (CBE), and
- May provide family planning counseling and documentation.

Family Planning clients identified as needing mid-clinician or higher level reproductive healthcare services such as a specific gynecological problem, change in current contraceptive method, or history of an abnormal pap smear, must be referred to the MD/APRN.

Each local health department shall establish and maintain medication guidelines (i.e. standing orders) for Expanded Role RNs to follow. These guidelines shall be written and developed in accordance to the DPH administrative guidelines for local policy and procedures.

**TRAINING REQUIREMENTS FOR FAMILY PLANNING STAFF**

**Orientation for all new hires** (providers and support staff) working with family planning clients are required to complete the following courses to fulfill federal Office of Population Affairs (OPA) requirements:

- Family Planning Basics, a five module course located on the [Family Planning National Training Center](#) website.
- **TRAIN #1034386**: Mandatory reporting of Child/Adult Abuse, Neglect, Violence and Human Trafficking
- **TRAIN #1074374**: Preconception Health Counseling Services
- **TRAIN #1023565**: Cultural Competent Nursing Care: A Cornerstone of Caring
- **TRAIN #1042680**: Cultural Competency: The Impact of Health Equity
Annual training requirements:

Required annually to fulfill Office of Population Affairs (OPA) requirements

- **TRAIN #1034386**: Annual Training Module Kentucky State Laws Regarding Mandatory Reporting & Human Trafficking for Family Planning Staff.
- At least one cultural competency training. Cultural competency trainings are listed on the Annual Family Planning Training Calendar.
- A minimum of 3.0 hours of training or contact hours in family planning-related topics are required by all licensed health care professionals (MDs, APRNs, RNs, and LPNs). This may include the cultural competency course.
- A minimum of 1.0 hour in a family planning-related topic(s) is required by all support staff. This may include the cultural competency course.

Every three years training requirements:

- Family Planning Basics, a five module course located on the [National Family Planning Training Center website](#) is required to be completed by all family planning clinic staff every three years.
- The Annual Family Planning Training Calendar lists all approved family planning trainings available for family planning staff each fiscal year. The calendar is approved by the Family Planning Program Director and distributed to all Title X funded clinics by the Family Planning Nurse Consultant.
- Documentation of required family planning trainings shall be maintained by the local health department in the staff member’s personnel file.

REPORTING REQUIREMENTS

- The federal “Public Health Services Sterilization Record,” PHS 6044, shall be submitted annually by LHDs to the DPH Family Planning Program Director by June 30th of each year. The annual sterilization record shall be sufficient to verify compliance with federal regulations, as noted by the [Office of Population Affairs (OPA)](#) Federal Guidelines for sterilizations provided with Title X funds.

  - Reporting of client information is collected through the Patient Services Reporting System (PSRS). **PSRS supports**:
    - Appointment scheduling;
    - Assessment of income;
    - Appropriate billing of patients and third party payers; and
    - Patient encounters.

BILLING AND COLLECTION

Title X clients are to be billed according to a sliding fee scale, based on family/household income, using the most current [Uniform Percentage Payment Schedule](#) (US Federal Poverty Level (FPL) Guidelines). This schedule reflects
discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty. **Additional billing guidelines include:**

- Ensure that inability to pay is not a barrier to services
- Be based on a cost analysis of services, bills showing total charges shall be given directly to the patient or another payment source.
- Ensure that patients at or below 100% of poverty are not billed, although obligated third party payers shall be billed total charges.
- Ensure that discounts for minors requesting confidential services without the involvement of a principle family member are based only on the income of the minor.
- Household income should be assessed before determining whether copayments of additional fees are charged.
  - **With regard to insured clients:** Those clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
- Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality (Review the [No Home Contact](#) requirements below).
- Allow voluntary donations.
- Ensure that patient income is re-evaluated annually and maintain a method for “aging” outstanding accounts.
- Abnormal Pap smear or mammogram follow-up and treatment should be coded to the [Women’s Cancer Screening Program 813 cost center](#), using an appropriate [ICD 10 code](#).
- Self-pay and/or adult vaccines should be placed on a separate PEF from the family planning visit. Vaccines should be full charge and not included in the sliding fee schedule for family planning services. Title X services do not require the provision of vaccines.
- Clients presenting for only STD testing may be charged $5.00 per CPT code instead of the sliding scale fee when the sliding scale fee is more than a $5.00 per CPT code amount. See the [PSRS section](#) of the AR for guidelines to override charges.

**Family Planning Reimbursement Policy:**

Family planning expenses for self-pay/uninsured clients will be reimbursed from cost center 802 based on a fee- for- service methodology using the following guidelines:

Reimbursement will be made for:

- Uninsured clients, including undocumented clients
- Clients where “no home contact” is an issue, regardless of age or income
- Clients at or below 100% of the annual federal poverty guideline.
- Clients with incomes 100% - 250% of the annual federal poverty guidelines will be responsible for the percentage of fees as indicated on the sliding fee scale. The Family Planning Program will reimburse the balance of the fees up to the reimbursement rate.
LHDs are responsible for collecting reimbursement from the following:

- Medicare and Medicaid/MCO (Review Kentucky HEALTH information)
- Private/Commercial Health Insurance
- Sliding Scale Fees between 100% – 250% of the annual federal poverty guidelines (from the client)
- Household incomes (individual income for confidential/“no home contact” at 250% and above the annual FPL guidelines will be full pay (from the client)

Family Planning Reimbursement rates will be based on 100% of the Kentucky Preventive Health Fee Schedule Medicaid Rate

The Program will only reimburse for procedures provided on the family planning program (802 cost center) approved Current Procedural Terminology (CPT) codes listing. The Family Planning CPT codes listing and reimbursement schedule will be updated annually and as necessary. Contact the Division of Women’s Health for a copy of this listing. Updates will be provided to LHDs.

Reimbursements will be processed on the 10th of each month based on CPT codes entered by the LHDs. Reimbursements to the LHDs will be made up to the fiscal year allocations and will be made regardless of client’s residency.

Reimbursements will be made for services entered into the PSRS system up to 12 months from the date of service performed. KWCSF federal funding will reimburse for Pap tests and HPV co-testing performed during a family planning visit for KWCSF eligible patients.

LHDs must enter these procedures in the CDP Patient Services Reporting System (PSRS). Please contact the LHO Branch for medical coding and preventive health billing questions at (502) 564-6663, Option 1 or the LHO Branch email.

No Home Contact Clients

All family planning clinics must have safeguards to ensure client confidentiality. Information obtained by the clinic staff about any family planning client should not be disclosed without the individual’s documented consent, except as required by law. Some family planning clients will need an extra layer of confidentiality in place because of personal circumstances. These individuals should be classified as ‘No Home Contact” clients and indicated on the PEF and in the PSRS. LHDs must ensure that no communication will be sent to the home of a “no home contact” client, including billing statements, payer Explanation of Benefits (EOBs) regarding the visit, lab results, etc.

Income and sliding scale fees shall be assessed on a “no home contact” client based on the individual’s personal income, not household income. Inability to pay shall not be a barrier to treatment and a billing statement should never be sent to the client’s home. Specific instructions regarding billing procedures for “no home contact” clients can be found in the PSRS section of the Administrative Reference.
INFORMATION AND EDUCATION ADVISORY COMMITTEE AND COMMUNITY PARTICIPATION COMMITTEE REQUIREMENTS

Every family planning clinic is responsible for establishing an Information and Education (I&E) Advisory Committee to review and approve informational and educational materials and a Community Participation Committee (CPC) to promote the activities of the local family planning program. The I&E Advisory Committee and the CPC may be combined. A combined committee must fulfill all the Title X requirements of both committees. District health departments may choose to have one I & E Advisory Committee and/or one CPC for all the counties they serve if the committee members are representative of the demographic factors of the population in each county served by the health department. Multiple I & E Advisory Committees and/or CPCs may be necessary for district health departments when one committee cannot adequately represent the populations served in each county with one committee.

I & E Advisory Committee:

Must be comprised of five to nine members. At least five members must be present at each meeting. The committee must include individuals broadly representative of the community (in terms of demographic factors such as race, color, national origin, disabilities, economic status, gender, and age). At least one teen (age 15-20) should be a member of the committee. In-house agency staff cannot serve as committee members. They can attend I&E committee meetings, but they should not be included in committee membership.

The committee should meet at least annually to review materials and discuss educational needs of the community and clients.

The I & E Advisory Committee shall review all family planning educational and promotional materials (teaching sheets, brochures, posters, etc.). Considerations during the review include:

- Consider the educational and cultural backgrounds of the individuals to whom the materials are distributed;
- Consider the standards of the population or community to be served with respect to such materials;
- Determine whether the material is suitable for the population or community to which it is to be made available: and
- Submit a copy of the written record of determinations with the submission of meeting minutes to the DPH Family Planning Program staff.

A record of meeting minutes should be maintained and a copy should be submitted to the state family planning nurse consultant at least annually no later than June 30 of each fiscal year. Minutes should include the names of the committee members and the populations represented by the committee (race/ethnicity, age group, community organization, etc.).
Community Participation Committee (CPC) Requirements:
The purpose of the CPC is to provide community members the opportunity for participation in the development, implementation and evaluation of the local family planning program. A community participation committee can assure Title X compliance.

Must be comprised of five to nine members. At least 5 members must be present at each meeting. The committee must include individuals broadly representative of the community (in terms of demographic factors such as race, color, national origin, disabilities, economic status, sex, and age) and knowledgeable about community needs for family planning services. At least one teen (age 15-20) should be a member of the committee. In-house agency staff cannot serve as committee members. They can attend CPC meetings, but they should not be included in committee membership.

Suggested activities of the CPC include, but are not limited to:
• Review of the LHD Family Planning Fact Sheet (available upon request from the DPH Family Planning Program staff)
• Discussions related to
  ▪ Ideas for increasing the number of clients served
  ▪ Ideas for using and distributing the FPAR report and fact sheet to the community
  ▪ Ways to improve access to services
  ▪ Community outreach, education and promotion activities
  ▪ Suggestions related to specific community issues or needs
• Offer feedback about your clinic’s family planning program strengths and areas needing improvement.
• Assist with solving program challenges

A record of meeting minutes should be maintained and a copy should be submitted to the DPH Family Planning nurse consultant at least annually no later than June 30 of each fiscal year. Minutes should include the names of the committee members and the populations represented by the committee (race/ethnicity, age group, community organization, etc.).

The I&E Advisory Committee and CPC Toolkit is available from the DPH Family Planning Program staff and at http://chfs.ky.gov/dph/Local+Health+Department.htm to assist with the implementation of these committees. The tool kit contains specific Title X regulations, committee implementation guidelines and templates to help the health department provide appropriate and effective committees that are productive and improve local family planning program outcomes.
Health Access Nurturing Development Services (HANDS) Program


RELATES TO: KRS 13B.080-13B.160, 200.700, 211.090, 211.180, 211.689
STATUTORY AUTHORITY: KRS 194A.050(1), 211.690

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the secretary of the Cabinet for Health and Family Services to promulgate administrative regulations necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 211.690 authorizes the Cabinet for Health and Family Services to implement a voluntary statewide home visitation program for the purpose of providing assistance to at-risk parents during the prenatal period until the child’s third birthday. This administrative regulation establishes the eligibility criteria, services, provider qualifications, and hearing rights for participants of the Health Access Nurturing Development Services (HANDS) Program.

907 KAR 3:140 Coverage and payments for the Health Access Nurturing Development Services (HANDS) Program.

RELATES TO: KRS 194A.030(2), 205.520, 211.690, 42 U.S.C. 1396a-d, 1396n(g)
STATUTORY AUTHORITY: KRS 194A.050(1), 205.520(3), 205.560

NECESSITY, FUNCTION, AND CONFORMITY: Department for Medicaid Services, has the responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the Cabinet for Health and Family Services by administrative regulation to comply with any requirement that may be imposed, or opportunity presented by federal or state regulation for the provision of medical assistance to Kentucky’s indigent citizenry. This administrative regulation establishes requirements for coverage and payment for Health Access Nurturing Development Services (HANDS) provided through an agreement with the state Title V agency, the Department for Public Health.

The HANDS program also has brochures, publications and videos on the HANDS webpage with FAQs and recommended best practice and polices. There is a program-specific HANDS website where prospective parents can review information about the program and how to go about signing up for HANDS assistance.

Target Population:

HANDS services consist of the following services: a screening, using a standardized screening tool, is used to determine eligibility of an applicant in a face-to-face interview. If an individual’s screening indicates eligibility for additional HANDS services, the individual shall be referred for a comprehensive needs assessment.
conducted by a social worker or a registered nurse employed directly or contracted by the local health department. This assessment will include information regarding the parent’s childhood experience; lifestyle behaviors and mental health; experience and expectations for parenting; coping skills; support system; stress and anger management skills; expectations for the infant’s developmental milestones and behaviors; plans for the child’s discipline; perception of the new infant; and bonding and attachment to the infant. If the assessment results in a determination that the individual meets the criteria, home visitation services shall be provided. The frequency of services shall be provided in accordance with the level of need of the parent or family, and shall lessen as the family meets goals agreed to by the provider and the participant.

In order to receive HANDS services an individual shall be: a pregnant woman who has not reached her 20th birthday; a pregnant woman who is at least 20 years old, will be a first-time parent and a risk is deemed likely for the pregnancy or the infant; a firstborn up to 12 weeks of age whose family is determined to be at risk; or a first-time father or guardian of the aforementioned infant.

**Funding:**

The KIDS Now Authority designates state funding through the Tobacco Settlement dollars to the HANDS program. Amounts vary each year but average around $7.5 million dollars. The HANDS program is fee for service and does bill Medicaid. These funds serve as a match to Federal Medicaid dollars and also provide the necessary funding for local health departments to provide services to non-Medicaid participates. Federal dollars match the state dollars 2:1. The state monies are allocated to the local health departments based on their HANDS program performance.

**Staff/Provider Requirements:** The assessment or professional home visits shall be conducted by a social worker, a registered nurse, or a graduate of a four-year program in a social or behavioral science or a related field with one year experience performing case management services. A master’s degree in a human services field may be substituted for the one year experience. This employee may conduct any HANDS services. A Family Support Worker, who conducts regularly-scheduled home visits, shall be high school graduate or holder of a GED who is at least 18 years of age and has received specialized training in HANDS practices and curriculum and is supervised by a public health nurse or licensed social worker.

**Training:** for all staff engaging in home visitation is required. Completion of Core and [Growing Great Kids (GGK)](https://www.growinggreatkids.org) Curriculum trainings are the beginning of the learning process. Core training provides the philosophical foundation and the how-to strategies and opportunities for practice in areas pertinent to implementation/delivery of HANDS services. GGK is the curriculum training which focuses basic care, social and emotional development, cues and communications, physical and brain development and how to stimulate development through play. In order to maintain program effectiveness, staff must maintain and expand upon existing skills. Opportunities to
continue growth and development of skills occur through supervision, wraparound and advanced training components.

**Reporting Requirements:**

All HANDS sites, with the exception of Every Child Succeeds in Northern Kentucky, have special equipment requirements to enter all client participation information into the [HANDS 2.0 web-based application](#). The HANDS web-based application adheres to specific business rules of the HANDS Program, and is designed to offer an intuitive, user-friendly and convenient web-system for HANDS sites to use. All Health Access Nurturing Development Services (HANDS) participant information is to be submitted to Department for Public Health central office within 5 days of the end of each month.

**Billing and Coding Procedures Specific to Program:**

HANDS is not based on income. It does require billing to the proper payor source. Billing and collection procedures are as follows:

- At the determination of Medicaid eligibility, sites will bill Medicaid directly through the [HANDS 2.0 web-based application](#).
- Submit billing using mother’s eligibility until birth of the baby
- Submit billing using infant’s eligibility the day of and after birth
- If ineligible for Medicaid, state funding (tobacco) picks up the cost.
- Only one billable service per day may be billed per family.
- The fee for service program reimburses local health departments on a monthly basis.

**Other Special Requirements:** For Medicaid coverage, participants must be a first time parent and families must qualify for the service and be identified as “at-risk” through a hardcopy screening/assessment (referred to as the Parent Survey). Information obtained from the screening/assessment is then entered by the LHD into the HANDS 2.0 web-based application.

**Program Specific Requirements:** All sites must use the Growing Great Kids Curriculum, provide RN/SW quarterly visits, screen for developmental delays, utilized the Helping HANDS for homes preventive health curriculum, screen for perinatal depression, complete home safety checklist, complete child and family rating scales, work with families toward child and family goals, make referrals to appropriate agencies and meet all documentation policies.

**Service Description & Key Roles & Responsibilities Of Health Department:**

All potential HANDS eligible parents will be screened as early in pregnancy as feasible or until the infant is three months old (12 weeks), using a hardcopy universal screening assessment for indicated “stress factors” with the following procedures:
1. Screens can be completed by individuals who are appropriately trained.

2. Screens are usually completed on the mother, but may be completed on the father when the mother is no longer in the family dynamic. In the case of the father, screening questions must be answered from the Dad’s perspective, except those regarding the pregnancy.

3. The qualified screener must get the hardcopy Referral Record Screen Consent form completed and signed by the parent or legal guardian before the screening process can be completed.
   - When the child is in temporary custody, the screen must be done with the birth parents; although services can be delivered with the temporary custodian as per guidelines provided in Section 6: Family Support Worker Process.
   - Reviewing a referral or birth certificate does not constitute a screen unless a consent to screen is signed by the parent. (See Data Guide regarding entry of screen into data system)

4. The Screener must complete the hardcopy Referral Record Screen for Primary Risk Factors and determine the score by determining that:
   - Each of the sixteen (16) items will be answered True, False or Unknown.
   - The screen is Positive if items 1, 9 or 12 are True.
   - The screen is Positive if any two (2) numbers are True.
   - The screen is Positive if there are seven (7) or more unknowns.

5. All completed screens, both negative and positive will be:
   - Kept on file at the screening site
   - Sent to the local HANDS program within five (5) working days of screen to be entered in the HANDS software.

6. All negative screens will be offered community resources that support newborns, infants and/or toddlers.

7. All negative screens on Teens will be offered Monthly Home Visiting from the local HANDS program until the infant is one (1) year of age.

8. All refused screens will:
   - Be compiled together in a separate file, in a locked cabinet with the HANDS charts.
   - Not be filed in the medical chart.
   - Not be entered in the HANDS 2.0 web-based system.
   - Be counted on an annual basis, with this number being provided to the TA at the annual site visit.

9. Completed positive screens must be filed in the mother’s chart.

10. All negative screens must be filed in a secure location for five (5) years.
Parent Surveys shall be offered to families with a positive screen, not to exceed 16 weeks of age for the infant, by a professional Parent Visitor who shall:

1. Contact the family, within seven (7) working days, not to exceed thirty (30) calendar days, of receiving the screen to set up the Parent Survey appointment.

2. Make a minimum of three (3) attempts to schedule the Parent Survey.

3. Gather information from the family through a face-to-face contact:
   - With home visit being a minimum of 30 minutes.
   - Completing documentation on the Family Status Form (ACH 304) and all items on the Parent Survey Score Sheet (ACH 303) and the Intake Summary (ACH 302) with the baby present if occurring post-natal.
   - The Parent Survey can be completed on both parents separately, but can only bill for one Parent Visit.
   - The Parent Visitor can use the information given by the parents, or other information documented (i.e. in their LHD medical record) to complete the Parent Survey. Must note where this information was obtained.
   - If only one parent is present for Parent Survey, information about absent parent is to be gathered from parent participating in survey.
   - If baby is in Neonatal Intensive Care Unit (NICU), the survey can be done with the parent; but cannot be billed because the baby is not present.

4. Provide a referral packet to all families participating in the Parent Survey process.

5. Score the Parent Survey and write the Parent Survey Summary within 24 to 48 hours of intake.
   - If positive (a score where either or both parents score 25 or above; does not have to be the first time parent):
     ▪ All families should be offered information and referral to appropriate community resources and intensive home visitation services based on availability within caseloads.
     ▪ If intake is closed (no FSW Services available), the Parent Visitor will make appropriate referrals to other community resources. Should services become available within the twelve (12) weeks, services should be offered to these families. (Also see V-E, page 5 of 6 – next page)
   - If negative (a score where both parents score below 25):
     ▪ All adult parents will be provided information on community agencies and referrals are made for services as needed.
     ▪ All teen parents will be referred for monthly home visitation to occur until the infant is one (1) year of age.
- Teens who initially screened negative can be surveyed at any
time before the infant reaches twelve (12) weeks of age and
offered high intensity home visitation services if survey is
positive.
- In the event that Home Visiting is not offered or refused:
  - The Parent Visitor will make referrals to appropriate agencies
    based on concerns learned during the Parent Survey Process;
  - Provide the family with a resource packet.
  - If family refused home visitation and the child is not born at
    time of Parent Survey, the family will be asked if HANDS can
    contact them once the baby is born to see if they would
    be interested in home visiting services at that time or family can
    contact HANDS if they reconsider.

6. Attend monthly team meetings.

Participation in Home Visiting Services is voluntary. Families may receive home
visiting services until a child is:
- One (1) year of age for low intensity services (Teen Only).
- Two (2) years of age for high intensity services (Adults and Teens).
- Upon Completion of family goals (Level 4).
- Three (3) years of age, if the family remains on Level-1 when the
  child reaches two (2) years of age.

Upon acceptance of Home Visiting Services families will:
1. Complete the Consent for Services and
2. Complete the hardcopy Authorization to Release Information Form (ACH 301) for:
   - Parent prenatal; and
   - Baby postnatal.
3. Be assigned a Family Support Worker through the LHD by a designated
   staff person, within 48 hours after a positive Parent Survey based upon:
   - Caseload weight / caseload availability;
   - Matching needs of families to the level of experience and skills of
     the FSWs;
   - Cultural diversity issues (example: a Spanish speaking FSW will
     be more equipped to work with a family who predominantly
     speaks Spanish in the home); and
   - Geographic location of the families (especially for sites serving
     several counties).
4. The LHD Family Support Worker will make contact with the family within
   48 hours after completion of the Parent Survey to schedule first home
   visit:
   - The home visit shall be completed within seven (7) workdays of
     a positive Parent Survey which shall be documented by the LHD
     Family Support Worker on the following hardcopy forms:
     - Home Visit Log (ACH 312) within one (1) work day after visit
       is completed; and
- Supplemental form within one (1) work day after visit is completed.
- Contact Log (ACH 307) if making a phone call or other contact (i.e. letters, cards, notes, etc.) with the family.
- Include completion of the Birth section of the hardcopy Family Status form (ACH 304) on the target child.

Remember to update FSW, child’s social security number, and the Medicaid eligibility (including Medicaid Number) at 6 months interval for HANDS outcome information.

- The LHD Family Support Worker will schedule on-going home visits with the family per the family’s assigned Level. To be documented following the same guidelines outlined for the first home visit, and by completed the required updates to the Family Status (ACH-304) at 6 months, 12 months, and upon exit from HANDS.

Families accepting services will be offered home visits using the required Growing Great Kids (GGK) and Growing Great Families (GGF) curriculums. With intensity being determined by the Supervisor and Family Support Worker, based on the criteria outlined in the Parents Level of Services Guidelines (Levels 0-4) (hardcopy form, ACH 306).

Families assigned to HANDS depends on supervision for its success. Supervision provides the foundation upon which successful strategies are built to engage families and keep them interested in HANDS. The supervisor and the PV/FSW can develop successful strategies for completing visits and discuss issues concerning families the worker is having difficulty engaging.

**Minimum Patient Responsibility:**

HANDS is a voluntary service where the only participation requirement is that 75% of all services occur in the home.

**Services (Arranged and Paid) Include:**

HANDS is a fee for services program that is contracted with the LHDs and three private agencies: Lexington Family Care Center (Lexington, KY); Family and Children’s Place (Louisville, KY); and Every Child Succeeds (Northern KY/Cincinnati, OH area).

---

**Child Care Health Consultation for a Healthy Start in Child Care**

**Laws, Regulations, Guidelines:** 902 KAR 4:130. Healthy Start in Childcare Program.

RELATES TO: KRS 199.892-199.896

STATUTORY AUTHORITY: KRS 194A.050, 211.180
NECESSITY, FUNCTION, AND CONFORMITY: KRS 199.8945 authorizes the Cabinet for Health Services to implement a Healthy Start in Childcare Program for the purpose of improving the quality of care specific to health, safety and nutrition of children in childcare. This administrative regulation establishes the services provided by the Healthy Start in Childcare Program and the requirements for organizations and individuals that provide these services.

Implemented in July 2000, Healthy Start in Child Care is a Kids NOW Initiative to provide consultation on health, safety and nutrition to child care providers. Trained Healthy Start Child Care Consultants from the LHDs participate in joint activities with the resource and referral agencies in their area to ensure collaboration and coordination regarding health, safety and nutrition issues impacting the quality of child care. During the first five years, children of full-time working parents may spend more time in out-of-home childcare facilities than the total hours spent in school from kindergarten to high school. This makes it critical to utilize this window of opportunity to provide accurate health, safety and nutrition information to parents and child care providers.

Target Population:

Children and their families receiving in out of home care including licensed child care centers and certified family care homes.

Funding:

DPH provides allocations to LHDs awarded funding through RFA process.

Staff/Provider Requirements:

- A Bachelor of Arts or Bachelor of Science degree from an accredited college or university;
- Registered Nurse; or
- A public health administrator

Training:

- Healthy Start in Childcare Consultants are required to complete an intensive training based on the standardized curriculum of the National Institute for Childcare Health Consultants.
- “Fundamentals of Effective Training” Seminar (15 hrs) which leads to a Kentucky Early Childhood Trainer’s Credential
- Required to attend the 1 day orientation course for Early Childhood Trainers as prerequisite for the Trainer’s Credential
Reporting Requirements:

Consultants shall complete monthly hardcopy reporting forms, Gentrac web-based data entry, and designated DPH reporting forms for program pilots such as asthma, obesity prevention, etc.

Service Description & Key Roles & Responsibilities Of Health Department:

To provide 1.0 FTE Consultant providing Child Care Health Consultants (CCHC) Program responsibilities below:

- Provide consultation to licensed child care centers and certified family homes on health, safety, nutrition, and social/emotional issues.
- Collaborate with the CCHC Technical Assistance Center (and DPH Central Office staff) who will act as a triage point/referral source and may call upon a Consultant to assist follow-up phone consultation or limited on-site consultation.
- Travel beyond county or district as necessary to assist in the consultation and training of licensed child care center or certified family homes in need of on-site consultation per the direction from LFHD Technical Assistants/Trainers, Central Office Staff, or through collaboration with other statewide Consultants.
- Collaborate with local Child Care Resource and Referral agencies to develop or enhance existing relationship to provide consultation and training to licensed child care centers and certified family homes.
- Have Early Care and Education Trainer’s Credential from the Division of Child Care and provide trainings and technical assistance to child care providers and other community partners as appropriate.
- Provide consultation to child care providers asking for assistance with social emotional issues. [Training and resources to be provided by the state CCHC Technical Assistance Center].
- Demonstrate knowledge of appropriate local referral agencies or other sources that could assist the child care provider or individual family’s needs with social and emotional issues. Make a follow up contact with both provider and referral source.
- Coordinate or participate in area meetings (face to face, teleconference, list serves, etc.) with surrounding early childhood professionals (CCR&R, CECC, ECMH Specialist, IMPACT RIAC, LIAC, etc) to collaborate training efforts within the CCHC Program, as well as with other child serving agencies.
- Assist with consultation and training in providing support for early care and education centers working toward a STARS rating or improving a STARS rating.
- Assist with consultation and referrals from the Office of Inspector General or Division of Regulated Child Care of centers and homes with deficiencies in health and safety.
- Attend quarterly trainings (at least 2 face to face) and mandatory training per Central Office staff.
• Complete web-based data reports and adhere to requirements for data entry by Central Office staff as revisions are made to improve the measurable outcomes for this program.

Services (Arranged and Paid) Include:

An awarded LHD receives funding based on RFA to provide statewide services for the program. Lexington Fayette County Health Department receives allocation to provide 2.0 FTE Technical Assistance/Trainers, 1.0 FTE Consultant and statewide program Helpline. Administrative duties provided under Eastern Kentucky University contract. Evaluation of program to be completed through university contract.

Adult Viral Hepatitis Prevention Coordinator (AVHPC) Program

The AVHPC Program provides the technical expertise necessary for the management and coordination of activities directed toward prevention of viral hepatitis infections and integration of viral hepatitis prevention services into healthcare settings and public health programs (e.g., STD, HIV, immunization, correctional health, substance abuse treatment, syringe exchange) that serve adults at risk for viral hepatitis.

Laws, Regulations, Guidelines: KRS 214.187 Statewide hepatitis C education, awareness, and information program, directs that DPH shall develop a statewide education, awareness, and information program on hepatitis C. The program may be incorporated into other existing health education programs.

Target Population: Serves all populations but especially those who have or who are at risk for: Sexually Transmitted Diseases (STD), Men who have sex with men (MSM), HIV/AIDS, and injection drug users (IDU). Settings include all health care facilities, corrections, Hemodialysis clinics, and long-term care facilities.

Funding: Funded by the Centers for Disease Control and Prevention (CDC-FOA PS08-80103CONT09). Adult Viral Hepatitis Prevention Coordinator is employed in the Cabinet for Health and Family Services, Kentucky Department for Public Health, Epidemiology and Health Planning Division.

Staff/Provider Requirements: Review the requirements for a health department registered nurse. Contact the Local Health Personnel Branch for clarification.

Training: Participate in continuing education efforts regarding viral hepatitis from the Kentucky Department for Public Health.

Reporting Requirements: DPH is required to periodically report to the Interim Joint Committee on Health and Welfare on the status of the "statewide Hepatitis C education, awareness, and information program. LHD staff will continue surveillance
efforts for acute hepatitis cases by reporting to Kentucky Department for Public Health Reportable Diseases section.

**Other Special Requirements:** Continue to offer counseling, screening, and testing referral to clients requesting information on viral hepatitis or clients who are in a high-risk population for viral hepatitis.

---

**Kentucky HIV/AIDS Branch**

**Laws, Regulations, Guidelines:**

The [Kentucky DPH HIV/AIDS Branch](#) assesses the current and future impact of HIV in Kentucky. The branch is composed of Surveillance, Prevention and Ryan White Part B Service programs.

The Surveillance section is responsible for the documentation and maintenance of the HIV/AIDS cases reported to them by HIV testing entities. State regulation 902 KAR 2:020, §13, requires testing facilities to report HIV and AIDS cases to the Kentucky Department for Public Health HIV/AIDS Surveillance section, within five (5) business days of diagnosis. The Prevention section provides HIV prevention services (such as testing, education, awareness, outreach and interventions) to those at risk for infection and technical assistance and expert support to trained professionals providing interventions.

The HIV/AIDS Continuing Education program follows KRS 214.605/610/620 by reviewing and approving continuing education courses required for most healthcare personnel. The Services program receives the Ryan White Treatment Extension Act, Part B Grant. The Ryan White Program (otherwise known as the Services Program) is a federal mandate that was created to address health care and service needs of People Living With HIV/AIDS (PLWH/A) disease. The intent of the Services program is to facilitate the provision of quality care and services to PLWH/A disease in a timely manner that is consistent across a continuum of care. These services are mainly provided via a network of programs established at local health departments, local clinics and community based organizations in various regions of the state.

Other statutes regarding testing and confidentiality issues are dictated by:

- [KRS 214.181](#) (General consent to testing for HIV – Emergency procedures -- Disclosures of test results -- Voluntary testing programs in each county.)
- [KRS 214.625](#) (Consent for medical procedures and tests including HIV infection -- Physician's responsibility -- Confidentiality of results -- Exceptions -- Disclosure -- Network of voluntary HIV testing programs)
- [KRS 214.995](#) (Penalties for disclosure of HIV test results or identity of person upon whom test is performed)
**KRS 218A.500 65** (local health departments may operate a substance abuse treatment outreach program which allows participants to exchange hypodermic needles and syringes)

**KRS 438.250** (Mandatory testing for HIV, hepatitis B and C, tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions -- Effect of refusal to be tested – Costs)

**KRS 510.320** (HIV testing for defendants accused of certain sexual offenses -- Results -- Counseling when test positive -- Cost -- Effect of appeal)

**KRS 529.090** (Person convicted required to submit to screening for HIV infection -- Prostitution or procuring prostitution with knowledge of sexually transmitted disease or HIV)

**KRS 635.110** (HIV testing for juveniles accused of certain sexual offenses -- Results -- Counseling when test positive)

**Target Population:**

The HIV/AIDS Branch serves all citizens of the Commonwealth by providing education and resources to ensure that:

- All people at risk for HIV infection know their sero-status;
- Those who are not infected with HIV remain uninfected;
- Those infected with HIV do not transmit HIV to others;
- Health department personnel, health educators, nurses, allied health professionals, counselors, case managers, social service and other community-based agency staff, HIV/AIDS educators, mental health and substance abuse counselors, social workers, teachers, and HIV/STD counseling and testing personnel attain needed training and skills for provision of timely and quality services to populations impacted by HIV disease.

**Funding:**

The programs within the HIV/AIDS Branch are predominately federally funded from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Contracts and Memoranda of Agreements are negotiated with various Community Based Organizations, Universities and Local Health Departments to provide HIV/AIDS Prevention, Surveillance and Services throughout the state.

**Training:**

- All HIV/AIDS Branch staff and others conducting HIV testing are required to complete the Fundamentals of HIV Prevention Counseling and Testing course.
- Most healthcare professionals licensed in the Commonwealth of Kentucky are required to receive specific continuing education on HIV/AIDS; certified by the HIV/AIDS Continuing Education program per KRS 214.605/610/620.
The HIV/AIDS Prevention Program:
- Reports client demographics and encounters through the EvaluationWeb database. All contractors provide client data to the Prevention team, who inputs the information into EvaluationWeb.
- Receives HIV test forms from all counseling and testing sites, including local health departments.
- All prevention contractors provide linkage to care information on a secure SharePoint.

The HIV/AIDS Services Program: Reports client demographic and service utilization through the CAREWare Database.

The HIV/AIDS Surveillance Program: Reports HIV and AIDS cases by way of the CDC enhanced HIV/AIDS Reporting System (eHARS) Database (see key roles and responsibilities of Local Health Departments)

Billing and Coding Procedures Specific to the Program:

The HIV/AIDS branch does not charge a fee for service. HIV/AIDS programs will be provided without regard to religion, race, color, national origin, sexual orientation, disability, age, sex, number of pregnancies or marital status.

Other Special Requirements:
The HIV/AIDS branch follows 42 CFR 59.11 in regards to confidentiality.

Advisory Council Requirement:
The Kentucky HIV/AIDS Planning and Advisory Council (KHPAC) is a body appointed by the Governor to carry out the provisions of KRS 214.640, the Centers for Disease Control and Prevention’s HIV Prevention Community Planning Guidance, and the Health Resources and Services Administration’s Planning Bodies Manual. KHPAC works in collaboration with the HIV/AIDS Branch of the Kentucky Department for Public Health to advise regarding HIV/AIDS Prevention activities, Services and policies designed to meet the needs of the people of the Commonwealth of Kentucky.

KHPAC consists of the commissioners of the departments for Public Health and Medicaid Services and 28 appointed members who represent HIV/AIDS stakeholders, including people living with HIV/AIDS, high-risk populations, AIDS service providers, HIV/AIDS prevention workers, mental health providers, community-based organizations and friends and family of people living with HIV/AIDS.
All Kentucky LHDs shall:

Collaborate with the HIV/AIDS Prevention Program to:

- Provide information on HIV which shall include but not be limited to methods of transmission and prevention and appropriate behavior and attitude change. ("What You Should Know about HIV/AIDS" [and in Spanish] available on the HIV/AID Branch webpage)
- Provide anonymous and confidential HIV/AIDS testing
- Provide pre and post-test Counseling and Testing
- Provide Partner Counseling and Referral Services (PCRS) for the sex and needle sharing partners of persons who test positive for HIV
- Submit HIV test forms to the HIV/AIDS Prevention section on a monthly basis.

Collaborate with the HIV/AIDS Surveillance Program to:

- Report all HIV and AIDS cases as mandated by Kentucky Communicable Disease Reporting Regulations (902 KAR 2:020, §13). Kentucky requires HIV to be reported by Name, along with Sex, Race/Ethnicity, Risk Factor, as identified by CDC, County of Residence, Name of Facility submitting report, Date and Type of HIV Test performed, results of CD4+ cell count and CD4+% results of Viral Load testing, PCR, HIV culture, HIV antigen, if performed, information for HIV.
- Report HIV and AIDS cases to only two sites throughout Kentucky (1.) the Louisville Metro Health Department-902 KAR 2:020, §13(3) states that HIV/AIDS reports for residents of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Louisville Metro Health Department (i.e., satellite office) and (2.) the Kentucky Department for Public Health in Frankfort- Cases from all other Kentucky counties of residence are reported to the Kentucky HIV/AIDS Surveillance section in Frankfort.
- Know how to report a case, how to ascertain a client's risk factor and the latest HIV/AIDS Statistics. This information may be found on the HIV/AIDS Branch Reporting and Statistics webpage

Collaborate with the HIV/AIDS Ryan White Part B Services Program to:

- Refer all individuals testing positive for HIV, to the respective Ryan White funded Care Coordinator Region.

Kentucky HIV/AIDS Care Coordinator Program (KHCCP) - Client Eligibility Guidelines:

Clients applying for eligibility for the Kentucky HIV/AIDS Care Coordinator Program (KCCP), the Kentucky AIDS Drug Assistance Program (KADAP) and/or the Kentucky Health Insurance Continuation Program (KHICP) must meet all of the following:
1. Household Income – The income of ALL individuals over the age of 15 (e.g., the client, a spouse, partner, or family/non-family members that reside together) that occupy a single residence are included in the household income. The income MUST be verified.

EXCEPTION: If an individual does not directly contribute toward the daily living expenses of the other people within the residence (i.e. someone who rents a room, apartment, house, etc. and pays his/her own bills and living expenses separate from the other people that occupy that room, apartment, house, etc.).

Individuals must be at or below 500% of the federal poverty level, adjusted for family size. Income must be verified by one of the following:
- Two (2) most recent pay stubs;
- Most recent W-2 Forms; or
- Award letter from Social Security Disability/Supplemental Security Income;
- Check stub from Social Security Disability/Supplemental Security Income; or
- A signed statement of no income (for client(s) who report having no income. Individuals having no income must state how he/she is meeting the needs of daily living.

2. Be HIV positive: Provide complete name-linked verification of HIV+ status within 30 days of initiating the initial interview. The following items may be used to verify HIV status:
- Positive confidential Western Blot test result; or
- Using the medical documentation form, obtain a signed and dated written statement from a medical care provider; or
- A Counseling and Testing counselor may sign and verify HIV status; or
- A discharge summary or other hospital record that verifies diagnosis; or
- Medicaid or Social Security document that verifies diagnosis.

3. Be a current resident of the state of Kentucky verified by one of the following, and client verification MUST match the home address record:
- Valid Kentucky driver’s license or state identification card;
- Copy of a signed lease agreement;
- Current utility bill; or
- Statement from the person providing room and board.

4. Sign and date the Informed Participation Agreement form and the agency’s Release of Information form.

5. Provide sufficient factual information to complete the initial Intake and Assessment form within 30 days of the initial review.

6. Agree to participate in the development of the Individualized Care Plan (ICP):
- Client to cooperate with the interventions, goals, and objectives of the plan; and
- Agree to abide by the established guidelines for conduct.
7. Provide documentation of health insurance including Medicaid/Medicare and Private health coverage, if applicable. Eligibility for KHICP must meet all of the following criteria:

- Meet all of the program eligibility requirements listed above.
- Have had health insurance for at least six (6) months prior to applying for the KHICP or be eligible for COBRA.
- Must have a prescription rider as part of their health insurance policy.
- All covered members must be HIV Positive.

8. Clients must provide a copy of a current receipt or current bill to be eligible for any/all financial assistance from KCCP.

9. Incarcerated Individuals who are incarcerated for a period not to exceed 30 days may remain eligible for the KCCP. Clients who are incarcerated for a period greater than 30 days will be documented closed in the client’s file and will not be eligible for any care coordinator services during the period they are incarcerated.

A client may re-apply for the KCCP once released from jail/prison or within 30 days of release date. If re-application is approved, client will be eligible for services upon being released from incarceration. The client must provide documentation of residency before eligibility for any monetary assistance (other than case management).

10. KHCCP is largely a federally funded program and is considered the payor of last resort. Financial assistance is NOT guaranteed. Funding is limited and services may be terminated without cause.

11. Falsification of any information/documentation by any client is grounds for immediate termination without the possibility of reinstatement.

Reinstatement Policy:

Clients who have been dismissed from the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) have the right to reapply to the KHCCP six (6) months after the date of their dismissal, not including the exceptions noted below. It is the client’s responsibility to make contact with their respective Care Coordinator Region in order to reapply for the KHCCP after the six (6) month period. Once the client is reinstated into the KHCCP, if, at any time, the client does not adhere to his/her responsibilities outlined within the KHCCP Informed Participation Agreement and the Client Responsibilities Agreement, the client will be dismissed from the KHCCP for a period of one (1) year.

The client may, once again, reapply to the KHCCP by contacting their respective Care Coordinator Region one (1) year from the date of dismissal. Clients must meet all of the eligibility criteria and provide the necessary documentation in order to be
considered, at any time, for participation in the KHCCP. If at any time the client does not adhere to his/her responsibilities as outlined within the KHCCP Informed Participation agreement and the Client Responsibilities Agreement, the client will be terminated indefinitely from the KHCCP without the possibility of reinstatement.

**Exceptions to the Reinstatement Guidelines:**

Reinstatement guidelines do not apply to those incidents in which:

- Clients have become physically abusive or made direct or indirect threats to harm any staff within the Kentucky HIV/AIDS Care Coordinator Program (KHCCP), and
- Clients have falsified documentation or information related to their eligibility for the KHCCP.

---

**IMMUNIZATION SERVICES FOR THE VACCINE FOR CHILDREN PROGRAM (VFC) AND DPH (STATE) SUPPLIED VACCINES**

The Immunization Program encourages the LHDs to provide immunizations and immunization education to promote the health of Kentuckians by decreasing the incidence of vaccine preventable diseases.  

KRS 214.034, KRS 214.036, 902 KAR 2:060

LHDs should provide or assure immunization services to their community: administration of vaccinations according to the ACIP guidelines and provision of immunization education to patients which would include counseling on risk benefits, side effects, and the importance of completing the series if applicable, immunization education to other healthcare personnel which would include latest recommendations and contraindications, and immunization outreach activities to include off site vaccination clinics, if able to do so, to further reduce barriers to vaccination for the community. Additionally, LHDs shall investigate and report cases of vaccine preventable diseases according to state and DPH requirements.

**Vaccine for Children’s Program (VFC):**

VFC eligibility provides vaccines for Medicaid-eligible, American Indian or Alaska Native, or uninsured children from birth through 18 years of age. **Underinsured have health insurance that does not pay for vaccinations.** To be supported with VFC-funded vaccine, underinsured children must be vaccinated at a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a LHD deputized by a FQHC. The Immunization Program may also distribute vaccines purchased with federal 317 funds, state funds, or other monies.
Eligibility is based on federal statutory (42 U.S.C. 1396s) and state regulatory (907 KAR 1:680) requirements, childhood and adolescent immunization recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (ACIP), state and federal funding, and the availability of the vaccine through the Immunization Program. Parents of children covered by insurance should be counseled to seek vaccinations from their child’s private health care provider as determined by their health insurance plan.

A record of patient eligibility of all children from birth through 18 years of age (i.e., less than 19 years) who receive state-supplied vaccine must be kept at the LHD. LHDs must document patient eligibility screening on the Patient Services Reporting System (PSRS) as outlined in the Administrative Reference (AR). Eligibility screening must take place with each visit to ensure the child’s eligibility status has not changed. Effective January 1, 2018, eligibility must be documented in KY WebIZ. Contact the Kentucky Immunization Registry (KYIR) to obtain access to KY WebIZ or receive KYIR helpdesk assistance. All vaccines procured through the VFC program must be administered according to the guidelines outlined by the ACIP in the VFC resolutions.

State-Supplied Vaccines through the DPH Immunization Program

Available for those LHD clients from birth through 18 years of age (under 19) at no cost, EXCEPT as provided for under “Adults, Outbreak Control and Special Situations,” in this section. The use of state-supplied vaccine for adults 19 years of age and older is not authorized. Eligibility is based on federal statutory (42 U.S.C. 1396s) and state regulatory (907 KAR 1:680) requirements, childhood and adolescent immunization recommendations of the United States Public Health Service’s Advisory Committee on Immunization Practices (ACIP), state and federal funding, and the availability of the vaccine through the Immunization Program.

LHD should not immunize private health insurance patients to avoid a missed opportunity. Privately insured patients presenting at an LHD should be counseled to seek vaccinations from their child’s private health care provider as covered by their health insurance plan. The Immunization Program is not funded to provide routine vaccination of children with health insurance that covers vaccinations. Should an LHD choose to immunize an insured patient they should do so with LHD purchased vaccine only and not VFC.

Children enrolled in Kentucky Children’s Health Insurance Program (KCHIP) Phase III are not VFC-eligible because they are neither Medicaid-eligible nor uninsured. However, the DPH entered into an agreement with the Department for Medicaid Services (DMS) to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III program. Therefore, KCHIP providers, who are also VFC providers, may serve KCHIP Phase III recipients with KCHIP vaccines supplied through the Immunization Program. Providers must bill KCHIP for the administration fee.
LHD clients from birth through 18 years of age (less than 19) must be screened at each visit to determine the eligibility category for state-supplied vaccine by referring to the following criteria:

- Is individual enrolled in Medicaid or a Managed Care Organization;
- Individual does not have health insurance or is uninsured;
- Is individual an American Indian or Alaska Native;
- Is individual underinsured or has health insurance that does not pay for vaccinations;
- A child who has health insurance, but the coverage does not cover vaccines is underinsured; or
- A child whose insurance covers only selected vaccines. VFC-eligible for non-covered vaccines only; or
- A child whose health insurance caps coverage at a certain financial amount and that level has been met so the insurance no longer covers vaccines.

Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Center (RHC) or under an approved deputization agreement at a local health department. As a reminder, any patient with private health insurance with a deductible is NOT eligible for VFC vaccine unless the plan does not pay for the vaccine regardless of deductible.

**State-Supplied Vaccines** are subject to availability. As with VFC eligible recipients, a record of client/patient eligibility of all children from birth through 18 years of age (less than 19) who receive state-supplied vaccine must be kept at the LHD. LHDs must document patient eligibility screening on the Patient Services Reporting System (PSRS). Eligibility screening must take place with each visit to ensure the child’s eligibility status has not changed. Effective January 1, 2018, eligibility must be documented in **KY WebIZ**.

**Immunization Program Expectations**

LHDs will administer all vaccines necessary for entry and attendance to Kentucky primary or secondary schools (public or private), preschool programs, day care centers, certified family child care homes or other licensed facilities which care for children, in accordance with Kentucky Revised Statutes **KRS 158.035, KRS 158.037, KRS 158.160, KRS 214.034, KRS 214.036, KRS 214.990(5)**, and Kentucky Administrative Regulation **902 KAR 2:060**.

LHDs will provide or assure immunization services to their community using the following guidelines:

- Administration of vaccinations according to the ACIP guidelines and provision of immunization education to parents and/or patients, which would include counseling on risk benefits, side effects, and the importance of completing the series if applicable;
• Provide to patients or parents the current Vaccine Information Statement (VIS) for each vaccine administered;

• Immunization education to other healthcare personnel which would include latest recommendations and contraindications;

• Immunization outreach activities to include off site vaccination clinics, if able to do so, to further reduce barriers to vaccination for the community; and

• Investigate and report cases of vaccine preventable diseases according to state and DPH requirements.

VFC and State Supplies Vaccines should be handled and stored in accordance with the Food and Drug Administration (FDA)-approved package insert that is shipped with each product. Additional guidance for selected biologicals is contained in the CDC’s Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, included in the VFC manual distributed to each local health department (LHD).

Administer all vaccines necessary to comply with the current version of the ACIP Recommended Immunization Schedules including those vaccines needed for entry and attendance to Kentucky primary or secondary schools (public and private), preschool programs, child care centers, certified family child care homes or other licensed facilities which care for children, in accordance with Kentucky Revised Statutes KRS 158.035, KRS 158.037, KRS 158.160, KRS 214.034, KRS 214.036, KRS 214.990(5), and Kentucky Administrative Regulation 902 KAR 2:060.

Develop emergency procedures for protecting vaccine inventories in case of natural disasters or other emergencies. Such emergency procedures should include: emergency backup power generation or identifying an alternate storage facility with back-up power where vaccine can be properly stored and monitored; ensuring the availability of staff to pack and move vaccine; maintaining appropriate packing materials; and, ensuring a means of transport for the vaccine to a secure storage facility. Guidelines for developing clinic specific procedures for the protection of vaccine inventories before and during emergency conditions may be found in the CDC’s Vaccine Storage and Handling Toolkit.

Establish Immunization Linkage interventions to ensure children are properly immunized. Utilize KY WebIZ to generate “Reminder and Recall lists” for parent and/or patient notification. Develop a policy to provide programmatic direction for the prevention of fraud and abuse in the utilization of state-supplied, VFC funded vaccine, 42 U.S.C. 1396s, KRS 205.520, KRS 205.8453, 907 KAR 1:675, 907 KAR 1:680.
**Staff Requirements for the Administering, Storage and Handling of Vaccine:**

- Establish and maintain protocols for vaccine administration signed by the LHD Medical Authority.
- Nurses with current Kentucky license who are proficient in administering immunizations both orally and by injections.
- LHDs are responsible for the proper maintenance of their vaccine inventory and for ordering vaccine in the appropriate amounts. It is recommended that providers calculate the amount of vaccine they generally use in a 30 to 60 day period, and use that figure as a basis for reordering vaccine. To avoid shortages, providers should always order vaccines at least 30 days in advance of inventory depletion. Providers must utilize KY WebIZ for vaccine inventory management and submit VFC vaccine orders and returns through the inventory ordering module.
- LHDs should develop emergency procedures for protecting vaccine inventories in case of natural disasters or other emergencies. Such emergency procedures should include: emergency backup power generation or identifying an alternate storage facility with back-up power where vaccine can be properly stored and monitored; ensuring the availability of staff to pack and move vaccine; maintaining appropriate packing materials; and, ensuring a means of transport for the vaccine to a secure storage facility.
- Each LHD must designate a primary and back-up vaccine coordinators in the clinic to be responsible for maintaining an adequate supply of potent vaccines. The vaccine coordinators should be familiar with all aspects of vaccine storage and handling, including knowing how to handle vaccines when they arrive, how to properly record refrigerator and freezer temperatures, and what to do in case of an equipment problem or power outage. Vaccine coordinators must receive annual training on vaccine storage and handling.
- Stand-alone refrigerators and freezers are required for vaccine storage. A “Do Not Unplug” warning sticker must be placed on the storage unit and next to the electrical outlets for each vaccine storage refrigerator or freezer. A digital data logging thermometer with an external, detachable probe in glycol must be in every refrigerator and freezer that contains VFC and state-supplied vaccine. A back-up digital data logging thermometer should be available but not in use.
- The temperature of the refrigerator and freezer where vaccine is stored should be checked and recorded on the Kentucky Immunization Program (KIP)-supplied temperature log at least twice daily. Preferably, the temperature should be checked in the morning when the office opens and again at the end of the day when the office closes. Minimum and maximum temperatures must be recorded each morning on the temperature log for each vaccine storage unit. Temperature logs should be kept for at least three years. As the refrigerator ages, clinics can track recurring problems.
• Vaccine found to be stored out of recommended temperature range should immediately be quarantined and placed in appropriate conditions. Check the condition of the unit for problems. Are the seals tight? Is there excessive lint or dust on the coils? Call maintenance or a repair person if the temperature is still out of range. Contact vaccine manufacturers to determine vaccine viability. Complete the Storage and Handling Incident Report and send to KIP.

• Any incident which may question vaccine stability, including incidents of improper vaccine handling and storage, must be reported to the designated KIP Field Representative or to the state KIP office at (502) 564-4478.

• LHDs may be required to reimburse the Kentucky Immunization Program (KIP) dose for dose for vaccines that are wasted or expired. Review the Restitution Policy for more information.

• Require familiarity with immunization recommendations and references.
  - Recommended Vaccines by Disease
  - Immunization Education and Training
  - CDC’s, “You Call The Shots”, web-based training
  - CDC: Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book)
  - CDC Vaccine Videos and Webcasts
  - CDC Vaccines and Immunizations
  - CDC Guidelines and Publications for Immunization Managers

• CDC: YouTube Streaming Health

• All ACIP routinely recommended childhood and adolescent vaccines are published by the CDC in the Recommended Childhood and Adolescent Immunization Schedules – United States.

Adults, Outbreak Control and Special Situations

• The DPH Immunization Program is not funded to provide for routine vaccination of adults aged 19 years and older. However, the DPH Immunization Program may initiate supply of vaccine and immune globulin for adult disease intervention and other special situations or projects.

• Request for vaccine and immune globulin to support adult vaccination of patients not specifically identified above as eligible needs to be made to DPH Immunization Program and will need to be accompanied by written justification of need and plan of action. LHDs engaged in routine vaccination of adults should do so with LHD-purchased vaccine.

• State-supplied hepatitis B vaccine may also be given to susceptible adult household, sexual, and needle sharing contacts of hepatitis B surface antigen
(HBsAg)-positive pregnant women who have been reported to the DPH Immunization Program as a perinatal hepatitis B prevention case.

**Perinatal Hepatitis B Prevention and Reporting**

*KRS 214.160 (7)* has required the screening of pregnant women for hepatitis B virus since 1998. Screening for hepatitis B surface antigen (HBsAg) is one of several required blood tests performed at the initial prenatal visit. If the woman is high risk for contracting hepatitis B virus infection, the serological testing should be repeated in the last trimester.

Health Care professionals and health care facilities are required by regulation, *902 KAR 2:020*, to report HBsAg-positive pregnant women and children born to those women.

- Kentucky Reportable Disease form (*EPID 200*): This form is used to report all vaccine preventable diseases and other diseases reportable in Kentucky per 902 KAR 2:020
- Kentucky Reportable Disease form for Hepatitis B Infection in Pregnant Women or Hepatitis B Infection in a Child – *EPID 394*. This form is used to report all pregnant women or children positive for Hepatitis B.
- Perinatal Hepatitis B Prevention Form for Infants – *EPID 399*: Used by hospitals to report vaccination status of newborn infants.

**Perinatal Hepatitis B Prevention Coordination**

LHDs shall have a designated person assigned to be responsible for the follow-up of prenatal women who test HBsAg-positive, their newborn infants, and household, sexual and needle-sharing contacts. The designated person at the local health department will work with private physicians and hospitals to coordinate the care and follow-up of these patients.

The designated person at the local health department will report to the State Perinatal hepatitis B Prevention Coordinator regularly with any current information on patients being case managed. The *EPID-395* form is the Kentucky Perinatal Hepatitis B Prevention Case Management Worksheet.

**Infants Born To HBsAg Positive Women**

Administration of hepatitis B immune globulin, hepatitis B vaccine, and follow-up testing should be conducted in accordance with the most current recommendations of the CDC *Advisory Committee on Immunization Practices* (ACIP) and other guidance in the *Core Clinical Service Guide* (CCSG).
Allowable Expenditures
Immunization Services Cooperative Agreement Funding

Immunization Linkage Interventions Which Must be in Place to Ensure Children are Properly Immunized

The following interventions must be in place to ensure all children receiving services at a local health department (LHD) are properly immunized:

- Ensure immunization data for all children is collected and entered into KY regardless of whether the child receives immunization services from a primary care physician or LHD.
- When scheduling appointments, advise parents/caretakers of each infant and child under the age of two (2) that immunization records are requested as part of the health screening process. Explain to the parent/caretaker the importance of ensuring that infants/children are up to date on immunizations. Assure applicants for WIC services that immunization records are not required to obtain WIC benefits.
- Use KY WebIZ for prescreening infants and children who have been scheduled for upcoming visits/services.
- Screen the immunization status of each infant/child at the initial visit and all subsequent visits. The screening must be done by using a documented record, which is either computerized or paper and includes recorded vaccination dates. Examples of a documented record are:
  - A hand-held immunization record from the provider
  - An immunization registry
  - An automated data system, or
  - A medical record
- Immunizations may only be shared in accordance to HIPAA regulations or state law. Immunization records may be disclosed to another provider as part of treatment without a written disclosure from the patient. Additional related information can be found on the HIPAA and Access to Patient Records during AFIX and VFC Visits webpage and at 902 KAR 2:055. HIPAA information regarding a covered health care provider disclosing proof of immunizations about a student or prospective student can be found in the AR, Medical Records Management Section under “Releasing Patient Information”.
- If the infant/child is under immunized:
  - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child; and
  - Provide referral for immunization services to the child’s usual source of medical care.
- If a documented immunization record is not provided by the parent/caretaker:
  - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
  - Provide referral for immunization services; and
- Encourage the parent/caretaker to bring the immunization record to the next certification visit.
- Use the Provider Self-Assessment Report in KY WebIZ to perform self-assessments of immunization coverage level status of children and adolescents.

**DPH Responsibility**

DPH will provide program management, guidance, federal grants and reporting coordination, relationships with CDC and vaccine partners, coordination with other state agencies/programs, required and optional trainings/staff development offerings, consultation for financial issues, quality monitoring and quality assurance.

**Reminder/Recall Policies**

The National Vaccine Advisory Committee developed a set of standards, in February 1992, as to what constitutes the most essential immunization policies and best practices. Research has demonstrated that systems used to remind patients, parents/guardians, and health care professionals when vaccinations are due, and to recall those who are overdue immunizations, improves vaccination coverage. The following are protocols regarding the implementation of immunization reminder/recall policies.

**Scheduling Appointments**

The local health departments must schedule the next immunization appointment upon completion of the current immunization encounter. Every effort shall be made to provide health services within (10) calendar days from a patient’s request for an appointment. Refer to “Appointment and Scheduling Requirements for Personal Health Services” in the AR: Local Health Operations Section.

**Reminder Protocol**

- At each immunization encounter, a written reminder shall be given to the patient or patient’s parent/guardian with the next scheduled immunization.
- Utilize the Reminder/Recall Report in KY WebIZ to generate lists of due or past due patients for immunizations. The list can be used in an auto-dialer, with a label maker, printed labels for post card printing, traditional phone calling, etc.
- A reminder card or telephone call must be executed in order to remind patient or patient’s parent/guardian of the next immunization appointment in advance.

  ▪ **FOR HEALTH DEPARTMENTS WITH AUTO DIALER:** Local health departments with Auto Dialer capabilities must utilize the system to prompt patient or patient’s parent/guardian regarding upcoming immunizations.
  ▪ **FOR HEALTH DEPARTMENTS WITHOUT AUTO DIALER:** Local health departments without Auto Dialer capabilities must utilize a manual reminder telephone call or card system.
Recall Protocol

- Attempts should be made to recall patients that miss immunization appointments by employing either a mailed card, telephone call, or other electronic method. A total of three documented attempts to reschedule the appointment should be made before classifying the patient as “moved or gone elsewhere” for immunization purposes.
- Health departments may obtain a missed appointment list daily to assist with this endeavor. If using the Patient Services Reporting System (PSRS) for appointment scheduling and you wish to have this report printed at your health department, contact Custom Data Processing, Inc. (CDP) at (866) 237-4814 or CustomerSupport@cdpehs.com; and request that Report 865 is run for your site(s). Report 864 will print labels for use in contacting these patients. See “Missed Appointment List and Labels” in PSRS section of the AR.
- Allow sufficient time to lapse before each attempted contact in order to give the patient or patient’s parent/guardian sufficient time to respond.
- Document each attempt including the date of attempt, method of contact, and the outcome.
- If the patient or patient’s parent/guardian does not respond to the three attempts, the child has “moved or gone elsewhere” for immunization coverage level assessment purposes. Document appropriately.

Kentucky Vaccine Program Fraud and Abuse Policy

Purpose: This document will outline the policy and procedures to prevent, detect, investigate, and resolve suspected fraud and abuse allegations for medical providers in the Kentucky Vaccine Program (KVP). The federal Vaccines for Children Program (VFC) is the largest part of the KVP.

Background: The Vaccines for Children (VFC) Program is a federally funded program that provides vaccine at no cost to children who are Medicaid-eligible, uninsured, American Indian/Alaskan Native, or who are underinsured and receiving immunizations at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or a local health department delegated by a FQHC or RHC. The cost and number of vaccines provided by the VFC Program and 317 Programs have increased dramatically over the past few years. With Kentucky receiving nearly $50 million in federal vaccine funds in 2017, it is imperative that the KVP have effective and enforceable policies and procedures against fraud and abuse to safeguard this significant investment.

Authority: KRS 205.8453(4) directs CHFS to institute other measures necessary or useful in controlling fraud and abuse. DPH is responsible for monitoring the utilization of services in the KY VFC Program and refers any concerns of fraud, abuse and/or waste to the Office of Inspector General (OIG) as the designated Single State Agency for the Kentucky Medicaid Program. Referrals outlining the potential fraud, abuse or waste will be forwarded to the OIG, Division of Audits & Investigations, Medicaid Preliminary Investigations (MPI) Branch. The MPI Branch will review complaints of
potential fraud, abuse and/or waste. The MPI Branch is responsible for referring any situations in which they have determined that fraud, abuse and/or waste may have occurred to an outside agency for further investigation and prosecution (i.e., the Kentucky Office of the Attorney General, Department of Insurance, U.S. Department of Health & Human Services, U.S. Office of the Attorney General, etc.).

**Fraud** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

**Abuse** is provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program. Abuse include actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse also includes recipient practices that result in unnecessary cost to the Medicaid program.

**Examples of Fraud and Abuse:**

This is not an exhaustive list of acts that may constitute fraud or abuse.

- Providing VFC vaccines to non-VFC eligible children;
- Selling or otherwise misdirecting VFC vaccine;
- Billing a patient or third party for the VFC-funded vaccine;
- Charging more than the established maximum regional charge for administration of a VFC-funded vaccine to a federal vaccine-eligible child;
- Denying VFC-eligible children VFC-funded vaccine because of parents’ inability to pay the administration fee;
- Failing to implement provider enrollment requirements of the VFC program;
- Failing to screen patients for VFC eligibility at every visit;
- Failing to maintain VFC records and complying with other requirements of the VFC Program;
- Failing to fully account for VFC vaccine;
- Failing to properly store and handle VFC vaccine;
- Ordering VFC vaccine in quantities or patterns that do not match the provider’s profile or otherwise over-ordering of VFC doses of vaccine;
- Wasting of VFC vaccine (e.g., expiring vaccine, ordering too many doses of vaccines, storing or transporting vaccines outside of cold chain procedures, lost or unaccounted for doses, etc.)

**Fraud and Abuse Contact Persons:**

- The following DPH state staff will have the authority to make decisions about where potential fraud/abuse situations are to be referred, make the referral, and notify the appropriate governmental agencies (e.g., CDC, state Medicaid and others as appropriate).
• Telephone number for reporting Fraud and Abuse: (502) 564-4478. Reports may be made on business day, Monday through Friday, from 8:00 AM – 4:30 PM (Eastern Time). Ask to speak with the Fraud and Abuse Coordinator for the Kentucky Vaccine Program or if not available, the Back-up Coordinator.

**Preventing Fraud and Abuse:**
The following activities are part of the VFC Program’s daily operations to prevent instances of fraud and abuse.

• Upon enrollment into the VFC Program, new immunization providers will receive an educational training session from the Immunization Field Staff to explain the VFC Program in detail. Providers will be educated about the purpose, eligibility requirements, and VFC program requirements.

• All providers who participate in the VFC Program are required to submit a completed Provider Profile and signed Provider Enrollment form before they can receive vaccine. Providers must update these forms as needed, but at least annually, to continue to receive vaccine. The Provider Enrollment form outlines the requirements with which providers must comply to participate in the VFC Program. By signing the Provider Enrollment form, providers certify that they will comply with the VFC Program requirements.

• The vaccine accountability staff review all incoming vaccine orders and reports of doses administered. Vaccine accountability staff address any inconsistencies on these reports (e.g., ordering more vaccine than is usually ordered, reports of wasted/expired vaccine) quickly, and adjustments are made as appropriate.

• Providers may have to reimburse the Immunization Program dose for dose for any vaccines that cannot be accounted for, or are spoiled, expired or are deemed preventable losses. Providers are required to develop corrective action plans and submit proof of replacement vaccine and administration to VFC-eligible patients.

• Site visits are conducted at least once every 24 months. Immunization Field Staff inspect for any indications of fraud or abuse during their reviews, and they continue to follow-up on any deficiencies until improvements are made and maintained.

• Immunization Field Staff conducts additional site visits if providers have vaccine storage and handling problems or other problems and follow-up with the providers until improvements are made and maintained.

• **As a quality assurance measure, VFC staff will review the List of Excluded Individuals and Entities list located at http://exclusions.oig.hhs.gov/, prior to allowing new VFC providers on the program and yearly when updated enrollment forms are received. The list is used to identify parties excluded from participation in federal health care programs. Any VFC enrolled provider that newly appears on the exclusion list will be immediately suspended from the VFC Program and any VFC vaccine in inventory will be retrieved by KIP staff.**
Detecting, Investigating, Reporting, and Resolving Fraud and Abuse:

Instances of potential fraud and abuse are often reported as complaints or referrals from outside sources, regarding a provider who has inappropriately used vaccines or billed Medicaid or private insurers for the cost of VFC vaccines. Instances of potential fraud and abuse might also be detected during review of providers’ vaccine orders or during Assessment, Feedback, Incentives, eXchange program AFIX/VFC site visits.

Contact DPH KIP staff to discuss instances of suspected fraud and abuse. LHDs need to call (502) 564-4478 and speak with the Immunization Program Manager or if unavailable, as to speak with the Division of Epidemiology and Health Planning Director or Assistant Director.

As determined by KIP staff, if an instance of fraud and abuse is determined to result from an excusable lack of knowledge or misunderstanding of the VFC Program requirements, the VFC Coordinator will implement a corrective action plan (CAP) and attempt to resolve the situation with KIP staff. This determination would be made on a case-by-case basis, depending on such factors as:

- The amount of money lost;
- Inadvertent financial gain by the provider;
- How the incident was identified;
- Length of time the incident was occurring;
- Provider’s willingness to replace the lost VFC vaccine; and
- The willingness of the provider’s staff to participate in the educational referrals and post-education follow-ups.

If an instance of fraud and abuse is determined to be intentional or is not able to be resolved by KIP staff, the following information will be collected:

- Medical Provider’s name and Medicaid ID;
- Address;
- Date allegation reported to program;
- Description of suspected misconduct;
- Specific VFC requirements violated;
- Value of vaccine involved;
- Success of educational intervention;
- Disposition (e.g., closed, referred, or entered into education process) of case and date of disposition.

If a VFC Provider’s actions are determined to constitute fraud or abuse the provider may be required to reimburse vaccine or other costs; may be terminated from the VFC Program and have his/her name added to the KIP excluded provider list; and/or may be referred for criminal prosecution. If a VFC provider’s actions are determined to not constitute intentional fraud or abuse, the provider would receive education and follow-up from the Kentucky Immunization Program staff until the situation is resolved.
External Referral Contacts for Potential Fraud:

A suspected instance of fraud or abuse that is determined to be intentional or is not able to be resolved by KIP staff will be referred to the Centers for Medicare & Medicaid Services (CMS); Kentucky Medicaid program; and the Centers for Disease Control and Prevention (CDC) contacts within five (5) working days. In addition to the above-mentioned information, Kentucky Immunization Program staff will gather and provide any additional information requested by Medicaid/CDC.

Quality Assurance Onsite Reviews:

Kentucky Immunization Program (KIP) staff complete onsite program reviews at each LHD at least once every 24 months. KIP staff conduct these visits to assist in identifying possible areas for improvement and to assure immunizations are administered in accordance with the guidance from the Center for Disease Control and Prevention (CDC), KY Department for Public Health Immunization Program Standards and applicable statutes and regulations.

During the onsite review, immunization records of children 24-35 months of age are assessed for appropriate vaccination coverage. The reviewer collects data regarding immunizations administered to determine the immunization coverage rate for the LHD. This review also provides information regarding the standard immunization practice of the LHD (i.e. patients are scheduled for an immunization visit only, immunizations are provided with other scheduled services, follow up is performed for missed immunization appointments, etc.).

Reviewers will assess vaccine storage equipment to assure the LHD is following proper procedures for storing vaccines. When the reviewer discovers issues/concerns, education and guidance will be provided to assist the agency in becoming compliant with the Immunization Program’s vaccine storage and handling guidelines. Immunization educational material, updates, and resources from CDC and other reputable sites will be provided at each visit.

LHD Quality Assurance

All LHDs providing DPH program services commit to carrying out initiatives that are consistent with program standards, guidelines and applicable federal and state regulations.

REPORTING AND PREVENTION OF PERINATAL HEPATITIS B

Testing and Screening: KRS 214.160 (7) has required the screening of pregnant women for Hepatitis B since 1998. Screening for Hepatitis B surface antigen (HBsAg) is one of several required blood tests performed at the initial prenatal visit. If the woman is high risk for contracting Hepatitis B, the serological testing should be repeated in the last trimester.
**Reporting Requirements:** Health Care professionals and health care facilities are required by regulation [902 KAR 2:020](#) to report HBsAg-positive pregnant women and children born to these women.

Kentucky Disease Surveillance requires priority reporting: report to the local health department or the state Department for Public Health within 1 business day of the identification of a case or suspected case.

Epidemiology reports required:

- Kentucky Reportable Disease form ([EPID 200](#)): This form is used to report all vaccine preventable diseases and other diseases reportable in Kentucky per 902 KAR 2:020

- Kentucky Reportable Disease form for Hepatitis B Infection in Pregnant Women or Hepatitis B Infection in a Child – [EPID 394](#). This form is used to report all pregnant women or children positive for Hepatitis B.

- Perinatal Hepatitis B Prevention Form for Infants – [EPID 399](#): Used by hospitals to report vaccination status of newborn infants.

**Perinatal Hepatitis B Prevention Coordination**

The Department for Public Health’s Immunization Program will have a person designated as the State Perinatal Hepatitis B Prevention Coordinator. The State Perinatal Hepatitis B Prevention Coordinator will be responsible for maintaining a state-wide registry of children born to HBsAg positive mothers throughout the state. The State Perinatal Hepatitis B Prevention Coordinator will provide technical assistance to local health department Perinatal Hepatitis B Prevention Coordinators throughout the state.

Local Health Departments **shall** have a designated person assigned to be responsible for the follow-up of prenatal women who test HBsAg-positive, their newborn infants, and household, sexual and needle-sharing contacts. The designated person at the local health department will work with private physicians and hospitals to coordinate the care and follow-up of these clients. The designated person at the local health department will report to the State Perinatal Hepatitis B Prevention Coordinator regularly with any current information on clients being case managed.

**Infants Born To HBsAg Positive Women**

Vaccination and testing for HBsAg and anti-HBs should be conducted in accordance with the most current recommendations of the Advisory Committee on Immunization Practices (ACIP) for Hepatitis B Vaccine.

Infants born to women who are HBsAg-positive will receive Hepatitis B Immune Globulin (HBIG) and three doses of Hepatitis B vaccine in accordance with current recommendations of the ACIP.
The HBIG and the first dose of Hepatitis B vaccine will be administered when the infant is physiologically stable (usually at the birthing facilities), preferably within 12 hours of birth. These infants will be case managed to assure that immunoprophylaxis and post-vaccine testing are continued and completed in a timely manner.

The infants will be tested for HBsAg and anti-HBs three to nine months after the completion of the vaccine series to determine the success of the therapy. The three to nine months after the completion of the vaccine series determine the success for the therapy. In case of therapy failure, these tests will identify infants positive for the virus or those requiring re-vaccination.

Re-Vaccination: Infants negative for anti-HBs and HBsAg should receive a complete second series of Hepatitis B vaccine and retest for HBsAg and anti-HBs one month after the last dose. If the infant continues to be negative for anti-HBs, the infant is considered to be a non-responder.

Healthcare-Associated Infection (HAI) - Kentucky State and Regional Infection Prevention and Epidemiology (K-STRiPE)

Laws, Regulations, Guidelines:

902 KAR 2:020. Reportable disease surveillance

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), 211.180(1), 214.010

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180(1) requires the CHFS to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician, advanced practice registered nurse, and every head of family to notify the LHD of the existence of diseases and conditions designated by administrative regulation of the cabinet. This administrative regulation establishes notification standards and specifies the diseases requiring immediate, urgent, priority, routine, or general notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth.

The regulation mandated that healthcare-associated infections (HAI) are reportable to the state health department. This occurs in several areas, multidrug-resistant organisms (MDRO), outbreaks, and from the National Healthcare Safety Network (NHSN). Targeted MDROs shall be reported through electronic laboratory records (ELR) as defined in the regulation and within five business days.
Any outbreak of an HAI, e.g., two like organisms epidemiologically linked by person, place, and/or time shall be reported immediately. NHSN HAI event data, as defined by the Centers for Medicare and Medicaid Services (CMS) Quality reporting program, shall be reported.

**Target Population:**

The following is a list of licensed healthcare facilities in Kentucky that are part of the target population for the HAI Prevention Program:

- 117 Hospitals that include Acute Care, Long-Term Acute Care, In-Patient Psychiatric, In-Patient Rehabilitation, and Critical Access Hospitals.
- 320 Long-Term Care facilities including Nursing Homes.
- 40 Ambulatory Surgical Centers
- 120 End Stage Renal Disease Facilities

**Funding:**

The HAI Prevention Program is reliant on federal grant funding. Funding is for a 12 month period from August 1st through July 31st each year and part of a five year continuation grant.

Epidemiology and Laboratory Capacity for Infectious Disease  
National Center for Emerging & Zoonotic Infectious Diseases  
Centers for Disease Prevention and Control  
Department for Health and Human Services  
CK14-140104PPHF

**Staff/Provider Requirements:**

- **HAI Coordinator/Manager:** The staff/personnel who will perform the duties of the HAI Program Manager must be a Registered Nurse, licensed in Kentucky, who is a graduate of an accredited college or university with a Bachelor of Science of Nursing or higher degree in Nursing or related field. Certification in Infection Control from the Certification Board for Infection Control and Epidemiology and at least three years of experience in the last five years as an Infection Preventionist is required.
- **HAI Program Manager:** Will have a valid Kentucky Nursing license and valid Kentucky driver’s license.

**Training:**

A Registered Nurse in the State of Kentucky must obtain 15 CEs (continuing education units) each year for renewal of a valid license. Keeps up-to-date on the latest medical and nursing literature and advances about HAI prevention and control strategies by reviewing books, pamphlets, journals and other professional materials

**Reporting Requirements:**
The HAI Prevention Program shall provide required reports and performance measures to the grantor on the prescribed schedule as outlined in the yearly funding opportunity notice.

**Program Specific Requirements:**

Maintain the required multidisciplinary statewide advisory committee, Kentucky-State Regional Infection Control and Epidemiology (K-STRIPE). Membership should include key stakeholders and partners from across the state. Current members include the following:

- The Kentucky Hospital Association
- Qsource (Quality Improvement Organization for Kentucky)
- University of Louisville, Infectious Disease Department
- University of Kentucky Infection Prevention and Control
- Norton Hospital Infectious Disease
- Association of Professionals in Infection Control and Epidemiology (APIC) Chapters
- State Dental Director
- Kentucky Pharmacists Association
- Emergency Preparedness
- Kentucky Association of Healthcare Facilities
- Leading Age
- Friedell Committee
- HAI Prevention Program
- Division of Laboratory Services
- Local Health Department
- Kentucky Department for Public Health, Infectious Disease Branch

The advisory committee will maintain and update the state HAI plan and will advise and participate in the activities of the HAI Prevention Program.

**Service Description & Key Roles & Responsibilities:**

**Role of HAI Coordinator/Manager**

1. Plan, develop, manage, coordinate, and evaluate activities directed toward the prevention and control of HAIs.
2. Provide guidance and professional nursing consultation regarding HAI prevention and control strategies to infectious disease nurse consultants and other staff at the Kentucky Department for Public Health (DPH), to nurses and other staff at all types of healthcare settings local health departments, and to other agencies and health care providers.
3. Initiate and conduct needs assessments and identify training requirements and other resources needed to both perform and integrate the core
4. HAI prevention and control strategies into the delivery of health-care services in Kentucky.
5. Analyze, develop, and recommend HAI prevention and control strategies.
6. Assist in the planning, evaluation and development of medical and nursing strategies, programs, and interventions for the prevention and control of HAIs.
7. Initiate collaboration and education about national prevention targets in the HHS Action Plan to design and implement effective HAI prevention and control programs.
8. Collaborate with the Centers for Disease Control and Prevention, and other federal partners involved in the prevention and control of HAIs.
9. Develop curriculum, arrange training, conduct training, and participate in training on HAI prevention and control strategies, including surveillance, identification of cases, reporting, and outbreak management, for nurses and other health professionals at KDPH and in healthcare settings (e.g. acute care hospitals, long term care facilities, and local health departments), and for other professionals.
10. Establish and maintain on-going working relationships with nurses and other health professionals, clinicians, acute care hospitals, long term care facilities, local health departments and other agencies throughout the state.
11. Carry out the goals and objectives on the CDC approved and funded HAI Prevention grant, including meeting with both CDC and HHS HAI objectives.
12. Provide administrative support to K-STRIPE.

Laboratory Services (State Lab)

Independent laboratories are responsible for their own certification through the US Department for Health and Human Services, Centers for Medicare and Medicaid Services.

The Public Health Laboratories of Kentucky (PHLOK) sites hold their own Clinical Laboratory Improvement Act (CLIA) certificates. The type of certificate held by each individual health department laboratory is dependent upon the type of testing being performed in the facility.

The PHLOK sites are to notify their assigned Laboratory Surveyors or the Office of Inspector General (OIG); for any major changes such as health department site, personnel, or tests performed. Such changes may require them to update their CLIA application; form CMS-116. The Laboratory Surveyors and OIG provide guidance to PHLOK on CLIA certification.

Considerations on preparations needed prior to performing waived testing that may assist PHLOK to implement and oversee waived testing or to offer a new test under a CLIA Certificate of Waiver.
The following guide provides an overview on the regulatory requirements and resources with examples of microscopy for the PHLOK performing tests under a Certificate of Provider-Performed Microscopy (PPM):

- The “Top Ten Challenges for CLIA Waived/PPM Sites Module, Part One 1046078, and Part Two 1049097” on the state government training site, TRAIN Kentucky, is a good resource for PHLOK orientation to CLIA.
- The “Core Clinical Service Guide (CCSG)” on the DPH website under the “References for Local Health Departments” on the DPH Local Health Department webpage, contains further specific guidance and checklists for PHLOK, as well as competency and quality assurance forms in the “CCSG forms and teaching sheets” section.
- The public health laboratory in Frankfort maintains a high complexity CLIA certificate and accreditation by the College of American Pathologist.

Regulations & Guidelines

KRS 211.190 identifies certain services to be provided by the Cabinet for Human Resources, including the establishment, maintenance and operation of public health laboratories.

KRS 211.345 requires that the Cabinet provide chemical and microbiological testing of private water supplies without charge.

KRS 214.625 provides for provision of voluntary HIV testing through local health departments.

KRS 214.155 requires testing of all infants for inborn errors of metabolism and that the Cabinet make testing available.

KRS 214.160 requires approval of laboratories performing mandated prenatal tests for syphilis and obligates the laboratory of the Cabinet to provide such testing.

KRS 215.520 specifies the provision of adequate support for out-patient TB clinics by high quality laboratories.

KRS 217C.040 establishes the responsibility for oversight of dairy products.

KRS 258.085 provides for submission of animal heads for rabies testing.

KRS 333 regulates the operation of independent medical laboratories, is under the technical oversight of the DLS.

KRS 510 requires HIV testing to be performed on persons convicted of specific sexual offenses under supervision of the Cabinet.

KRS 529.090 requires HIV testing of convicted prostitutes under supervision of the Cabinet.

KRS 438.250 Mandatory testing for HIV, hepatitis B and C, tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions.
**Funding:** Laboratory testing performed by LHDs may be reimbursed by Medicaid, Private Insurance or Private Pay. Laboratory testing performed by the Division of Laboratory Services (DLS), Frankfort, is funded by different funding streams (agency, federal, and state).

**Staff requirements**
- The health department laboratory must have a sufficient number of individuals who meet CLIA qualifications requirements to be able to perform the volume and complexity of tests offered.
- CLIA guidelines set the standard on who can do a laboratory test and what type of test that individual is authorized to do. A health department that is operating under a waived/PPM certificate is authorized to do a limited number of tests. A list of those approved tests is available through the certificate holder.
- Health department operating under a waived/PPM certificate require that the microscopy tests performed in that facility must to be performed by an Advanced Registered Nurse Practitioner (APRN) or Medical Doctor. Moderate certificate holders must either have an associate degree related to laboratory testing or have earned a high school diploma and training that must be documented for the type of testing being performed by that individual.

**Training Requirements**
Moderate certificate: Each individual performing PPM/moderate complexity testing must be trained prior to analyzing patient specimens. This training will assure that the individual performing the test has all skills needed to collect, test, and verify the validity of the patient’s test results. Guidance to meet the CLIA quality assurance and assessment standards on employee training and competency can be found on the Provider-Performed Microscopy (PPM) Procedures website.

**Reporting Requirements**
Test results that are performed in the health department laboratory are documented in the patient’s chart on the CH-12 or designated lab form. Any patient testing results from either a contract lab or from the Division of Laboratory Services or from any other licensed facility (i.e. Hospital, Physician Office Laboratory [POL]) that appear on the Reportable Disease List must be reported to the Division of Epidemiology and Health Planning, DPH. The Division of Epidemiology and Health Planning maintains this list and a list is located on the Cabinet for Health and Family Services, Department for Public Health home website.

**Blood-borne Pathogens And Needle-stick Safety**
A copy of “The OSHA Standard Bloodborne Pathogens Standard 29 CFR 1910.1030” is kept at each health department and in great detail specifies Bloodborne pathogens and needle-stick safety issues concerning the health department. Click on the link for an OSHA Fact Sheet on Protecting yourself when handling contaminated sharps.
Laboratory Services Description and Key Roles and Responsibilities Of LHDs

- Laboratory services provided by health departments under their CLIA certificate, being waived/PPM or Moderate will implement a quality assurance program that covers all phases of the total testing process.
- Each health department site will maintain a master file or manual that discusses the principle of each test performed, describes specimen collection, needed equipment and supplies to perform the test, proper storage of test components, proper disposal of hazardous waste, the test procedure, reporting of results, management guidelines, limitations of the procedure, instrument maintenance, problem solving and references. Relevant forms related to each test should be included.
- The health department laboratory is to notify their certificate holder, assigned Laboratory Surveyor or the Office of Inspector General (OIG), whenever there is a change in laboratory sites, personnel or test method.
- Specimens may be sent to DLS, Frankfort, for tests that are not performed at the LHD.
  - The tests offered by the Division of Laboratory Services (DLS) are available online. Instructions for specimen collection, requisition and shipping requirements are listed for each test.
  - All LHDs are currently using the DLS OUTREACH system to submit patient samples with requisition forms. If the OUTREACH system is not available, forms are available on the DLS website.

Shipping Laboratory Specimens to the KY Division of Laboratory Services (DLS)

- Shipping containers and color coded shipping labels are provided to the health departments from the Division of Laboratory Services for the purpose of shipping specimens.

  The color coded labels for mailing specimens to DLS are defined as follows:
  - Red/White: **TB (Postage Prepaid comes on can)**
  - Lavender: **Virology/Serology/Chlamydia**

- Requirements for packaging and shipping are found in the KY Division of Laboratory Services Packaging and Shipping Guidelines in this section.
- Specimens may be shipped to the DLS by FedEx, UPS, Courier, US Postal Service, or personal delivery. Each method shall be carefully evaluated before choosing the one best suited for a particular specimen. It is important to note that many specimens collected are time sensitive and it is essential that they arrive for testing in a timely manner. Additional information for testing can be accessed in the Reference Lists of Tests located on the DLS webpage.

Packaging and Shipping of Infectious Substances

- Laboratory specimens will be packaged and marked according to United States Department of Transportation (DOT) **49 CFR** Subpart H parts 171-180, the
United States Postal Service (USPS, Publications 52, and following International Air Transport Association Dangerous Goods Regulations (IATA/DGR).

- Employees responsible for infectious substance packaging and shipping must be trained every three years for ground (DOT) ground and every two years for air (IATA). The training guidelines are found in 49 CFR 172.704 Training Requirements.

**Contract Laboratory**

- If the local health department purchases laboratory services, the services must be provided by a licensed laboratory. The health department will need to request a copy of the contracted laboratory’s CLIA certification that includes their current CLIA number so that the health department can present this to Medicaid.
- The contract laboratory will provide the health department with a list of the tests that they perform and information on specimen requirements, forms, time sensitivity and shipping requirements required for submittal.

**Specimen Collection**

Follow package inserts included in test kits for specimen criteria.

**Laboratory Safety**

Each health department site should maintain a safety plan that describes policies and procedures that ensure the safety of the personnel who perform testing. The Quality Assessment Manual (QA) for health department laboratory testing is to provide general laboratory safety guidelines. The QA Manual is to include biological, chemical and mechanical hazards with emphasis on prevention and what to do in the case that an incident occurs.

**Biological Terrorism Laboratory Response**

Environmental or suspicious samples should not be accepted by the Local Health Department. Contact law enforcement and the DLS for guidance.

**Chemical Threat Laboratory Response**

- Biological samples (Blood and Urine): Contact DLS (502) 564-4446 for the collection and shipping of biological samples for chemical analysis.
- Environmental samples (Air, Soil, and Water): Contact the KY Environmental Response at (502) 564-2380.

**KY Division of Laboratory Services - Packaging and Shipping of Infectious Substance Guidelines**

**Biological Substance, Category B only**

To ensure the safety of personnel and integrity of the clinical specimen, the Department of Transportation (DOT), United States Postal Service (USPS), and the
International Air Transport Association (IATA) mandate the following procedures for packaging and shipping specimens to the KY Division of Laboratory Services.

Specimens must be classified as an infectious substance in Division 6.2 and assigned to UN2814 Infectious Substance, affecting humans (Category A) or UN3373 Biological Substance, Category B as appropriate. Health Departments in Kentucky will send specimens to the DLS as Biological Substances, Category B.

According to **USDOT 49 CFR 173.134** Biological substance, Category B is defined as an infectious substance that is not in a form generally capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure to it occurs. This includes Category B infectious substances transported for diagnostic or investigational purposes. A Category B infectious substance must be described as “Biological substance, Category B” and assigned identification number UN 3373.

**PROPER PACKAGING OF CATEGORY B SPECIMENS:** Category B infectious substances must be packaged in a triple packaging, consisting of a primary receptacle, secondary packaging, and outer packaging, conforming to the following provisions:

- Leak-proof primary receptacle
- Leak-proof secondary packaging
- Absorbent material
- Sturdy outer packaging

The primary receptacle or the secondary packaging must be capable of withstanding without leakage an internal pressure producing a pressure differential of not less than 95 kPa (0.95 bar, 14 psi).

Leak-proof Primary Receptacle may be glass, metal, or plastic. They must not contain more than 1L of liquid. For solid specimens the primary receptacle must be silt proof and must not exceed the outer packaging weight. **Examples: Chlamydia collection tubes and Vacutainers**

Leak-proof Secondary Receptacle prevent contact between multiple primary containers. Place specimens in absorbent tube shuttle and place inside leak-proof secondary receptacle. The secondary container must be marked with the international biohazard symbol. Paperwork goes between secondary container and outer packaging. Make sure rubber gasket is placed inside the metal canister lid. **Examples: White plastic canister, 95kpa bag, small metal canister**

Sturdy Outer Packaging must consist of corrugated fiberboard, wood, metal, or rigid plastic. For liquids the outer packaging must not contain a total of more than 4L. For solids, the outer packaging must not exceed a total of 4kg.
• Packaging must be capable of successfully passing the drop tests at a drop height of at least 1.2 meters (3.9 feet).
• At least one surface of the outer packaging must have a minimum dimension of 100 mm by 100 mm (3.9 inches).
• Must show the name and telephone number of a person who is knowledgeable about the material shipped and has comprehensive emergency response and incident mitigation information, or of someone who has immediate access to the person with such knowledge and information.
• Samples sent by FedEx in smaller boxes that will not accommodate the airbill on top of the box must be placed in the FedEx UN3373 bag.

MARKINGS
The proper shipping name “Biological substances, Category B” must be marked on the outer packaging adjacent to the diamond-shaped mark in letters that are at least 6 mm (0.24 inches) high.

SPECIMENS SENT TO DLS THAT ARE NONREGULATED
• Dried blood spots for Newborn Screening placed on absorbent filter paper or other material. Spots should be thoroughly dried then fold protective flap over and place in a single envelope. It is no longer necessary to place spots in multiple envelopes. Do not place in plastic. Use envelope large enough so form does not need to be folded.
• Environmental samples (including food and water samples) which are not considered to pose a significant risk of infection.

ORDERING KITS AND PACKAGING
• Use the Requisition for Ordering Lab Kits obtained from the DLS webpage.
• Email – dphlabkits@ky.gov  Fax – (502) 564-7019

Questions on Packaging and Shipping - Call (502) 564-4446 or (502) 782-7703.

Childhood Lead Poisoning Prevention Program (CLPPP)
Laws, Regulations, Guidelines
The Kentucky Childhood Lead Poisoning Prevention Program (KYCLPPP) provides guidance and technical assistance to the LHD’s. KY CLPPP refers to KRS Chapter 211
KYCLPPP refers to the most current recommendations on blood lead screening of children less than 72 months of age and preventive guidelines. These guidelines are provided by both the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP).

**Target Population**

Under Health Promotion and Prevention, Childhood Lead Case Management is a DPH Core Public Health Service. Childhood Lead Case Management must be provided directly by all LHDs according to program-specific criteria in the Administrative Reference and Core Clinical Service Guide.

Populations are considered at-risk due to their potential lead hazard exposure primarily from lead-based paint in pre-1978 housing and soil, occupations or hobbies using leaded materials and folk remedies or foods containing lead. (Please see the Lead Poisoning Verbal Risk Assessment.)

Blood lead screening is required and should be completed for at-risk populations to include children ≤ 72 months of age and pregnant women and for any child ages 25-72 months who have not yet been tested who:

- Receive Medicaid benefits
- Responds with “Yes” or “Don’t Know” to any question on the Verbal Risk Assessment.

(AAP recommends use of a lead poisoning assessment starting at ages 6 months through 6 years).

**Funding**

DPH Childhood Lead Poisoning Prevention Program is funded through the Division for Maternal and Child Health Title V Block Grant and state general funds. LHD Childhood Lead Case Management services receive funding through the Public Health Block Grant funds. Funds may not be used for community testing, abatement, or clearance testing services.

**Medicaid**

For Medicaid enrolled children <72 months of age and pregnant women, billable services include initial blood lead screenings and elevated blood lead level (EBLL) follow-up interventions to include blood lead tests, education, medical nutrition therapy (MNT) and environmental intervention. Medicaid reimburses for environmental lead inspections where samples on potential lead hazards are taken (refer to the Environmental Section of the AR).

For non-Medicaid patients, services shall be provided and reimbursed per patient per sliding fee scale, or by private insurance and LHD public health block grant funds.
Staff Requirements:
LHD Directors or their designee must identify a Lead Case Manager (CM). If none is identified by the LHD, the Nurse Leader will be the default contact for Lead related issues. LHD Lead CMs should be a licensed professional, e.g.:

- Registered Nurse (RN)
- Social Worker
- Health Educator with a Master’s Degree in a relevant field.

If the CM is not a RN, the CM should work with the RN in the appropriate processes of receiving blood lead results.

Training Requirements
The DPH CCSG, AR, Training Module and educational materials reflect CDC’s current recommendations.

- All LHD CLPPP staff shall complete Kentucky CLPPP Lead Case Management on the TRAIN Kentucky website, training module 1023366 within 6 months of entering the position.
- The LHD shall ensure uncontaminated specimen collection through requiring all staff who will be obtaining blood lead specimens view the following training materials prior to drawing blood lead specimens:
  - CDC’s: Guidelines for Collecting and Handling Blood Lead Samples.
  - KY CLPPP Blood Lead Specimen Collection Guidelines.
  - The LHD’s analyzing lab specimen collection guidelines.
- LHD CLPPP and support staff shall complete required program training updates as provided by the KY CLPPP when posted.

Documentation of these completed trainings shall be maintained by the LHD Staff personnel file and made available for review upon request by DPH CLPPP staff.

Reporting Requirements
LHDs shall assure blood lead specimens collected at the LHD whose blood lead results are ≥2.3µg/dL are reported electronically to the Cabinet for Health and Family Services. LHDs using outside analyzing labs will need to contact the lab to ensure electronic reporting of all BLLs ≥2.3µg/dL.

LEAD CARE Portable Lead Lab Analyzer:
Use of a portable blood lead lab analyzer, such as Lead Care device, establishes the agency as a lab and shall report accordingly per KRS 211.902. LHDs using a portable lead lab analyzer are required to report all blood lead results using the cabinet’s electronic web form. LeadCare devices are a point-of-care system used to screen for elevated blood lead levels (EBLLs) and cannot be used to diagnose EBLLs. If an EBLL
of 5 micrograms per deciliter (µg/dL) or greater is identified, a confirmation test should be completed by an outside reference lab. Repeat testing should be conducted using this outside lab as well. All confirmatory lab results should be faxed to the Cabinet for Health and Family Services within 7 days. (Note: The LHD shall ensure that the outside lab is using an analytical method other than the LeadCare).

**EBLL Case Form**

Until a web based reporting system is established, follow up interventions shall be recorded on the case form and sent to the Cabinet for Health and Family Services. (Refer to CCSG: Lead section for Lead CM reporting instructions).

**Billing and Collection Procedures**

Childhood lead case management is a core public health service and the LHD shall:

- Ensure that inability to pay is not a barrier to services;
- Those clients not enrolled in Medicaid, billing is to be based on a cost analysis of services and charged according to the sliding fee scale.
- Ensure that patients eligible to enroll in Medicaid or KCHIP are referred to those agencies.
- The LHD should use the appropriate ICD-10-CM T56.0X-4A Diagnosis Codes when providing services for elevated blood lead levels to help track services provided and lead exposures.
- Home visits and medical nutrition therapy services may need MCO preauthorization for reimbursement. To ensure MCO reimbursement, the LHD should check the current MCO preauthorization requirements prior to completing these services. Click on the Medicaid MCO webpage for MCO contact information.

The LHD is subject to confidentiality laws required under the Health Insurance Portability and Accountability (HIPAA) federal regulation if the LHD engages in a HIPAA transaction, such as collaborating with primary care physicians and social services in assuring follow-up on patient care, transmitting electronic billing or in submitting claims.

All information as to personal facts and circumstances obtained by LHD staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

**Program Specific Requirements**

Refer to AR Training Requirements: Training Guidelines and Program Descriptions Section: **Lead**

**Service Description & Key Roles & Responsibilities of Health Department**
Childhood lead case management is a Core Public Health Service. The LHD shall ensure CLPPP CMs and support staff complete necessary training as defined in the Training Requirements/Lead section necessary in providing consistent uncontaminated blood lead screenings and congruent statewide follow-up interventions.

The LHD shall ensure blood lead screenings for all at-risk populations ≤72 months of age and pregnant women. Anticipatory guidance and preventive education should be provided during screening appointments.

The LHD shall ensure lead poisoning preventive education is provided to the parent/guardian/pregnant woman for all BLLs. The nurse who signs off on all blood lead results (to include 4.9µg/dL) should ensure a review preventive education with the parent/guardian/pregnant woman. Refer to the CCSG: Lead section. Education works to help families understand what lead is, how to decrease lead hazard exposure and in reducing blood lead levels.

The LHD shall ensure follow up intervention is provided for children ≤72 months of age who have an EBLL > 5µg/dL.

The LHD shall ensure children ≤ 72 months of age with confirmed BLL’s > 15µg/dL are referred to LHD Environmental and receive an environmental lead inspection to identify lead-based hazards through sampling of paint chips and dust.

The LHD shall ensure blood lead specimens collected at the LHD whose blood lead results are > 2.3µg/dL are reported electronically to the Cabinet for Health and Family Services. LHDs using outside analyzing labs will need to contact the lab to ensure the electronic reporting of all BLLs > 2.3µg/dL.

Children ≤ 72 months of age and pregnant women identified with EBLLs shall be initiated into case management and followed until case closure. LHD staff should collaborate with local health care providers in ensuring follow up blood tests and in efforts to reduce BLLs.

**Environmental Management for Elevated Blood Lead Levels**

Review the [Environmental Health Services](#) Section of the AR for requirements for environmental follow up on EBLLs.
**Case Closure:**

Please refer to the Lead section of the [CCSG](#) for guidance on CLPPP case closure.

---

**Maternal & Child Health (MCH) Coordination & Improvement Collaborative Grant**

**Laws, Regulations, Guidelines**

The purpose of the MCH Coordination and Improvement Grant (referred to as MCH Coordination) is to support maternal and child health population-based services and infrastructure at the local level.

The program is designed to promote activities in priority areas of Maternal and Child Health focusing upon quality improvement measures for the following MCH domains: Perinatal Health/Infant Mortality, Women/Maternal Health and Child/Adolescent Health. These domains were selected as being priorities of MCH Core Services, identified in the Kentucky Priorities and Performance Measures, 2015, and were reviewed again in 2016. These domains and measures are defined by the following statutes and regulations:

**Perinatal Health/Infant Mortality:** [922 KAR 2:090. Child-care center licensure](#).

**Women/Maternal Health:** [KRS 211.180 (1), (e) & (f); 902 KAR 4:100; KRS 214.160](#); [KRS 311.378](#).

**Child/adolescent Health:** [902 KAR 4:100, KRS 211.180 (i) (e); 907 KAR 11:034](#).

**Cross-Cutting:** [KRS 216.2923; KRS 304.17A-520; KRS 205.527; KRS 205.6485](#).

The LHD Director shall identify a contact person for their respective LHD who will provide primary oversight of the MCH Coordination program for their respective service area. This person shall be considered the MCH Coordinator and will be the primary contact for DPH/MCH regarding the program, but will not necessarily be directly involved in the projects, and will not be billing time to MCH Coordination unless he/she is working on specific projects (referred to as MCH Packages). The MCH Coordinator shall assure that activities are carried out at their LHD according to guidelines of the chosen MCH packages and all required reporting is completed and submitted as described in each of the packages, and in accordance with this Administrative Reference (AR).

The MCH Coordinator shall maintain open communication with DPH/MCH and, upon request, will assist DPH/MCH with developing and assessing local MCH services. The MCH Coordinator shall provide feedback to DPH/ MCH and will interpret and apply state program policies and guidelines to local MCH activities.
Target Populations: The MCH program will be utilized to promote the improvement of the health of expectant mothers, women of childbearing ages, infants, preschool and school-age children, adolescents, as well as low income, rural and/or other identified underserved populations. [KRS 211.180 and Title V, MCH Services Block Grant to States Program, Mission and Vision statement, page 2,]

The MCH Packages are dedicated to strengthening community partnerships between stakeholders and the local health departments in order to accomplish all MCH program activities. It is a basic tenet that by creating population, evidence-based programs with more stakeholder buy-in, the LHDs will have more sustainable support for future activities.

Funding: Title V MCH Block Grant (Federal Grant #1B04mc29314-01-00)

Staff Requirements: LHD Directors or their designee must identify a MCH Coordinator. If none is identified by the LHD, the Nurse Leader will be the default contact for MCH related issues. The MCH Coordinator should be a program lead and/or in a supervisory role within the LHD and will preferably be a licensed professional:

- Registered Nurse
- Social Worker
- Health or Community Educator with a degree, or
- Registered Dietician or Nutritionist with a degree

Training: MCH Reporting & Processes training is required for all MCH Coordinators and LHD staff who will be working in the MCH Program in any capacity. Each of the MCH Packages will also have training requirements or options that are related to that specific package’s goals and activities. DPH/MCH will review other training expense requests not covered herein to determine if they can be approved for specific MCH Packages on a case-by-case basis.

Reporting Requirements: DPH requires that LHD staff report their activities for the MCH Program in the DPH approved reporting system. Reporting will be monitored closely. DPH/MCH will implement re-allocations of funds for those who are not reporting activities as required to those who are compliant. The MCH Coordinator will ensure on a monthly basis, in the approved reporting system that reporting requirements are met according to the guidelines provided on the MCH Packages chosen by the LHD. Specific reporting requirements will be listed for each package, and all reports will include:

- Number of community/partner agencies reached (e.g. child care facilities, family/parenting groups, school districts and schools, health care providers, civic organizations, etc.), as well as the name of each agency, group, etc.;
- Title of all MCH related LHD staff trainings completed; number of staff trained in each; and, for which package the training was completed;
- Audience numbers and types reached through package activities must be reported monthly;
• Tracking of materials and supplies ordered and distributed, noting numbers (for large items, such as DVDs, crib kits, etc.) and titles of materials; as well as who receives materials is to be reported. Record when materials are provided to ensure that a community agency has the most current information to distribute;
• Regular activity reporting in the DPH approved reporting system, as described within each individual package guideline, and to include all data requested in specific packages, must be done monthly;
• Successes and/or barriers and challenges are to be reported monthly.

These reporting requirements must be complied with by LHDs receiving and accepting allocations for cost center (cc) 766.

**Billing and Coding Procedures Specific to Program**

Allowable Function Codes with descriptions are outlined below:

**Allowable Expenses**

• Staff time (including salaries and fringes) for activities related to the MCH Packages chosen by the LHD; or, other related activities submitted and pre approved by DPH/MCH
• In-state travel for activities related to MCH Package activities
• Items on the Approved Materials/Resources List as detailed in each MCH Package, including shipping and handling fees
• Printing, duplication and signage directly related to package and prevention activities are allowable only upon preapproval by DPH/MCH.
• Training registrations are allowable only IF the MCH Package selected specifically requires it to meet its goals and objectives; and/or if the meeting is required by DPH/MCH
• DPH/MCH will review other expense requests to determine if they can be approved for specific MCH Packages on a case-by-case basis.
• Requests for exceptions to the above criteria must be made to DPH/MCH at least five (5) business days in advance to allow time for processing. Exceptions will be reviewed on a case-by-case basis for validity and justification.

**Expenses NOT Allowable**

• Items not found on the Approved Materials/Resources List and/or which have not been preapproved by DPH/MCH
• Materials used for mass distribution (e.g. health fairs, community baby showers, etc.)
• Media (unless free AND preapproved by DPH/MCH), including billboards, bus wraps, etc.
• Any activity, which is provided as a part of any billable, clinical and/or PEF-able services cannot be coded to cc766.
• The delivery of direct/individual personal health or preventive services cannot be coded to cc766
• Time for services normally completed as part of a clinical visit cannot be coded to cc766
• Medical staff (physicians and APRNs) cannot code time to cc766
• Any training that is not specified by an MCH Package chosen by the LHD and/or that was not preapproved by DPH/MCH
• Out of state travel is not allowable
• Reservations, meals, and hotel costs are not allowable expenses (except as stated above in the Allowable Expenses section of this document)
• Incentives are not permissible with this funding.
• Equipment, furniture, computers, laptops, tablets, cell phones, or other electronic devices cannot be purchased with cc766 funds.
• Community-based services, other than those specifically described herein, should be coded to cc 818—and **NOT** in cc766.
• Requests for exceptions to the above criteria must be made to DPH/MCH at least five (5) business days in advance to allow time for processing. Exceptions will be reviewed on a case-by-case basis for validity and justification.

**Special Equipment Requirements:** Staff implementing the MCH Coordination program must have periodic access to a computer for trainings, webinars, and activity documentation in the DPH approved reporting system. Equipment access is to be provided by the LHD receiving and accepting the MCH cc766 allocation.

**Service Description for MCH Coordination Packages**

- The MCH packages are aligned with the domains and goals of the Title V Block Grant, as well as the Commonwealth of Kentucky’s priorities and performance measures. LHD’s should select from the MCH Packages below for the activities most appropriate to the needs of their communities and service area. LHD’s must choose at least one of the four (4) Infant Mortality packages, and at least one (1) additional package up to a maximum of five (5) packages. LHD’s can choose additional MCH Packages (up to 5) and/or make changes to their original MCH Packages throughout the fiscal year if their allocation allows.

- LHDs have the option to customize existing packages and submit their adaptations to DPH/MCH for approval by completing the MCH Package Modification Request form, which is available upon email request to **MCH Coordinator**. All modifications to packages must align with the domains and goals of the Title V Block Grant AND they must be submitted for approval processing to **MCH Coordinator**.

- LHDs are also permitted to submit for approval, a custom package of their own design to utilize as a part of their MCH program efforts. The LHD Proposed Evidence-Based Project Request form must be completed and is available upon email request to **MCH Coordinator**. Custom projects must align with the domains and goals of the Title V Block Grant; they MUST be evidence-based; AND, they must be submitted for approval processing to **MCH Coordinator**. All such projects, if approved by DPH/MCH, shall be coded to cost center 766, function code 211, State MCH Title V, Special Projects. The same expenses and limitations apply to this code as previously stated for MCH packages. Compliance with all reporting requirements will be expected with any approved special project.
The MCH Coordinator shall establish that **at least one** Infant Mortality Prevention package is carried out by the LHD. **Allowable Function Code with Description are in bold.**

**200: Safe to Sleep for Child Care Providers: Reduce infant mortality due to unsafe/dangerous sleep practices by Child Care Providers.**

Work with local Child Care Providers through education and demonstration to assure that the most current, evidence-based safe sleep policies and practices are implemented in the childcare facility. Assist the providers with locating professional staff development opportunities that are consistent with current recommendations for safe sleep practices. Provide safe sleep educational information for the families of infants receiving care in the facility. Cost associated with this package are to be coded to function code 200.

**201: Safe to Sleep for Community Partners: Reduce infant mortality from unsafe sleep practices with the assistance of community partners/stakeholders.**

LHD staff will educate community partners about teaching safe sleep using most recently recommended practices by the American Academy of Pediatrics (AAP). Community partners will then provide their clients with education and the most current materials available. By promoting safe sleep practices through community partners, LHD will reduce the number of infant deaths due to bed-sharing and other dangerous sleep practices within their service area. Cost associated with this package are to be coded to function code 201.

**202: Prevention of Abusive Head Trauma: Reduce child abuse and infant mortality from Abusive Head Trauma (AHT) by increasing the number of Community Partners and health care providers who offer education and information to new parents about methods to calm crying infants and young children in order to prevent AHT.**

In the LHD service area, families with infants and young children will be educated by community partners and health care providers regarding the prevention of AHT through evidence-based, best practices, using the most current materials available provided by the LHD. Cost associated with this package are to be coded to function code 202.

**203: Cribs for Kids for Community Partners: Reduce infant mortality from unsafe sleep practices, such as bed sharing by working with community partners to provide cribs for qualifying families in need.**

Work with community partners (including hospitals health care providers, social workers, etc.) to identify families who are unable to provide a safe sleep environment for infant(s) in their home, and provide them with a Cribs for Kids kit, which includes safe sleep education and follow-up. A 50/50 cost match to purchase crib kits is required between the LHD and a community partner and must be in the
form of a signed agreement. Cost associated with this package are to be coded to function code 203.

These activities shall be reported at least monthly in the DPH approved reporting system for MCH 123 Perinatal/Infant Mortality by the MCH Coordinator or a designated LHD staff member. All costs related to any of these four packages must be coded to IM-123.

204: Prenatal Referrals: Local Health Departments (LHDs) will follow-up with women who have a positive pregnancy test to ensure they 1) attend their first prenatal visit within their first trimester and 2) continue prenatal care throughout the second and third trimesters of pregnancy.

The LHD will follow-up with each woman listed on the Prenatal 439 E-Report (439E) to assure she has attended her first prenatal visit within the first trimester; ensure she has a payor source; and, ensure she is continuing to attend her prenatal visits. The LHD can then determine whether or not a woman has completed her prenatal visit(s) and contact her if she has not, thus improving the chances that pregnant women receive the necessary prenatal care throughout the course of pregnancy. Cost associated with this package are to be coded to function code 204.

205: Healthy Babies are Worth the Wait (HBWW): Reduce the number of preventable preterm births through education and policy change by promoting public awareness and working with the local March of Dimes, hospitals and prenatal providers in the LHD service area.

The LHD will establish a partnership with the local March of Dimes representative, prenatal providers and hospitals to promote public awareness, while enhancing provider and patient education about preventable preterm births in accordance with American Congress of Obstetricians and Gynecologists (ACOG) recommendations, which state: “Doctors do not induce labor or perform Cesarean deliveries before 39 weeks of gestation, unless there is a valid medical indication.” [ACOG CO # 559, 560, 579]. Cost associated with this package are to be coded to function code 205.

These activities are to be reported at least monthly in the DPH approved reporting system.

206: 100% Tobacco Free Schools (100% TFS): To make all schools in Kentucky 100% Tobacco Free.

The LHD will promote 100% Tobacco Free Schools by assisting the District Board of Education and other community stakeholders, including private schools with the development and implementation of a policy for 100% Tobacco Free Schools for
all of the schools within their district. Cost associated with this package are to be coded to function code 206.

207: Bullying & Suicide Prevention for Schools & Communities: To decrease the number of bullying and suicide events occurring in elementary, middle and high schools throughout the Commonwealth of Kentucky. This decrease will support safer learning environments for students, teachers and staff while on school property.

The LHD will serve as the key partner in this effort to reduce the incidences of bullying and suicide in Kentucky schools by supporting the implementation of school-wide bullying and suicide prevention programs in elementary, middle, and/or high schools in their service area. The LHD will assess selected schools and their social/emotional climate to determine what age-appropriate prevention program will be most effective and engaging for students. These efforts will include prevention outreach, education on the topic of bullying as well as how to prevent it. This support will provide expansion of outreach services and community partnerships that already exist in selected schools. Cost associated with this package are to be coded to function code 207.

208: Coordinated School Health: Align the work of the LHD to support the Whole School, Whole Community, Whole Child Model (WSCC) (see Resource A). Coordinate and enhance the work with schools around increasing physical activity and access to healthy eating in the school setting.

With this enhanced approach, the LHD will collaborate with local school districts/schools to enhance policies addressing the health of students and staff resulting in overall improvement of learning and health. LHD partners will be involved with existing school districts/school councils and/or committees to improve both district/school wellness policies to better support opportunities for physical activity and increase the intake of healthy foods. Implementation of evidence-based best practices referencing the WSCC model identified by the Centers for Disease Control and Prevention (CDC) is the goal of this package. In addition, it is recommended that LHDs train, support, and assist school districts/schools with utilization of the Alliance for a Healthier Generation’s Healthy Schools Program assessment tool. Cost associated with this package are to be coded to function code 208.

209: Fluoride Varnish for Children through Fifth Grade: Increase the application of fluoride varnish services for children through the fifth grade in order to improve the oral health outcomes for children throughout the Commonwealth of Kentucky. For services, varnish activity is to be coded to 712 KIDS Smile (children under six) and for coordination of activities, use only PED-122 in cc766 MCH.
Within the LHD service area, 100% of children (and 40% of public school students) will be evaluated for fluoride varnish service and an increased number of children through the fifth grade will have fluoride varnish applications provided to protect their teeth by the public health nurse. Cost associated with this package are to be coded to function code 209.

210: Healthy People, Active Communities: Make healthy eating and physical activity safe, easily accessible and supported by policies that make environmental changes which support and encourage those activities sustainable within communities.

This package will serve to increase community engagement between organizations and local people. Together the Local Health Department (LHD), community organizations and local people will define the issue, develop a shared understanding of the barriers to meeting the 5-2-1-0 evidence-based healthy behaviors and outline possible solutions. A collaborative action plan will be developed and implemented on one of the 5-2-1-0 behaviors. Department for Public Health, Health Promotions Branch will provide training on access to healthy foods and physical activity, as well as to resources including community engagement, Early Care and Education, Farmers’ Markets, and Step It Up, Kentucky! Cost associated with this package are to be coded to function code 210.

These activities are to be reported monthly in the DPH approved reporting system.

All MCH programs and project packages are available at any time via email. Send a request to Anita.Martel@ky.gov.

For additional information, visit the Child and Family Health Improvement Branch webpage.

Newborn Metabolic Screening Program

Laws, Regulations, Guidelines

The Newborn Screening Program administers the newborn screening for all infants born in Kentucky as authorized by Kentucky law, KRS 214.155, which mandates all infants born in Kentucky undergo a newborn screening test, typically done at the hospital prior to discharge. If the initial screening results in a positive test, the program assures that those infants receive a definitive diagnostic evaluation by a state university specialist. The panel of newborn screening tests includes markers for over forty inborn errors of metabolism and genetic conditions and any additional disorders that are recommended by the American College of Medical Genetics and Genomics to be added to the universal newborn screening panel. The description of services is addressed in 902 KAR 4:030.
Program Description

KY law requires all newborns in Kentucky be screened for selected metabolic conditions that can have serious adverse outcomes if untreated early in life. Early detection, diagnosis and treatment of children with these rare metabolic conditions may prevent a child's death, disability or serious illness. The KY Public Health Newborn Metabolic Screening Program includes six components: patient and practitioner education, screening, short term follow-up, diagnosis, treatment and management, and evaluation. This program assures follow-up of all abnormal screens for definitive diagnosis and treatment for inborn errors of metabolism and other disorders included on the newborn screen. DPH program staff coordinate the referrals to university specialists, information for the infant’s medical home and the child’s family. The DPH program staff track infants until the final diagnosis is established and supports for the family are in place. Educational materials are provided through this program to healthcare providers, parents, and the general public.

Target Population

Any infant born in the state of Kentucky.

Funding

The LHD activities related to Newborn Metabolic Screening are funded through the Core Public Health Block Grant. (State General Funds)

Responsibility of the LHD in the Newborn Screening Program

1. Collecting or verifying the Newborn Screen
   a. Screening should occur at the LHD when an infant has not received the newborn screen as a result of:
      • home delivery;
      • early hospital discharge (release less than 24 hours); or
      • the parent has been notified that the newborn screen needs to be repeated.
   b. Repeat at the request of the DPH Follow-up Program: If a repeat newborn screening test has been requested and not received, the newborn screening follow-up staff will send a letter to the infant’s mother or guardian notifying them of the continued need for repeat testing. Letters requesting repeat tests are generated by the DPH Newborn Screening Follow-up program. These letters are sent to the infant’s health caregiver/submitter (physician, hospital, primary care provider or LHD). The LHD may need to perform a newborn screen on an infant if a repeat has been requested. Notification from the State Lab or the Newborn Screening Program shall be presented by the parent at the time of the request.
   c. If repeat testing has been recommended by the State Lab, the LHD should continue to monitor and/or obtain those results during subsequent visits until a normal result is received or a referral has been made to a university specialist for diagnostic evaluation.
d. If a newborn screening test is drawn at the LHD, it is the LHD’s responsibility to monitor and chart the outcome of the newborn screening test until no further testing is required or the infant has been linked to a university specialist and a local medical home.

e. For infants receiving well child/EPSDT services at the LHD, the LHD should verify and chart the results of the Newborn Screening Test at the first well child visit; if those results have not been received, the LHD should contact the State Newborn Screening Lab at (502) 564-4446 ext. 4434 to obtain those results and put them in the infant’s chart.

f. Repeat newborn screens should not be performed on infants who are six (6) months of age or older. This includes sickle cell testing. The State Lab does not accept filter paper newborn screening specimens on patient over six (6) months of age unless they fall under one or both categories:
   • Prematurity
   • Adoption

g. For anyone older than six (6) months of age that does not fit the above criteria, the LHD should recommend a laboratory evaluation by a reference laboratory, other than State Lab, for the specific disorder in question.

h. If the State Lab has recommended a repeat newborn screen and the parent/guardian refuses for the repeat to be performed, please have the parent/guardian sign a refusal of treatment form and fax it to the Newborn Screening Follow-up Program at (502) 564-1510. If you have questions, call the Newborn Screening Follow-up Program at (502) 564-3756 ext. 3761.

2. Case Management for infants with positive or equivocal diagnoses.
   a. The LHD may be asked to assist in locating the patient. State Newborn Screening Follow-up Program and the Lab refer infants with abnormal results to the primary care provider and the appropriate university specialist who will, in many cases, need to locate the patient/family within hours. The DPH Newborn Screening staff will contact the LHD if this is necessary.
   b. The LHD may be asked to assist in finding a medical home for these children. These children need a primary care provider who can diagnose and treat acute illnesses, be available after hours, and have the capability to admit the child to the hospital if needed.

3. LHD’s may be called upon to assist these families with locating and obtaining specialized metabolic foods and formula for Infants with a positive definitive diagnosis of an inborn error of metabolism or genetic condition by specialist. These infants will have a physician order by the specialist for specialized food and formula for treatment that is administered under the direction of a physician.
   a. Infants with positive or equivocal tests should be evaluated for WIC eligibility as some special formulas can be obtained through WIC.
b. LHDs may contact the Metabolic Foods and Formula Program at (502) 564-3756 ext. 3761 to help arrange special foods and formula for infants per 902 KAR 4:035:

- Who are uninsured;
- Whose coverage of specialized food and formula has been denied by their insurance company; or
- Whose coverage limits have been exceeded.

Kentucky Oral Health Program

Laws, Regulations, Guidelines


RELATES TO: CHAPTER 211 STATE HEALTH PROGRAMS
STATUTORY AUTHORITY: KRS 194A.050(1); 211.090(3); 211.180(1); 211.190(11)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.190(11) requires the Cabinet for Health and Family Services to provide public health services that include water fluoridation programs for the protection of dental health. This administrative regulation establishes the requirements for the programs.

KRS Chapter 13B establishes a uniform procedure to be followed by administrative agencies in conducting agency hearings.

902 KAR 115:020 Enforcement of Water Fluoridation Program

RELATES TO: KRS 211.190(11)
STATUTORY AUTHORITY: KRS 13B.170, 194.050(1), 211.090(3).
NECESSITY, FUNCTION, AND CONFORMITY: KRS 194.050(1) and 211.090(3) authorize the cabinet to promulgate administrative regulations to protect the health and welfare of the citizens. This administrative regulation establishes the procedures for the enforcement of the Cabinet for Health Services Water Fluoridation Programs as directed by KRS 211.190(11).

201 KAR 8:562 Licensure of Dental Hygienists

201 KAR 8:562, Section 15: Requirements for Public Health Registered Dental Hygienist Registration. This section states that Public Health Registered Dental Hygienist must meet requirements established in KRS 313.040(8). Which state:

(8) A dental hygienist licensed by the board may practice as a public health hygienist and may provide dental hygiene services if: (a) The services are provided as part of a dental health program; (b) The program for which the hygienist works is operated through the Department for Public Health or a governing board of health; and (c) The hygienist performs only accepted standardized protocols which are contained within the scope of practice of
dental hygiene and which are reviewed and approved by the Board of Dentistry and either the Department for Public Health or the dentist member of the governing board of health, as set out in administrative regulation.

There are no specific statutes or regulations which result in the existence of the Fluoride Supplement Program, KIDS SMILE: Fluoride Varnish Program or Kentucky Sealant Program; these programs would be included in the public health services provided by the cabinet.

**Programs Description and Target Population**

There are no income requirements for recipients of services through the programs provided by the Kentucky Oral Health Program (KOHP). Specific information is provided for the following oral health programs:

**Rural School Fluoridation Program:** Provides fluoridated water, through an agreement between the school and the KOHP, to school children living in rural areas not served by a fluoridated water supply. Schools voluntarily participating in the program receive equipment to add fluoride to the school’s water supply. Funded through state general funds.

- There are no specific training requirements for program staff; however, KOHP fluoridation staff attends the Centers for Disease Control and Prevention’s water fluoridation training.
- State fluoridation staff train school personnel to perform fluoride water testing and procedures for sending the water samples to the Kentucky State Laboratory.

Reporting Requirements: School staff performs a fluoride test on school days and send one sample weekly to the state lab for testing. Additionally, school staff sends KOHP a copy of their Monthly Operating Report, with their daily test results, that are required to be submitted to the Division of Water.

**Community Fluoridation Program:** Assures Kentuckians have optimally fluoridated water through proper levels in their municipal water systems. In Kentucky, fluoridation is mandatory (KRS 211.190; 902 KAR 115.010) for community water supplies serving a population of 1,500 or more. Community water supplies serving a population of less than 1,500 may voluntarily fluoridate. In 1994, KOHP became responsible for the enforcement of fluoride regulations. Program staff works closely with water plants through monitoring and technical assistance. Funded through state general funds.

- KOHP fluoridation staff attend the Centers for Disease Control and Prevention’s water fluoridation training. State fluoridation staff provide technical assistance and trouble-shoot problems at municipal waters systems as needed.
Reporting Requirements: Water plants must submit two water samples monthly to a state certified laboratory. The KOHP staff also updates the CDC database, Water Fluoridation Reporting System (WFRS). Information entered into the WFRS includes: yearly inspections, fluoridation changes of chemicals, personnel changes and updated population numbers for water plants.

**Fluoride Supplement Program:** Primarily serves children from 6 months through 6 years of age with drinking water from a non-fluoridated water source (e.g. well, cistern, spring). The local health department or private provider will supply a water testing kit to determine if the water is low in fluoride and if a fluoride supplement may be required. There is no cost to the families or providers to participate in this program because the testing supplies and fluoride supplements are provided free of charge. Funded through state general funds.

- KOHP staff administering the Fluoride Supplement Program are trained by supervising nurses locally and act in accordance with the Fluoride Supplement Guidelines of the American Dental Association. Local health care providers (dentists, physicians and public health nurses) receive information current with the Centers for Disease Control and Prevention’s guidelines regarding fluoride supplementation.

The LHD staff would be responsible for completing the questionnaire and consent for fluoride supplement program, dispensing water test kits as needed, following up with water test results, contacting the child’s parent or guardian regarding water test results, educating parents or guardians regarding fluoride supplements, dispensing fluoride supplements, entering fluoride supplement data into the State Lab Outreach System, ordering fluoride supplement supplies as needed and storing fluoride supplement supplies and forms.

Reporting Requirements: LHD staff enters information into the State Lab Outreach System prior to the water samples kits being provided to parents or guardians to submit to the State Lab for testing. When fluoride supplements are needed for children, the local health department staff enters fluoride supplement dispensing information into the State Lab Outreach System. The KOHP works with Central Data Processing to obtain monthly data for the fluoride supplement program.

**Kids Smile: Fluoride Varnish Program:** Serves infants and children from the eruption of their first tooth through children in the fifth grade. The program trains LHD nurses to provide oral health screenings for infants and children from the eruption of their first tooth through children in the fifth grade; application of fluoride varnish to vulnerable teeth of children; referrals as needed for the child and oral health education messages to the parents or guardians of children participating in the program. Fluoride varnishes are primarily used as a decay prevention therapy for pediatric patients and persons at a high-risk for tooth decay. Funded through the Tobacco settlement funds and Title V funds.
• The State Dental Director, a Kentucky licensed dentist, trains public health registered and licensed practical nurses with the KIDS SMILE: Fluoride Varnish curriculum and refresher fluoride varnish training. The curriculum for the fluoride varnish trainings includes: pediatric oral health screening, fluoride varnish application, providing an oral disease prevention message and making proper referrals to oral health professionals.

LHDs are responsible for scheduling fluoride varnish training for public health nurses, providing space and time for the nurses to provide dental screening, fluoride varnish application and referrals as needed for the child and education to the parents or guardians. Staff is responsible for ordering fluoride varnish supplies as needed. Staff is responsible for entering fluoride varnish data on the PEF and Clinic Management (CMS) System as well as other reporting systems, such as GenTrac.

Reporting Requirements: LHD staff enters the fluoride varnish code, D1206, into the Patient Encounter Form. The KOHP works with Central Data Processing to obtain monthly data for the fluoride varnish program.

**Kentucky Sealant Program:** Provides screenings and sealants to elementary children's teeth. Sealants are thin, plastic coatings painted on the chewing surfaces of the back teeth to prevent dental decay in the permanent molars. LHDs use various configurations of personnel to conduct this program: hire their dental staff for the LHD to provide screenings and sealants; contract with a local dentist to provide screening and sealant services; or enlist volunteer dental personnel to adopt a school for yearly screenings and sealant applications.

Oral health education efforts include current oral health materials, public and professional education presentations and events, a website and participation with community partners. The KOHP will assist local coalitions researching and determining the attitudes, beliefs and barriers to oral health. This is an essential step to an effective coalition that will directly meet the oral health needs of the community’s stakeholders, including the unserved and underserved. The Kentucky Oral Health Program staff will provide technical assistance in determining and implementing the strategies, and will attend coalition meetings in order to provide assistance as needed. The KOHP will work with the coalitions in developing their strategies, goals, timelines, and work plans. Funded through state general funds.

LHDs use various configurations of personnel to conduct this program: hire their dental staff for the LHD to provide screenings and sealants; contract with a local dentist to provide screening and sealant services; or enlist volunteer dental personnel to adopt a school for yearly screenings and sealant applications.

• Licensed dentist/s provides a dental examination and applies sealants to elementary children’s molars.
Reporting Requirements: LHDs participating in the sealant program (with local contracted dental professionals) report activity to the KOHP via provided program-specific spreadsheets.

**Public Health Dental Preventive Program**: Employs Public Health Registered Dental Hygienist to provide primary preventive dental services to populations targeted by the LHD’s community assessment. All services in this program are within the scope of practice of a Certified Public Health Registered Dental Hygienist found in the governing laws of the Kentucky Board of Dentistry. This LHD-based program is not required to exist in each health department, but those that chose to establish and maintain such a program will abide by the Board of Dentistry’s standards as well as protocols and guidance provided by the Kentucky Oral Health Program. This program provides primary preventive dental services in accordance with current Kentucky Law and KOHP standards. Funded through State General Fund Medicaid Reimbursement.

- Public Health Registered Dental Hygienists provide primary preventive dental services within the requirements of their certification and within the scope of practice of that licensure and certification.

An LHD-based dental hygiene program must be headed by a certified Public Health Registered Dental Hygienist and services must be conducted within the appropriate scope of practice. Support services for this program could be done through various configurations of local agency resources

Reporting Requirements: Local Health Department staff will enter the services codes through the Patient Encounter Form (PEF) via the PSRS or other program specified services reporting system (i.e. GenTrack or current electronic health record).

**Staff/Provider Requirements**

State Dental Director: Kentucky licensed dentist with public health degree and/or public health experience. Other staff requirements are dependent of specific job duties.

**Medicaid Preventive Health Billing and Coding Procedures Specific to Program**

Billing and Coding Procedures follow those outlined in the PSRS Section of the AR. Reimbursement protocols follow the current Medicaid Preventive Health Fee Schedule for health departments for DMS allowed programs including fluoride varnish activity. The Clinic Management System (CMS) generates billing through its reporting for the services provided by the contracted dentists in participating health departments.

**Other Special Requirements**
• All programs dealing with water fluoridation follow state and federal (Centers for Disease Control and Prevention, Environmental Protection Agency) regulations and guidelines dealing with safe fluoride levels in drinking water.
• The Kentucky Oral Health Program follows all HIPPA guidelines and regulations.
• The Kentucky Oral Health Program follows grantor guidelines for administration and implementation of grants.
• The Kentucky Oral Health Program follows the Association of State and Territorial Dental Directors and Centers for Disease Control and Prevention Best Practices for dental care.

Program Specific Requirements

The KOHP abides by the uniform procedure to be followed by administrative agencies in conducting agency hearings and the procedures to be followed by the Department for Public Health in hearing appeals of actions taken under the public health laws of the Commonwealth.

Special Equipment Requirements

• KOHP staff and the schools employees require fluoride testing equipment (fluoride tester & reagent) for the Rural School and Community Fluoride Programs. Field staff carries spare testers and fluoridation equipment (pumps, saturators, sodium fluoride and flow switches) which are used for school fluoridation and some voluntary community water plants.
• The KOHP provides storage for educational materials, fluoride supplements, forms and water sample kits in the KOHP's office space.
• LHDs provide storage for fluoride supplement materials, water sample kits, sealant materials and fluoride varnish supplies at the local health departments.
• LHDs participating in the Preventive Dental Program must have equipment and supplies common to hygiene programs.

Minimum Patient Responsibility

Parents or guardians of LHD patients are responsible for keeping appointments; placing water to be tested into the test tube and mailer; placing mailing labels on the mailer containing the water sample submitted for testing; and follow-up as required by the water test results. When a water test result indicates a need for fluoride supplementation, parents or guardians of the child are responsible for following directions for providing fluoride supplements to the child; refilling supplements and continuing as needed; and providing the fluoride supplements per LHD nurses’ instructions.

• Parents or guardians are responsible for bringing the child to scheduled appointments for fluoride varnish screenings and applications and services provided through a Public Health Preventive Dental Program (Hygiene). Parents or guardians are responsible for following directions provided by dental health providers and public health nurses.
Services (Arranged and Paid) Include:

- **Rural School Fluoridation Program**: None
- **Community Fluoridation Program**: 0.5 employees are paid through a contract with an LHD; space and associated cost are paid for an FTE through another LHD, both with general funds.
- **Fluoride Supplement Program**: None
- **Kids Smile: Fluoride Varnish Program**: Contract with University of Kentucky for purchase, storage, assembly and dissemination of fluoride varnish kits and teaching materials and data related to these tasks.
- **Kentucky Sealant Program**: MOA to LHDs participating in the Kentucky Sealant Program.
- **Oral Health Services**: including but not limited to Fluoride Varnish services, are always subject to program audits for continuous quality improvement

---

**Passport Well Child Outreach Referral Program**

Passport Health Plan’s HMO ("Passport" hereafter) encourages providers to promote preventive care services for children up to age 21. In an effort to increase member compliance with Well Child screens and referrals, Passport has a formal outreach program.

Passport representatives will attempt to telephone members who are due to have health screens, immunizations, and/or specialty care. Information regarding those members who have not responded to phone calls from Passport Outreach representatives will be forwarded to the appropriate LHD. LHD staff will make home visits to reinforce to Passport members, the importance of receiving preventive care. The outreach procedures to be used by the LHD staff are as follows.

The Passport Referral Program is **not** and **should not** be identified as:

- Passport’s Well Child Preventive Care services for children less than 21 years of age;
- The DPH EPSDT Outreach Program; or
- DPH’s Pediatric Well Child Preventive Services program.

**TARGET POPULATION**

Passport enrolled children ages birth through the birth month of 21 years of age and are newly eligible recipients or those who have not received but were due to have at least one Well Child service in the prior 12 months. A referral list will be provided each month by Passport’s Outreach representative to include a Passport authorization number for each member referred to outreach services. Unless otherwise approved, home visits will be made by the LHD outreach staff based on the referral list from the Passport Outreach representative.
PROGRAM BUDGET

The Passport Referral program is funded by the Passport Health Plan. Passport Referral funds are to be used only for those listed in the Target Population. Passport Referral funds should not be used for Preventive Care services or DPH/Department for Medicaid Services (DMS) EPSDT Outreach services.

Passport Referral Contract Requirements:

SCOPE OF WORK

- The LHD shall assure that the Passport Referral services are kept distinct and separate from Passport’s Preventive Care services for children less than 21 years of age; DPH’s Pediatric Well Child Preventive Health Care services; and DPH/DMS EPSDT Outreach services.
- The LHD shall assure Passport Referral services, documentation, expenditures and reimbursement are kept separate from DPH/DMS’s EPSDT Outreach Program services, documentation, expenditures and reimbursement.
- The LHD shall provide a coordinator to oversee Passport Referral activities. Activities include receiving Passport members referred for services, tracking of those children eligible for services, delegating referral activity responsibilities, and documentation and reporting of activities to Passport.
- The LHD shall assure documentation of Passport Referral services and expenditures based on services completed and not based on expenses.
- The LHD shall assure Passport Billing/Reimbursement procedures for Referral services completed.
- The LHD shall attempt to contact the member/guardian within three (3) business days of receipt of the Passport ‘EPSDT Outreach’ Referral Form (“Passport Referral Form” hereafter).
- The LHD shall make a home visit to the member within five (5) business days of receipt of the Passport’s Referral Form with a Passport HMO prior approval.
- The LHD shall report to Passport the required information listed in the Reporting Section.

DELIVERABLES

- Assure Passport Referral funds are used only for reimbursement for Passport member referral services.
- Assure Passport Referral services, documentation, expenditures and reimbursement are kept distinct and separate from: Passport’s Preventive Care; DPH’s Pediatric Well Child Preventive Health Care; and DPH/DMS EPSDT Outreach services, documentation, expenditures and reimbursement.
- Provide a Passport Referral coordinator to oversee program activities and assure services are provided for only those listed in the targeted population.
• Provide Passport with required documentation of services and assure Billing/Reimbursement procedures are based on Passport Referral services completed and not based on expenses.
• Provide Passport Referral services in compliance with the guidelines listed in this section under Service Description.

Passport Referral Coordinator Role and Responsibilities

LHD’s choosing to opt-in to the Passport Referral program will need to assign a coordinator to oversee program activities, including receiving Passport referral lists and tracking children eligible for services; delegating family contact responsibilities; and documenting and reporting activities. The coordinator must assure that Passport Referral activities are kept distinct and separate from the Passport’s Preventive Health Care services; DPH/DMS’s EPSDT Outreach program; and Pediatric Well Child Preventive Services program.

Passport Referral Service Description

Passport’s representative will provide the LHD with a Passport authorization number for each Passport member referred into Passport Referral services. The LHD will attempt to contact the member/guardian within three (3) business day of receipt of the Passport Referral Form to arrange a home visit. If the member cannot be reached (or the member has no phone), LHD outreach staff will make a home visit to the member’s address as provided by Passport (Review home visit information).

LHD will make a home visit to the member within five (5) business days of receipt of Passport’s Referral form with Passport’s prior authorization. LHD will make unscheduled home visits to members who cannot be reached by phone. If the member is not at home, the LHD will leave a business card or flyer asking the member to call the LHD Passport Referral representative.

LHD will make at least one attempt to visit the member at home. Passport will reimburse for up to three (3) home visit attempts. No more than two (2) attempts should occur within the same week. At the discretion of Passport, authorization may be made to complete a site visit at a location other than the member’s home when the LHD deems this necessary in order to fulfill the outreach effort.
If the member is at home, review with the family/guardian the importance of the child completing their Preventive Health Care services at the appropriate ages. Encourage and assist the family to schedule their Preventive Care appointment for their child with their health care provider.

If needed, provide the family with information about translation services and transportation to the appointment. For assistance in helping families with transportation, please refer to the Human Service Transportation Delivery Program (HSTD). If the family advises you that they have scheduled the child for a Well Child Exam at the doctor’s office, document the doctor’s appointment on the Passport Referral Form.

Document all attempted and successful home visits along with dates of the contacts on the Passport Referral Form. Complete Passport Referral Form and send to Passport (see REPORTING section). Complete the LHD tracking form and send to data entry. Staff member should code and report using cost center 741.

**REPORTING**

Documentation should include the following information:

- Member’s medical/social problems.
- Member’s access to health care and willingness/ability to comply with Preventive Care appointments.
- Member’s health education needs.
- LHD will summarize the visit, including any recommendations, and sign and date the report.
- Documentation of the home visit attempts must be noted on the referral form. Documentation must include the reason the member could not be reached.
- After completion, the Referral Form must be signed and dated.
- The LHD must return the signed and dated completed Passport Referral ‘EPSDT Outreach’ Form within the timeframe identified to:
  
  **Passport Health Plan**
  
  **ATTN: EPSDT Department**
  
  **5100 Commerce Crossings Drive**
  
  **Louisville, KY 40229**

A referral is considered complete whether or not the attempt was successful, if the requisite number of attempts has been made.

**Documentation, Reporting and Coding Requirements for PASSPORT REFERRAL Services:**

- Keep and maintain the list of Passport children submitted for services. The names should be kept until the list is worked. It is recommended to keep the reports for a minimum of one (1) year. After completing the report and the recommended time frame has elapsed, the report can be shredded or burned.
• Keep and maintain a copy of all completed submitted Referral Forms and/or other tracking tools. The reports need to be kept until they are worked. It is recommended to keep the copies for a minimum of one (1) year. After the recommended time frame has elapsed, the report can be shredded or burned.
• Passport Referral services should always be coded to Cost Center 741.
• Passport Referral Forms are to be submitted to Passport upon completion. See Reporting section on how to submit completed the Passport Referral Form.
• To comply with requirements of the Passport Referral contract, a process must be developed to ensure that time coded to Cost Center 741 must reflect the completed services.

OUTCOMES
Families of children < 21 years of age enrolled in Passport will receive information on the importance of receiving preventive health care services.

BILLING/REIMBURSEMENT
The Passport Referral Cost Center is 741. The LHD will send all completed and signed Referral Form to the Passport EPSDT Department as listed in the reporting section. The LHD Passport Referral services completed will be reimbursed at the following rates:

$46.00 per three (3) unsuccessful attempts to make an outreach home visit, or $17.25 per unsuccessful attempt if less than three (3) attempts are made; or $46.00 per successful home visit made by an aide; or $92.00 for a successful home visit by an RN, if it has been pre-authorized.

Summary:
• The Passport Referral program works to provide home visit services to those children enrolled with and have been referred by Passport and who are out of compliance with their Well Child Preventive Healthcare visits.
• Technical assistance and training will be provided as needed and requested by health departments to review best practices, budgets and plans, and goals to promote statewide and county EPSDT Outreach performance improvement:
• Follow HIPAA Guidelines when making phone calls, home visits or making Well Child appointments.
• All outreach material reviewed should be suitable for a 6th grade reading level and consider Limited English Proficiency (LEP).
• A Passport Referral is not considered complete until the requisite number of attempts has been made. At the discretion of Passport, authorization may be given to complete a site visit at a location other than the member's home when the LHD deems this necessary in order to fulfill the outreach effort.
Preconception Health Care and Folic Acid Supplementation Program

Preconception care is defined as the identification of conditions that could affect a future pregnancy but may be altered by early intervention with maternal lifestyle modification and improved health prior to conception. Promoting healthy lifestyles for women may be the most important factor during a preconception care visit in the prevention of birth defects, premature birth, maternal and infant mortality, and other adverse outcomes for the mother and baby. Preconception care is part of a larger healthcare model that results in healthier women, infants, and families.

Preconception care is important to improving the overall health of the nation. Poor birth outcomes continue to be a problem in the United States, and risks associated with poor pregnancy outcomes remain prevalent among women of reproductive age. Prenatal care often starts too late to prevent a number of serious maternal and child health problems.

Components of preconception health care include the following four areas:

- Identification of risk factors
- Individualized education to meet the woman’s needs
- The woman’s decision to alter behavior to modify the identified risks
- Inclusion of folic acid protocols

Preconception assessment of risk factors and subsequent counseling is based on the medical and social history. Preconception counseling is RARELY a stand-alone service. It is usually an additional service that takes place as part of a family planning, preventive health visit, or pregnancy test visit. All reproductive-age women, who have not had a hysterectomy or tubal ligation, should be considered at risk for pregnancy and be advised about anticipatory activities that are important during preconception care. Identification of the following risk factors will provide a plan for preconception care:

- Age
- Family history
- Genetic carrier screening
- Seizure disorder
- Diabetes
- Hypertension
- Congenital malformations
- Thrombophlebitis
- Obstetric history; preeclampsia, intrauterine fetal demise (IUFD), intrauterine growth restriction (IUGR), recurrent elective termination of pregnancies, preterm deliveries
- Human Immunodeficiency Virus (HIV), Sexually Transmitted Infection (STI)
- Nutrition, including folic acid supplementation
- Domestic Violence
- Environmental influences
- Weight management
- Mental illness
- Smoking
- Substance abuse
- Medications
- Fertility

A detailed history should include information on rubella, varicella, and hepatitis B immunizations. Counseling on folic acid supplementation, use of alcohol, tobacco or other drugs (ATOD), appropriate nutrition and weight, and genetic carrier screening (depending on the patient’s ethnicity) should also be provided. Include appropriate referrals to other health care sources as indicated by risk assessment.

Women with an obstetric history that includes such conditions as preeclampsia, IUFD, IUGR, recurrent elective termination of pregnancies, preterm deliveries, thrombophlebitis, diabetes mellitus, gestational diabetes, hypertension, or congenital malformations, should be evaluated and counseled prior to another pregnancy.

Encourage women to formulate a reproductive health plan considering individual risk factors. Such a plan requires an ongoing conscientious assessment of the desirability of a future pregnancy, determination of steps that need to be taken either to prevent or to plan for a pregnancy, and evaluation of current health status and other issues relevant to the health of a pregnancy.

**Laws, Regulations, Guidelines:**

In April 2006, the CDC and its partners developed and released the Recommendations to Improve Preconception Health and Healthcare – United States. The recommendations are aimed at achieving four goals based on personal health outcomes:

- Improve the knowledge, attitudes and behaviors of men and women related to preconception health;
- Assure that all women of childbearing age in the United States receive preconception care services (i.e. evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health;
- Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the inter-conception period, which can prevent or minimize health problems for a mother and her future children; and
- Reduce the disparities in adverse pregnancy outcomes.

The 10 CDC Recommendations are:

1) Each woman, man, and couple should be encouraged to have a reproductive life plan (being intentional about preparing for and starting pregnancies). This includes making decisions about when to have children, how many to have,
how to time pregnancies, and how to ensure the healthiest pregnancies and families. It sometimes involves contraception, sometimes fertility promoting actions, sometimes other behavior changes.

2) Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.

3) As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risk and improve pregnancy outcomes.

4) Increase the proportion of women who receive interventions as follow up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).

5) Use the intra-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (e.g., infant death, fetal loss, birth defects, low birthweight or preterm birth).

6) Offer, as a component of maternity care, one pre-pregnancy visit for couples and persons planning pregnancy.

7) Increase public and private health insurance coverage for women with low incomes to improve access to preventive women’s health and preconception and intra-conception care.

8) Integrate components of preconception health into existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes.

9) Increase the evidence base and promote the use of evidence to improve preconception health.

10) Maximize public health surveillance and related research mechanisms to monitor preconception health.

Folic Acid Supplementation:

Neural tube defects (NTDs) are anomalies of the brain and spinal cord. The two most common NTDs are spina bifida and anencephaly. Spina bifida is the most common permanently disabling birth defect in the United States. The total lifetime cost of care for a child born with spina bifida is estimated to be $560,000. Scientific evidence has proven that 0.4 mg (400 mcg) per day of folic acid, one of the B vitamins, reduces the number of cases of spina bifida and anencephaly. Based on this evidence, in September 1992, the U.S. Public Health Service (USPHS) recommended that in order to reduce the frequency of NTDs and their resulting disability, all women of childbearing age in the United States who are capable of becoming pregnant should consume 0.4 mg of folic acid per day. It is estimated 50-70% of such birth defects are preventable through the ingestion of folic acid prior to pregnancy and in the early prenatal period. Since 1992, efforts have been made to increase daily use of dietary supplements containing 0.4 mg (400 mcg) of folic acid by women of reproductive age.

Many pregnancies are unplanned and since pregnancy is usually discovered at 6 weeks from the last menstrual period, it is too late to prevent these defects. Therefore, it is
essential that all women of childbearing age consume 0.4 mg (400 mcg) of folic acid on a daily basis. This meets the RDA requirement and is recommended by the National Institute of Medicine, American Congress of Obstetricians and Gynecologists, the Centers for Disease Control and Prevention, and the US Public Health Service. (The average woman receives about 100 mcg of folic acid per day from fortified breads and grains.)

In Kentucky, a Folic Acid Campaign to decrease the high incidence NTDs by providing all women of childbearing age access to the B vitamin Folic Acid was initiated in 2000. From 2000-2007, there was a 27% reduction in the rate of neural tube defects in Kentucky. The percentage of women 18-44 reporting knowledge of folic acid aiding in the prevention of birth defects increased from 32.3% in 1997 to 50% in 2006, according to the Kentucky Behavioral Risk Factor Surveillance Survey (BRFSS). The percentage of women 18-44 reporting taking a multivitamin or supplement containing folic acid on a daily basis increased from 29% in 1997 to 43.7% in 2006, according to the BRFSS.

**Target Population:**  
Female patients of childbearing age, who have not had a hysterectomy or tubal ligation.

**Funding:**  
Tobacco Settlement Funds through the KIDS NOW Initiative and additional sources of funding include:

- Discretionary state funds allocated to LHD
- Title V federal restricted funds
- Local tax funds
- Fee collection, donations

**Special Requirement:**  
Preconception care (including folic acid supplementation) should be offered to ALL female patients of childbearing age, who have not had a hysterectomy or tubal ligation, during their initial and annual Family Planning visits as well as during adult preventive visits.

**Staff/Provider Requirement:**  
Nurses (ARNP, RN, or LPN), nutritionist, dieticians, health educators and physicians may provide preconception/ intra-conception health promotion and neural tube defect prevention counseling and folic acid supplementation.
Staff Training:

An orientation module titled Folic Acid Supplementation and Counseling Guidelines is available on TRAIN Kentucky, Course # 1017232. Objectives for this Module include: Identify the difference between folic acid and folate; Discuss sources of folic acid in the diet; Outline the functions and benefits of folic acid in the body; Describe the role of folic acid in pregnancy and healthy fetal development; Define the three major types of Neural Tube Defects (NTDs) and list the major risk factors; and Distinguish between High and Low Risk Factors for Neural Tube Defects.

Reporting Requirement:

DPH Patient Services Reporting System (PSRS) provides a monthly report of the number of patients who received folic acid counseling and supplementation for reporting and reimbursement purposes. A quarterly report is submitted by the Division of Women’s Health to the KIDS NOW Authority.

Resources:

- Free Patient Education Materials
  Centers for Disease Control and Prevention
  Atlanta, Georgia
  (770) 488-7190
  [http://www2.cdc.gov/ncbddd/faorder/orderform.htm](http://www2.cdc.gov/ncbddd/faorder/orderform.htm)

- March of Dimes
  Greater Kentucky Chapter
  4802 Sherburn Lane
  Louisville, KY  40202
  (502) 895-3734

- Kentucky Department for Public Health
  275 East Main Street
  Frankfort, KY  40621
  Attn: Folic Acid Program Coordinator
  (502) 564-3236, extension 3822
  [TRAIN](http://www.marchofdimes.com/professionals/2222_2295.asp) Folic Acid Counseling and Supplementation Guidelines Module – 1017232

---

Public Health Prenatal Program (PHPP)

**Laws, Regulations, Guidelines**

Prenatal care is a key strategy in the prevention of maternal and infant mortality and morbidity. Prenatal care is a Core Public Health Service, which provides program eligible pregnant women access of basic prenatal care, which leads to better birth outcomes for Kentucky.
The following statutes authorize and specify services of the Public Health Prenatal Program (PHPP):

**KRS 211.180 (1), (e) & (f)** – Authorizes the PHPP; refers to the protection and improvement of the health of expectant mothers.

**902 KAR 4:100** – Describes the appropriate services and the financial eligibility for the PHPP.

**KRS 214.160** – Describes the specific laboratory tests of pregnant women and newborn infants, including hepatitis C.

**KRS 311.378** – Describes the requirement to post warning signs on alcohol use and pregnancy in private offices maintained by all licensed physicians. Local Health Departments (LHDs) who provide in-house prenatal services should post these signs in a prominent place in the patient waiting room. A printed sign supplied by the Cabinet for Health and Family Services is available, which warns that drinking alcoholic beverages during pregnancy can cause birth defects.

**Target Population**

The overall mission is to provide prenatal services for pregnant women who might not otherwise receive prenatal care. To be eligible for the PHPP, her income must be at or below the 185% Federal Poverty Level (FPL). The LHDs can provide prenatal services either directly (through an in-house prenatal clinic at the LHD) or either indirectly (through a referral to a contracted qualified prenatal provider for services provided at their office). Any pregnant woman at or below 185% poverty shall be assured prenatal services either directly or indirectly.

**Funding**

The PHPP is funded by State General Funds through the Core Public Health Block Grant. These funds assist the LHDs with assuring basic prenatal services for program eligible women who have no other funding source and who meet the financial eligibility requirement. Medicaid and third party payors should be billed for services when appropriate.

**PHPP Eligibility Guidelines**

Financial eligibility for the PHPP is defined in **902 KAR 4:100**. To be eligible for the PHPP, the pregnant woman’s income shall be at or below **185% Federal Poverty Level** and have no other payor source (i.e., are not Medicaid eligible). DPH recommends in-eligibility for Medicaid be documented by a Medicaid Denial Letter/Declination Form, or similar documentation from the Department for Community Based Services (DCBS), in lieu of a Denial Letter, stating she did present there to apply. Exceptions to this would be a local decision. LHDs may also use WIC documentation to verify income eligibility.

**Key Roles and Responsibilities of the Local Health Department**

All LHDs must assure that pregnant women are enrolled with and seen by an appropriately licensed prenatal care provider. This includes not only arranging an
appointment, but removing any barriers to the pregnant woman attending the appointment and assuring the handoff has taken place for at least the first appointment (if the provider is not in-house). Assurance of prenatal care may be provided in-house, via contract, or without a contract as long as care is provided and no pregnant woman is left without access to prenatal care. If a LHD does not contract with a prenatal provider, the LHD must notify the PHPP/Prenatal Program Coordinator in writing of how the LHD will ensure prenatal care for those program eligible women. For those LHDs providing in-house prenatal care, channels of communication shall remain open with hospitals and medical centers to assure that a higher level of care may be accessed when necessary.

All LHDs shall establish PHPP procedures to appropriately respond to inquiries from pregnant women, who call, visit, or have a positive pregnancy test at the LHD. It is not appropriate for LHD staff to say, “We do not have a Prenatal Program.” An appropriate response may be, “We can assist you in obtaining prenatal services, although we do not provide prenatal services at our site”.

**Presumptive Eligibility Enrollment** - Pregnancy Presumptive Eligibility (PE) is a Kentucky Medicaid program authorized by 907 KAR 20:050. Pregnancy PE enables eligible pregnant women to receive prenatal services for up to a maximum of 60 days, while their full Medicaid eligibility is determined.

LHDs should assist any income eligible pregnant women who present to the LHD with the PE application process, whether or not she is a LHD patient. LHD staff will need to have internet access and complete a free training program provided by the Department for Medicaid Services (DMS) in order to enroll pregnant women in the PE program.

**Presumptive Eligibility for Pregnant Women** guidelines, forms, covered services and additional information. The contact number for the PE Help Desk for certification of pregnant women and general questions is (866) 818-0073.

**Pregnancy PE shall end:**

1. The day preceding the date the presumptively eligible individual is granted full eligibility in the Medicaid Program;
2. The last day of the month following the month in which a qualified provider made the PE determination, if the presumed eligible individual has not apply for the full Medicaid benefit package;
3. The day a woman applies for full Medicaid and is found ineligible or is denied.

The PE applicant will choose their Managed Care Organization (MCO) during the PE application process and will receive the PE eligibility notice upon approval. LHDs are encouraged to be aware of the MCOs their contracted providers are accepting. If an MCO is not selected, one will be assigned to the applicant. The applicant is not able to change their MCO until the beginning of the following month. The PE approved
member can contact DMS at 1-855-446-1245 on the day of approval and select an MCO or the following day to determine what MCO was system assigned. If PE member wishes to change the system assigned MCO, the change is effective the first day of the following month, provided they call before the monthly cut off. Changes requested in the last eight working days of each month are not effective the next month but the following month.

PE Process

1. **First**, the LHD shall assist the pregnant woman in applying for PE upon a positive pregnancy test or when the pregnant woman presents to the LHD and has not already obtained Medicaid. The local DCBS office does not process PE and pregnant women should not be sent there until after they have obtained PE.

2. **Then**, the LHD shall instruct a pregnant woman to apply for full Medicaid benefits prior to the expiration of her PE period. Early application for Medicaid will allow the woman time to receive a Medicaid Denial Letter/Declination Form (if denied) prior to the expiration of her PE and prevent any gaps in prenatal care.

   - The ending of the PE period does not automatically qualify a woman for eligibility into the PHPP.
   - The day the woman applies for full Medicaid her PE benefits will end, even if she is not eligible for Medicaid. LHD staff should work with the woman to receive the immediate prenatal services she needs, while she has PE and prior to the expiration.

3. If the woman does not qualify for Medicaid and wishes to participate in the PHPP, she shall be screened according to the eligibility guidelines prior to enrollment. Denial of Medicaid based on "patient request" or failure to complete the Medicaid application is NOT reason for qualifying for the PHPP.

Service Description

The intent of the PHPP is to assure that prenatal care is available for all pregnant women in the KY regardless of income or ability to pay. At a minimum, the services listed below in Section C should be provided or assured, in accordance with American College of Obstetricians and Gynecologists (ACOG) recommendations. The Core Public Health Grant Funds should be utilized to assist in payment for these services for pregnant women who qualify for the PHPP. Some pregnant women may require additional services and the LHD can make determinations based on individual needs and resources within their local budgets. LHDs can cover additional prenatal patients and services from other funding sources. Updated information and forms, may be located at the PHPP webpage.

ACOG guidelines detail the number and type of visits, labs, and procedures that should occur. The content and timing of prenatal care should vary according to the risk status.
of the mother and the fetus. Typically, a prenatal patient with an uncomplicated pregnancy will be seen monthly for the first 28 weeks of pregnancy, every 2–3 weeks until 36 weeks of gestation, then weekly until delivery. The prenatal medical provider must use professional judgment in determining the frequency of visits in the prenatal patient with risk factors. For LHDs providing in-house prenatal care, services should be transferred to the OB provider at 35–36 weeks gestation.

It is recommended that the standardized ACOG Antepartum and Discharge/Postpartum Form be used during the course of care to document risk assessment, intervention activities, and facilitates communication by providing continuity of care.

A. PHPP Service Description includes, at a minimum:
   1. All approved medical provider visits at the contracted obstetric provider office or LHD (Refer to ACOG periodicity schedule)
   2. Routine prenatal laboratory tests according to ACOG recommendations.
   3. Procedures (when medically necessary):
      - 1 baseline ultrasound (15–20 weeks) to confirm EDC and exclude congenital anomalies, 2nd (or more) if medically indicated and documented (i.e., 32–34 weeks of gestation to assess fetal growth restriction for women at high risk),
      - Non-stress tests, if medically indicated and documented for fetal well-being,
      - Contraction stress tests, if medically indicated for fetal well-being and documented,
      - Amniocentesis, if medically indicated and documented (but not chromosome analysis)
   4. Pelvic Exam; Abnormal PAP test follow-up can be referred to the Kentucky Women’s Cancer Screening Program
   5. Medications:
      - Prenatal Vitamins/Folic Acid/Supplemental Iron (if indicated)
      - Treatment of Vaginal Infections/Urinary Tract Infections
      - Progesterone for prevention of preterm birth with vaginal progesterone capsules and hydroxyprogesterone caproate.
      - Other medication(s) only upon special approval
   6. Delivery-Physician or Certified Nurse Midwife for vaginal delivery including postpartum care
   7. Physician Services:
      - C-section, including postpartum care
      - D & C for spontaneous abortion and for postpartum hemorrhage
      - Emergency Postpartum Hysterectomy
      - Treatment of Ectopic Pregnancy
   8. Postpartum Sterilization (maternal), with appropriate consent
   9. Problem Visit(s)/transfer of care to OB from FP or Nurse Midwife
   10. Initial Sub-specialty/Maternal Fetal Medicine Consultation
   11. Postpartum Visit (may be done as a Family Planning visit)

The PHPP does not provide reimbursement for the following:
• Sub-Specialty care beyond an initial consultation;
• Treatment of non-pregnancy related conditions;
• Any test/procedure not related to the pregnancy;
• Chromosome analysis;
• Any inpatient hospital charges, including services of a Hospitalist/Laborist, or
• Any outpatient hospital charges not covered under a negotiated contract rate.

**Standard Clinical Requirements**

• Prenatal services, regardless of the type of provider or location of services (LHD or provider office) shall align with the current standards of care as specified in the current edition of *Guidelines for Perinatal Care*, developed through the cooperative efforts of ACOG and the American Academy of Pediatrics (AAP).
• Facilities/Supplies/Equipment shall comply with ambulatory obstetrical care standards as specified in the current edition of *Guidelines for Perinatal Care*.
• The LHD shall ensure the necessary clinical equipment used at the in-house prenatal clinics is in proper working order, maintained and calibrated according to manufacturer’s directions, and is sufficient to provide basic screening tests.

**Staff Requirements**

1. Prenatal care shall be provided by appropriately licensed or certified personnel acting within their legal scope of practice. Prenatal care providers must be licensed in Kentucky and board certified in obstetrics, family practice or nurse midwifery.
2. Appropriate medical providers for prenatal care include perinatologists, obstetricians, certified nurse-midwives, and family physicians with advanced training in obstetrics.
3. Advanced practice registered nurses with who are certified as women’s health practitioners and have both training and experience in obstetrics may provide routine prenatal/postpartum visits.
4. The medical care of the pregnant woman shall be initiated and managed by a physician or certified nurse midwife. If prenatal care is not under the direction of an obstetrician, an obstetrician shall be available for consultation.
5. High-risk patients should be seen by an obstetrician.
6. Registered nurses are not acceptable providers of medical care for the prenatal client, but may provide adjunct or support care in accordance with the Scope and Standards of the Kentucky Nurse Practice Act.
7. Registered nurses, who have completed the DPH Prenatal Training or other DPH approved continuing education course in the routine care of the pregnant woman, may provide support services, education and counseling
at routine prenatal visits. This does not include providing clinical services such as electronic fetal monitoring, non-stress tests, or ultrasounds.

8. Licensed practical nurses under the supervision of a registered nurse, who have completed the DPH Prenatal Training or other DPH approved continuing education course in the care of the pregnant woman, may also provide support services within their scope of practice.

9. In addition, other professionals appropriately licensed or certified may provide support services within their scope of practice. Those professionals may include:
   - Social workers;
   - Dietitians/Nutritionists;
   - Lactation Consultants;
   - Childbirth Educators.

10. The MCH Coordinator may provide case management and care coordination for PHPP patients when these services are not done as part of the clinical visit.

11. Contracted Providers - A staff member of a contracted physician's private office, working in conjunction with the physician at the LHD, shall meet the following requirements:
   - The staff member shall be a currently licensed professional, educated/trained to perform the designated functions in the health department.
   - The functions, which the individual performs, shall be clearly enumerated within the private physician's contract.

Program Specific Offerings

1. DPH Prenatal/Postpartum Comprehensive Training: the two – three day training is required for nurses who work with the PHPP in a LHD in-house prenatal clinic.

2. Annual DPH Perinatal Update: this is required for nurses who work with the PHPP in a LHD in-house prenatal clinic.

Reporting Requirements

1. Each LHD (regardless of providing in-house or referral services) shall report the data below on a quarterly basis to the DPH/MCH/Prenatal Program Coordinator.

2. The PHPP Reporting Form should be completed and faxed to the attention of the Prenatal Program Coordinator at (502) 564-5766.

3. The reporting schedule is as follows:
   The reporting data for:
   - July – September is due by November 1;
   - October – December is due by February 1;
   - January – March is due May 1;
   - April – May is due by June 15.

4. The data should reflect the women that are participating in the PHPP (income at or below 185% FPL). Report the following data:
• The total number of unduplicated women served in the LHD.
• The total number of unduplicated women referred from the LHD to a prenatal provider or FQHC.
• The total number of unduplicated prenatal/postpartum services provided to these women. This refers to CPT coded prenatal services.

5. The LHD should collaborate with the contracted providers and/or referral agencies (such as FQHCs) on a method for obtaining this information from them for women that have an income at or below 185% FPL and have no payor source.

**Billing and Coding Guidelines**

1. For services provided in the LHD, reporting of client information is collected through the Patient Services Reporting System (PSRS). All services provided through the PHPP shall be entered into the PSRS according to the DPH/Administrative Financial Management (AFM) guidelines as outlined in the PSRS Section of the AR. If further clarification on preventive health billing or medical coding is needed, contact the LHO Branch.

2. For services provided through fee-for-service contracts, LHD should enter the services into the PSRS system. For services provided through a global fee contract, invoices can be submitted to AFM Division Office for contract payments just as with other contracts.

3. Billing and coding procedures should be based on the latest DPH Uniform Percentage Payment Schedule based on the most current Federal Poverty Guidelines.

4. Pregnant women at or below 185 % FPL will be assigned payor code 7. The Core Public Health Grant funds can assist in payment for these services. These patients shall not be charged a co-pay, sliding scale fee, nor balance-billed, nor turned over to collections.

5. Payment for services to the provider shall be at the current Medicaid rate unless a lesser negotiated rate has been determined. The payment should be considered "payment in full". The Contractor shall agree to not balance-bill or charge these patients.

6. Payments to contracted providers with a fixed fee contract amount, instead of a fee for service contract, may be paid on a monthly or quarterly basis as determined by the LHD. Invoices from the provider to the LHD shall be submitted to the Contracts and Payments Branch, AFM Division, Department for Public Health per AFM guidelines.

7. The LHD nurse who provides counseling to the prenatal patient enrolled in PHPP may provide counseling on the same day and time the patient is seeing the medical provider for prenatal care, as long as there is not duplication of services.

8. Guidance for contracts with clinical providers is presented annually in the AFM Contract training and available from the MCH Prenatal Nurse Consultant. Templates of contract language are also available.

9. Refer to the table below for the billing and coding of progesterone for PHPP patients. An override may be entered for the Reimbursed
Rate/Dose to reflect the actual cost of the progesterone.

<table>
<thead>
<tr>
<th>Type of Progesterone</th>
<th>ICD 10 Code</th>
<th>CPT Code</th>
<th>Modifier</th>
<th>Provider Class</th>
<th>Reimbursement Rate/Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progesterone, 100 mg vaginal capsule, compounded formulary</td>
<td>O09212 or 026872</td>
<td>W0120</td>
<td>M1</td>
<td>10, 20, 30</td>
<td>$5.00</td>
</tr>
<tr>
<td>Progesterone, 200 mg vaginal capsule, compounded formulary</td>
<td>O09212 or 026872</td>
<td>W0120</td>
<td>M2</td>
<td>10, 20, 30</td>
<td>$5.00</td>
</tr>
<tr>
<td>Prometrium, 100 mg vaginal capsule, commercial formulary</td>
<td>O09212 or 026872</td>
<td>W0121</td>
<td>M1</td>
<td>10, 20, 30</td>
<td>$5.00</td>
</tr>
<tr>
<td>Prometrium, 200 mg vaginal capsule, commercial formulary</td>
<td>O09212 or 026872</td>
<td>W0121</td>
<td>M2</td>
<td>10, 20, 30</td>
<td>$5.00</td>
</tr>
<tr>
<td>Hydroxyprogesterone Caproate, 250 mg injection, compounded formulary</td>
<td>O09212</td>
<td>J1725</td>
<td>-</td>
<td>10</td>
<td>$10</td>
</tr>
</tbody>
</table>

Prior Authorization for Prenatal Services

Each Managed Care Organization (MCO) has its own guidelines regarding prior authorization of services. Please check with each MCO for these specific guidelines and forms. The KY Medicaid MCO webpage contains the contact information for each available MCO.

Minimum Patient Responsibility

The following guidelines can be utilized by the LHDs to develop a prenatal patient agreement for patients who receive services paid for by the LHD. A signed copy of this agreement shall be given to each patient and a copy shall be placed on file in the administrative section of the patient’s medical record.

The patient shall agree to:

- Provide requested information to the LHD during the enrollment process (i.e., Medicaid Denial Letter or other documentation, verification of income, identity and residency according to WIC guidelines) if requested.
- Apply for a medical card at any time during pregnancy that her family income changes and she may become eligible for Medicaid.
- Apply for the Time-Limited/Emergency Medical Card for herself and the baby at the time of delivery. This includes two separate applications, one for the mother and another for the baby.
- Be responsible for the payment of hospital charges, non-pregnancy related medical care, and services not authorized by the LHD.
- Keep all scheduled appointments (if unable to keep an appointment, call and reschedule).
- Make every effort to follow all clinical counseling concerning tobacco, drugs and alcohol use, nutrition, exercise, and other medical management, in order to have a healthy baby.
- Go immediately to the emergency room, hospital labor and delivery (or prenatal provider’s office), as instructed, if any signs of preterm labor or other complications should arise during the pregnancy.
- Attend prenatal classes, where available.
- Return to the LHD or the prenatal provider’s office for postpartum/family planning services.

**Preventive Services Protocols: History, Physical Exam, Screening Procedures**

**Laws, Regulations, Guidelines**

The Preventive Program is provided by DPH under contract with the Kentucky Department of Medicaid Services. The purpose is to assure access to preventive health services for all Kentuckians, primarily low income families who do not have a medical home. The incidence of preventable disease, disabilities and injuries is reduced by providing preventive health services to low income children and by collaborating with community based and state level health and human services providers to develop a system of health care for the benefit of all children.

**902 KAR 4:100. Maternal and child health services.**

RELATES TO: [KRS 194A.050](https://statutes.ky.gov/KRS194A050) Execution of policies, plans, and programs -- Administrative regulations -- Fees.

STATUTORY AUTHORITY: [KRS 194A.030](https://statutes.ky.gov/KRS194A030); [200.460](https://statutes.ky.gov/200460); [200.470](https://statutes.ky.gov/200470); [200.490](https://statutes.ky.gov/200490); [211.900](https://statutes.ky.gov/211900); [214.155](https://statutes.ky.gov/214155); [214.160](https://statutes.ky.gov/214160); [214.185](https://statutes.ky.gov/214185)

NECESSITY, FUNCTION, AND CONFORMITY: The CHFS, Department for Public Health Services is responsible for administering the programs of services in accordance with Title V of the Social Security Act (maternal and child health block grant). [KRS 194A.050](https://statutes.ky.gov/KRS194A050) empowers the secretary to promulgate such administrative regulations as are necessary to implement programs that qualify for the receipt of federal funds. This administrative regulation sets forth the eligibility requirements for receipt of services under certain maternal and child health programs and describes the minimum types of services under each of those programs

**907 KAR 11:034.** Early and periodic screening, diagnosis, and treatment services and early and periodic screening, diagnosis, and treatment special services.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 205.520 authorizes CHFS, by administrative regulation, to comply with any requirement that may be imposed or opportunity presented by federal law for the provision of Medicaid to Kentucky's indigent citizenry. This administrative regulation establishes the provisions relating to the early and periodic screening, diagnosis and treatment service and early and periodic screening, diagnosis and treatment special services for which payment shall be made by the Medicaid Program on behalf of both categorically needy and medically needy children under age twenty-one (21).

**Target Population**

- Persons who are unable to access the services of a medical home for preventive exams and screenings.
- Priority for services will be to persons from low-income families or whose total annual Family income does not exceed 185 percent of the most recent federal Income Poverty Guidelines.
- Charges for services will be made to persons other than those from low-income families.

**Funding**

Preventive services are funded through Medicaid Billing and may be paid from the Core Public Health Block grant when appropriate.

**Staff/Provider Requirements**

Review the MCH Coordination and Improvement Collaborative Grant and Family Planning Program (Title X) staff/provider requirements of this AR Program Descriptions section.

**Training**

Registered Nurses providing preventive services in a local health department must complete the required trainings for the program whose services they are providing.

**Reporting Requirements**

Reporting of client information is collected through the Patient Services Reporting System (PSRS).

**Special Equipment Requirements**

- Providers shall be located in a facility that is constructed, equipped and maintained to ensure the safety of the children and provide a functional, sanitary environment.
- The area utilized during the screening examination shall provide adequate privacy.
- The provider shall have the necessary equipment, in proper working order, to provide the basic screening tests outlined in the CCSG.
Service Description & Key Roles & Responsibilities of Health Department

PHYSICAL ASSESSMENT
In the delivery of health services, every patient deserves a general survey at every encounter with a health care provider. A general survey may be described as an overall review or first impression that the health care provider has of a person’s well-being. This could be as simple as a visual observation and encompasses the following examples and components dependent to some extent on age.

- **Appearance** – appears stated age; sexual development appropriate; alert, oriented; facial features symmetric; no signs of acute distress
- **Body structure/mobility** – weight and height within normal range; body parts equal bilaterally; stands erect, sits comfortably; walk is smooth and well balanced; full mobility of joints
- **Behavior** – maintains eye contact with appropriate expressions; comfortable and cooperative with examiner; speech clear; clothing appropriate to climate; looks clean and fit; appears clean and well groomed

Deviations from what would generally be considered to be normal or expected should be documented and may require further evaluation or action.

Information about audiometric screening and the Snellen Test for vision screening are covered in this section.

HEALTH HISTORY
A patient history should be done as indicated by the age specific Preventive Health Guidelines.

A comprehensive history (including chief complaint or reason for the visit, a complete review of systems and a complete past family and/or social history) should be obtained on the first preventive health visit by the physician, advanced registered nurse practitioner, physician assistant or nurse. The history should be age and sex appropriate and include all the necessary questions to enable an adequate delivery of services according to the Preventive Health Services and/or the patient’s need, visit requirement, Health Guidelines, or request. The completion of the history component of the Health History and Physical Examination Form will assist in the assessment of the patient’s past and current health and behavior risk status. Certain health problems, which may be identified on a health history, are more common in specific age groups and gender. These may be found in the Preventive Health Guideline section as things for which to be alert.

An interval history (including an update of complaints, reason for visit, review of systems and past family and/or social history) should be done as indicated or as identified on the age specific Preventive Health Guidelines.
Completion of all items on the history component of the Interval Health History and Physical Examination Form will give a picture of the patient’s current health and behavior risk status. Additional information may be required depending on the specialized service(s) to be provided.

Guidelines for other than preventive health visits will require the components of the history appropriate for the presenting special need or conditions. The level of history indicated may be problem focused, expanded problem focused, detailed, or comprehensive. Depending upon the level of history obtained, documentation may be on the history portion of the Health History and Physical Examination form or in the service notes, but some notation must be recorded for each visit; the visit must be coded according to the level of detail and complexity that is documented.

**PHYSICAL EXAMINATION**
A comprehensive or partial physical examination should be done at appropriate intervals by appropriate staff, and according to the age specific preventive health guidelines for services. The AMA Guidelines recognize the following body areas and organ systems for purpose of the examination:

**Body Areas:** Head (including the face); Neck; Chest (including breasts and axillae); Abdomen; genitalia, groin, buttocks; Back (including spine); and each extremity.

**Organ Systems:** Constitutional (vital signs, general appearance), Eyes, Ear, Nose, Throat; Cardiovascular; Gastrointestinal; Genitourinary; Musculoskeletal; Dermatological; Neurological; Psychiatric; Hematological/lymphatic/immunological.

AMA guidelines recognize only a multisystem exam or body areas. At present, either is acceptable for use. When a comprehensive physical examination is indicated on the schedule, the physical examination component on the forms should be completed in its entirety to document the assessment of all body areas and organ systems, as appropriate to the individual’s age and medical history. Normal and abnormal findings and pertinent negatives should be recorded.

The examination appropriate for other than preventive services may be problem focused, expanded problem focused, detailed or comprehensive. Except for a comprehensive exam, the pertinent findings may be documented on the Health History and Physical Examination forms.

Certain health problems, which may be identified on a physical examination, are more prevalent in specific age groups and gender. These will be found in the Preventive Health Guidelines as something for which to be alert.

**MEASUREMENTS**
Body measurements include length or height, weight, and head circumference for children from birth to 36 months of age. Thereafter, body measurements include height and weight. The assessment of hearing, speech and vision are also measurements of an individual’s function in these areas. The Ages and Stages
Developmental Screening is a tool to measure an infant’s and young child’s gross motor, language, fine motor-adaptive and personal-social development. If developmental delay is suspected based on an assessment of a parent’s development/behavior concern or if delays are suspected after an assessment of development benchmarks, a written referral is made to a Physician or First Steps for further evaluation. Other developmental tools include a developmental screening assessment, as taught in the Pediatric Assessment Course; age-specific benchmarks in the Pediatric Preventive Guidelines may be used as a guide.

A patient’s measurements can be compared with a standard, expected, or predictable measurement for age and gender. The Body Mass Index (BMI) chart in this section applies to adults. Age and gender appropriate growth charts in the Forms Section apply to children. Deviation from standards helps identify significant conditions requiring close monitoring or referral.

The significance of measurements and actions to take when they deviate from normal expectations are found in the age-specific Preventive Health Guidelines.

**MEASUREMENT PROCEDURES**

**Height:**

Obtain height by measuring the recumbent length of children less than 2 years of age and children between 2 and 3 who cannot stand unassisted. A measuring board with a stationary headboard and a sliding vertical foot piece shall be used. Lay the child flat against the center of the board. The head should be held against the headboard by the parent or an assistant and the knees held so that the hips and knees are extended. The foot piece is moved until it is firmly against the child’s heels. Read the measurement to the nearest 1/8 inch.

Obtain a standing height on children greater than 2 to 3 years of age, adolescents, and adults. Measurements may be accurately made by using a graduated ruler or tape attached to the wall and a flat surface that is placed horizontally on top of the head. The patient is to be wearing only socks or be bare foot. Have the patient stand with head, shoulder blades, buttocks, and heels touching the wall. The knees are to be straight and feet flat on the floor, and the patient is asked to look straight ahead. The flat surface (or moveable headboard) is lowered until it touches the crown of the head, compressing the hair. A measuring rod attached to a weight scale shall not be used.

If recumbent length is obtained for a two year old, it is plotted on the birth to 36 months growth chart, whereas, if standing height is obtained for a two year old, plot on the 2 to 18 year growth chart. Plot measurements for children on age and gender specific growth charts and evaluate accordingly.

**Weight:**
Balance beam or digital scales are to be used to weigh patients of all ages. Spring type scales are not acceptable. CDC recommends that all scales should be zero balanced and calibrated. Scales must be checked for accuracy on an annual basis and calibrated in accordance with manufacturer’s instructions. Prior to obtaining weight measurements, make sure the scale is “zeroed”. Weigh infants wearing only a dry diaper or light undergarments. Weigh children after removing outer clothing and shoes. Weigh adolescents and adults with the patient wearing minimal clothing. Place the patient in the middle of the scale. Read the measurement and record results immediately. Scales should be calibrated annually. Plot measurements on age and gender specific growth charts (see Forms Section) and evaluate accordingly.

**Body Mass Index:**

The **Body Mass Index** (BMI) is a measure that can help determine if a person is at risk for a weight-related illness. Instructions for obtaining the BMI are included within the chart in this section for adults. To calculate BMI for children, see BMI Tables for Children and Adolescents for guidance.

**Head Circumference:**

Obtain head circumference measurement on children from birth to 36 months of age by extending a non-stretchable measuring tape around the broadest part of the child’s head. For greatest accuracy, the tape is placed three times, with a reading taken at the right side, at the left side, and at the mid-forehead, and the greatest circumference is plotted. The tape should be pulled to adequately compress the hair.

**Vital Signs:**

Vital signs, generally described as the measurement of temperature, pulse, respirations and blood pressure, give an immediate picture of a person’s current state of health and well-being. Normal and abnormal ranges with management guidelines are listed in the [CCSG](#).

**PROCEDURES FOR MEASURING HEARING (Birth to Adult)**

Hearing is assessed in infants and young children (1–36 months) by observing responsiveness to 3 tones, i.e., voice, bell, rattle. (Do not use a hand held screening audiometer).
Administration of an acceptable response to:

1. **Voice:** With the child not facing you, stand behind the child within 6–12 inches of either ear. Place your hand between you and the child so the infant/child does not respond to feeling your breath; whisper the child’s name. Repeat with the other ear. *Hearing is normal if the child turns to the direction of voice for each ear.*

2. **Bell and Rattle:** Hold the bell/rattle to the side and behind the child’s ear, ring the bell/shake the rattle softly. Try again, if no response. Repeat with the other ear. *Hearing is normal if the child responds by an eye movement, change in expression, breathing rate or activity.*

*Hearing is assessed in children 3 years and older (depending on understanding and cooperativeness), adolescents, and adults with pure tone screening (audiometers). If unable to test the child using the pure tone screening procedure, assess the hearing as described for younger children.*

**Testing Area:**

*The room used for hearing screening should be as quiet as possible, because background noise interferes with the accuracy of the test and leads to false positive results. Examples of background noise are hallways, fluorescent light hum, etc. The tester, who has normal hearing, may test him/herself to be sure that ambient noise does not interfere with testing. The testing room must be at least large enough to accommodate a table for the audiometer and chairs for the tester and patient. The patient’s chair should be positioned so that the patient cannot see the operation of the audiometer.*

**Pure Tone Screening Procedure:**

A: **Audiometer**

1. Power: Turn on.
2. Masking: Check to insure that masking is turned off.
3. Output Selector: **Red earphone** is for the right ear *(Hint: R for R)*
   **Blue earphone** is for the left ear.
4. Tone Level or Tone Interrupter: Normally Off. Press down to produce tone.
5. The following test levels shall be followed for these frequencies:
   a. 1000Hz  2000Hz  4000Hz
   b. 20dB for sound proof room
   c. 25dB for exam room
6. Patients being tested with pure tone audiometer are given verbal instructions to raise their hand when the tone is heard. Children age 6
and below may be able to raise the hand, but it is often easier to have them drop a block. Children below age 6 should have a demonstration: Place the headphones on the table or in your lap, present a tone at 90dB and raise your hand/drop a block. Repeat this having the child perform with you simultaneously. Repeat the tone, but allow the child to perform alone. TURN THE TONE BACK DOWN to 20dB, then place the headphones on the child (adolescent, adult) and proceed with the specified test levels.

B: Screening

1. Set frequency dial at 1000Hz.
2. Set hearing level at 20dB
3. Present the tone by pressing the tone level.
4. To be assured that the patient is responding correctly, the tone may need to be presented several times. Once the desired response is received (i.e. drop a block/raised hand), continue the test and complete the screening as follows:
   a. Sound Proof Room
      i. Test right ear at 1000, 2000, and 4000 Hz at 20dB.
      ii. Test left ear at 1000, 2000, and 4000 Hz at 20dB.
   b. Exam Room Area
      i. Test right ear at 1000, 2000, and 4000 Hz at 25dB.
      ii. Test left ear at 1000, 2000, and 4000 Hz at 25dB.
5. If the patient DOES NOT RESPOND to the first tone presented in the right ear at 1000 Hz at 20dB (25dB) then:
   a. Increase the hearing level to 30dB (leave on right ear at 1000 Hz)
   b. If no response then increase to 40dB
   c. If no response then increase to 50dB
   d. If no response then switch the control to the left ear and follow the same procedure, increase by 10dB and decrease by 5dB.
6. Normal hearing test per audiometer:

   20dB each ear, each tone – sound proof room

   25dB each ear, each tone – exam room area

   a. The screening test is failed if the patient fails to hear any one tone in either ear.
   b. A rescreening test should be administered in two weeks for the patient, and if the patient fails the second screening, he should be referred for proper follow-up.
PROCEDURES FOR ASSESSING VISION: METHODS OF ASSESSING VISION IN CHILDREN

NEWBORN:
In newborns, a red reflex should be checked using an ophthalmoscope if this is not documented from the hospital records. If a red reflex is not seen, the baby should be referred for medical evaluation. Newborn vision is tested mainly by checking for light perception by shining a light into the eyes and noting responses such as blinking, following the light to midline, increased alertness, or refusing to open the eyes after exposure to the light.

INFANTS AND YOUNG CHILDREN UP TO AGE 36 MONTHS:

Binocularity Test
Normally, children 3–4 months of age achieve the ability to fixate on one visual field with both eyes simultaneously (binocularity). One of the most important tests for binocularity is alignment of the eyes to detect nonbinocular vision or strabismus.

Two tests commonly used to detect malalignment are:

1. The corneal light reflex test (also called the red reflex gemini test). A flashlight or the light of an ophthalmoscope is shined directly into the child’s eyes from a distance of about sixteen inches. If the eyes are normal, the light falls symmetrically within each pupil. If the light falls off center in one eye, the eyes are malaligned.
2. The cover test. In the cover test, one eye is covered and the movement of the uncovered eye is observed when the child looks at a near or distant object. If the uncovered eye does not move, it is aligned. If the uncovered eye moves, a malalignment is present.

Inspection of Internal Structures
The nurse inspects the red reflex, the optic disc, the macula, and the blood vessels by performing an ophthalmic examination. In a darkened room, hold the light source at arms length, draw the child’s attention to look directly at the light. Both retinal reflexes should be red or red-orange and of equal intensity.

It is important to remember that the ophthalmoscope permits only a small area of visualization. In order to perform an adequate examination, the nurse must move the ophthalmoscope systematically around the fundus to locate each structure. The fundus derives its orange-red color from the inner two layers of the eye, the choroid and the retina, which are immediately apparent as the red reflex. A brilliant, uniform red reflex is an important sign, because it virtually rules out almost all serious defects of the cornea, aqueous chamber, lens and vitreous chamber.
Observation

Observe that the infant or child follows light or a bright colored object.

THREE YEARS AND OLDER:

Testing for Alignment of Eyes

Binocularity, as described above using the Corneal Light Test (Red Eye Reflex Gemini Test) and the cover/Uncover Eye Test are the methods used to test vision of children ages three years and older as well. Both tests are described on the previous page.

Inspection of Internal Structures

Ophthalmoscope Examination – Red Reflex Exam

AGES THREE YEARS TO ADULT:

Visual Acuity

Snellen “E” Chart or instrument vision tester, i.e. OPTEC 2000/Titmus, etc.

Supplies you will need for the Snellen Test

- Snellen “E” Chart
- Window card
- Tape measure
- Adequate lighting
- Large symbol “E”
- Individual eye covers (may be made with construction paper cut with rounded corners or cone paper cups) to prevent the spread of infections.

Prepare The Screening Area:

- Select location that is quiet and free from distractions.
- Select location that has light colored wall that has no glare or shadows.
- Attach Snellen “E” chart to wall so that the patient’s eye level is on the 20-foot line.
- Light intensity on chart should be 10 – 20 foot candles evenly diffused over chart.
- Cover upper and lower portion of the chart with cover cards.
- Mark exactly 20 feet of distance from chart.

Prepare The Child

- Show the child the large letter “E” so he/she is familiar with the symbol.
- A game can be made with teaching the child to point in the direction the “table legs” of the “E” are pointed so he will understand the various positions of the “E”.
- Place child in standing position at the 20-foot mark and facing the chart. A set of footprints affixed to the floor with the heels at the 20-foot mark may help the child keep the proper position.
Teach the child to keep both eyes open during the test (when covering either eye).

Procedure

- Test both eyes first, then the right eye and the left eye.
- If patient wears glasses, test with and without glasses.
- In testing one eye, occlude the other eye with an occluder or cone cup.
- Begin on the 50-foot line of the Snellen “E” Chart for 3, 4, and 5 year olds. If that line is read correctly go to the 40-foot line.
- Begin on the 40-foot line of the Snellen “E” Chart for all patients above 6 years of age. If that line is read correctly, go to the 30-foot line.
- With upper and lower portions of the chart covered, use window card to expose one symbol at a time.
- Move window card promptly and rhythmically from one symbol to another at the speed with which the patient seems to keep pace.
- In linear testing, it may be necessary to use a pointer to indicate the letter.
- Patient points with his arm or hand in the direction the legs of the “E” point.
- To pass a line the patient must see one-half, or more than half of the symbols on that line.
- Observe for signs of eye problems, i.e. tilting the head, peeking around the occluder.
- Record visual acuity (the last successful line read in the order tested), e.g. both eyes – right eye – left eye.

Record the results as a fraction – e.g. 20/30, 20/40, etc. The numerator represents the distance from the chart; the denominator represents the last line read. A reading of 20/50, for example, indicates that the child read at 20-feet the line that should be read at a distance of 50-feet. The larger the denominator is, the poorer the vision. If unable to assess vision on a three year old with the Snellen “E” Chart, counsel parent/caretaker to play the “E” game and schedule a vision screening in 3 or 4 months.

Vision acuity is assessed in the school age child, adolescent and adult by the Snellen alphabet chart or instrument vision tester. Follow the same procedure for testing both eyes, then the right eye and the left eye, occluding the eye not being tested. Begin testing with the line above the referral line and test down to the appropriate line if possible. If the patient wears glasses, test with and without glasses.

When using an instrument vision tester, follow manufacturer’s direction for vision assessment.

**Snellen Test Referral Criteria for Ages 3–5**

Refer children to an ophthalmologist or optometrist if visual acuity is poorer than 20/40 or poorer in either eye, if there is a two line difference between the eyes even
if in passing range (i.e. 20/25, 20/40), or if signs of possible visual disturbance are present.

**Snellen Test Referral Criteria for Ages 6–Adult**

Refer the individual to an ophthalmologist or optometrist if visual is poorer than 20/30 in either eye if there is a two line difference between the eyes, even if in passing range (i.e. 20/20, 20/30), or if signs of possible visual disturbance are present.

In accordance with [KRS 200.703](https://statutes.louisville.edu/krs/200.703), Early Childhood Development, all children enrolling in the Kentucky school system must have a vision examination by an optometrist or ophthalmologist before entering school.

**CONDUCTING SCOLIOSIS SCREENINGS**

While not an absolute “measurement”, scoliosis screening is conducted as a part of a Preventive Health Assessment at certain ages. (mass screenings are no longer recommended). Using the appropriate procedure for this screening is essential and is included here for that reason.

Watch the child walk toward you, then turn and walk away. Notice any signs of leg length discrepancies. With back bare, the child should stand straight, feet together, looking straight ahead, arms at his/her side. Examiner will look for the following:

- **Head**: See if it is centered over the pelvis (a plumb line may be helpful in checking this);
- **Alignment**: Does the head and base of the neck line up over the center of the sacrum?
- **Shoulders**: See if they are level; (Is one shoulder higher or lower than the other side or is there a fullness on one side of the neck?)
- **Scapulas (shoulder blades)**: See if one is more prominent than the other;
- **Arms**: See if they are equal distance from the sides; (Is there a greater distance between the arm and flank on one side or the other?)
- **Waist**: See if the indentions (waist side curves) are the same; (Is there a deeper crease over one side of the waist than the other?)
- **Spine**: As noted by observing the spinous processes; (Does it appear to curve?)
- **Hips**: See if they are level; (Is there an asymmetrical contour of the flanks and hips?)

The child should then bend forward with head down, the back parallel to the floor and their hands clasped; is there prominence or a bulge on one side of the back or flank?

View the child from the side, looking for:

- **One scapula (shoulder blade)** being more prominent than the other;
- **Kyphosis** (round back);
- **Lordosis** (sway back).

Any one of the findings suggests an underlying scoliosis curve, which deserves further evaluation. The Orthopedic Systems, Inc. Scoliometer is a device that provides a way to measure the degree of rotation of a deformity of the back found on routine spinal
examination. The Scoliometer is not used in place of the screening previously described, but if used in concert with the routine screening, it will provide objective guidelines for referral and also reveals small curvatures, which do not require referral, but do need rescreening. If a deformity is suspected, the device is placed across the deformity at right angles to the body and the degree of rotation is read from the scale. The manufacturer’s recommendations should be followed regarding positive findings in need of follow-up or referral, or a local medical advisor/physician should determine if and how Scoliometer readings will be followed-up. More Scoliosis information may be found online.

**TANNER STAGES**

Tanner Staging is also called the Sexual Maturity Rating (SMR) or pubertal development stage and is an essential component of the adolescent exam, as well as height and weight. Tanner Stages can give a continuing appraisal of growth and physical maturation; cues for appropriate anticipatory guidance; and indications of nutritional problems, chronic illness, or other diseases.

a. Physical changes during the late childhood and adolescence are important events, and start at different ages, as early as 8 for some females and not until 13 for other females.

b. Physical changes during adolescence are important events and start at different ages, as early as 10 years for some males, but not until 14 for other males.

<table>
<thead>
<tr>
<th>TYPICAL PROGRESSION - FEMALE</th>
<th>TYPICAL PROGRESSION - MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. No Secondary Sex Characteristics</strong></td>
<td><strong>1. Reproductive organs:</strong> Beginning to mature</td>
</tr>
<tr>
<td>External genitalia looks like a child’s</td>
<td><strong>Height/weight:</strong> accelerates, increasing body fat</td>
</tr>
<tr>
<td><strong>Pubic hair:</strong> none</td>
<td><strong>Pre-pubertal:</strong> testes and penis size similar to early childhood</td>
</tr>
<tr>
<td><strong>Breast bud formation:</strong> breasts enlarge</td>
<td><strong>Pubic hair:</strong> none</td>
</tr>
<tr>
<td>Directly under areola, before early pubic hair growth</td>
<td><strong>Height Spurt:</strong> increase in hands/feet and height, fat and muscle are added</td>
</tr>
<tr>
<td><strong>Height Spurt:</strong> Increase in body fat deposition, hips widen</td>
<td><strong>Breast Areola:</strong> increases in size and slightly darken with or without association of Gynecomastia</td>
</tr>
<tr>
<td><strong>Breast bud:</strong> small and raised</td>
<td><strong>Testes:</strong> larger as scrotal skin reddens and coarsens</td>
</tr>
<tr>
<td><strong>Pubic hair:</strong> downy sparse growth on sides of labia</td>
<td><strong>Pubic hair:</strong> downy with sparse growth at base of penis</td>
</tr>
</tbody>
</table>
| 3. Breast enlargement: | Breast: general enlargement, raising of both breast and areola  
Pubic hair: increases in amount, coarsening, and curling | 3. Gynecomastia appears  
Height spurt: shoulders broaden and muscle mass increases  
Facial hair: fine at corners of upper lip  
Facial expression: more adult  
Voice: Larynx cartilage enlarges, voice may crack | Testes and Scrotal skin:  
Stage 2 continues  
Penis: lengthens  
Pubic hair: increase in amount and curling, coarsens, appears in perineum |
|---|---|---|---|
| Pubic hair: coarsens, darkens, and spreads  
Ovaries: maturing, Leukorrhea is normal  
Height spurt: peaks late in this stage when menarche occurs | Breast: general enlargement, raising of both breast and areola  
Pubic hair: increases in amount, coarsening, and curling |
| 4. Menarche: if has not occurred late in stage 3, should occur  
Axillary hair: appears just before or after menarche  
Ovaries: continue to enlarge, ovulation rarely occurs | Breast: areola and papilla (nipple) form contour and separate from breast  
Pubic hair: adult appearance and limited in area | 4. Axillary hair: appears  
Facial hair: limited to upper lip and chin, darkens, coarsens  
Sebaceous glands: approach adult size and function  
Height: increases decelerate  
Voice: deepens  
Breast: distinct enlargement, slight projection of areola, and gynecomastia regresses |
| 4. Scrotal skin: becomes pigmented  
Penis: broadens  
Pubic hair: adult appearance and limited in area |
| 5. Height: increase slows since menarche  
Average increase 1–1½ inches, but may increase 2–4 inches | Breast: have adult appearance, areola and breast in same contour  
Pubic hair: adult appearance, horizontal upper broader | 5. Facial hair: on sides of face, gynecomastia disappears  
Statural growth: almost complete  
Physique: like mature male, mass not completed |
| Genital area: adult appearance  
Pubic hair: adult appearance, horizontal upper, broader, spreads to thighs |
Reportable Diseases Section

Laws, Regulations, Guidelines

The Reportable Diseases section and Surveillance reports to the Division of Epidemiology and Health Planning, Infectious Diseases Branch and is mandated by various sections of KRS 211 and KRS 214 and regulated by the Kentucky Disease Surveillance Administrative Regulation, 902 KAR 2:020, Reportable Disease Surveillance, which contains the case definitions required by Center of Disease Control and Prevention (CDC) and Kentucky.

RELATES TO: KRS 211.180(1), 214.010, 214.645, 333.130

STATUTORY AUTHORITY: KRS 194A.050, 211.090(3), 211.180(1), 214.010

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180(1) requires the cabinet to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases which are transmissible to man, and other diseases and health hazards that may be controlled. KRS 214.010 requires every physician, advanced practice registered nurse, and every head of family to notify the local health department of the existence of diseases and conditions designated by administrative regulation of the cabinet. This administrative regulation establishes notification standards and specifies the diseases requiring immediate, urgent, priority, routine, or general notification, in order to facilitate rapid public health action to control diseases, and to permit an accurate assessment of the health status of the Commonwealth.

Target Population-

Kentucky residents or others that have been identified as having a suspect, probable or confirmed reportable disease or as part of an outbreak.

Funding

State General Funds

CDC grants

- Epidemiology and Laboratory Capacity (ELC)Grant
- Healthcare Associated Infections Program (HAI)
- Adult Viral Hepatitis Program Coordinator Program (AVPHC)
- TB Program
- STD Program
- Immunization Program

No direct funding is provided for Reportable Diseases section.
**Training requirements:**

All users of the National Electronic Disease Surveillance System (NEDSS) are to have training in its use. All LHD/state staff involved in outbreak investigation should attend an annual Epidemiology Rapid Response Training (ERRT) and an ERRT conference offered by DPH.

**Reporting Requirements**

Cases should be reported to LHD or Reportable Diseases section by laboratories, physicians or other health care providers. The LHD should report by entering the case into the NEDSS. For cases that are not reported via the electronic system (NEDSS), an EPID 200, Kentucky Reportable Disease form, is to be used following the time frames listed in the Diseases Surveillance regulation. HIV cases are not entered into the NEDSS system. HIV/AIDS has its own reporting forms.

**Billing and Coding Procedures Specific to Program**

There is no funding code for Reportable Diseases. There is a 152 function code that should be used by local health department nurses for time used for investigating or reporting cases of reportable diseases. Other reportable diseases sections such as immunizations, STD, TB, etc., have their own funding codes. HIV/AIDS is listed in the reportable disease administrative regulation, 902 KAR 2:020, Reportable Disease Surveillance, however is a branch unto itself with its own funding mechanisms and codes.

---

**Kentucky Reach Out and Read (ROR)**

**Laws, Regulations, Guidelines:**

Kentucky Reach Out and Read (ROR)
275 E. Main St. HS2GW-A
Frankfort, KY 40621
Phone: (502) 564-2154
Fax: (502) 564-5766
**KY Initiative Coordinator:** Dr. Donna Grigsby at dgrisby@uky.edu

**Target Population:**

Parents and children ages 6 months to 5 years of age, with a special focus of children growing up in poverty.

**Funding:**

ROR program in Kentucky is supported by the state as a component of the Kids Now Early Childhood Initiative.
Special Requirements:

- In order for a site to be considered for inclusion and funding in the program by the National Center for Reach Out and Read, the site must serve a significant number of impoverished children and many sites are in health department clinics serving children and families with Medicaid or who are uninsured.
- New sites must be able to demonstrate the ability to fund 100% of their book budgets before they can be approved by the National Center.
- When sites have provided the National Center with 2 progress reports (every 6 months) sites will receive sustainability funding by way of receiving books from the National Center.
- Book budgets are based on the number of Well Child Checks in a 6 month period per report to the National Center.

Training:

- KY ROR information and application process has been sent via email to Local Health Department Directors with an invitation for ROR startup program; the AAP literacy toolkit was included in the email. For more information for starting a ROR program, please contact KY Initiative ROR Coordinator.
- When a site has been approved by the National Center, training can be completed with the online training program, or with a training DVD, or can be provided by the Initiative Coordinator for pediatric health care providers including local health departments, pediatricians, Family Practice providers and their nurses. Parents are given guidance about reading aloud to their children and by providing developmentally appropriate books to take home at each pediatric Well Child visit from 6 months to 5 years.
- Ongoing technical support and biennial site visits are required by the National Center for Reach Out and Read by the Initiative Coordinator and are currently scheduled as help is needed.

Reporting Requirements:
The sites are required to report Well Child visits and books distributed to National Center for Reach Out and Read every 6 months.

Billing and Coding Procedures Specific to Program:

- Sites are provided with a book budget based on the number of Well Child visits in a 6 month period per report to the National Center.
- Funds may be placed in a Scholastic account for the approved site, and sites will order directly from Scholastic Inc. for their needed books or used to purchase books from other companies.

Other Special Requirements: N/A

Advisory Council Requirement:
- Kentucky Reach Out and Read Advisory Committee includes the Initiative Coordinator, Pediatricians, most of which were involved with establishing the original BookStart Program housed in Louisville, KY, Nurses, APRN’s, KET Early Childhood Coordinator, and representatives from the ROR.
- Services and policies designed to establish programs to meet the needs of the impoverished areas of the Commonwealth of Kentucky are discussed.

**Reach Out and Read program include:**
- Kentucky’s Department for Public Health
- Local Health Departments Well Child programs, Pediatric practitioners, Family Practice practitioners and clinics.
- Local School Districts Well Child clinics that provide preventive health care services to school age children.
- The College of Medicine, Department of Pediatrics at the University of Kentucky and the University of Louisville.
- The National Reach Out and Read Partnership
- Established early literacy programs in some areas of the state
- Scholastic Inc.

**Services Description and Key Roles and Responsibilities of Health Department:**
- Offer parents guidance about reading aloud to their children and provide developmentally appropriate books to take home at each pediatric Well Child visit from 6 months to 5 years.
- Sites are to report to the National Center for Reach Out and Read the number of Well Child visits and number of books distributed in a 6 month periods (2 reports/yr.)

**School Health: Coordinated**

The *Coordinated School Health* (CSH) initiative at the Kentucky Department of Education (KDE) and the Kentucky Department for Public Health (DPH) is funded by a grant from the CDC Division of Adolescent and School Health for improving Health and Educational Outcomes of Young People. The CSH strategic plan includes these long range goals:

**Goal I:** To increase the capacity of schools, districts, and communities to promote and support healthy behaviors and choices in school-aged youth through CSH Programs (CSHP).

**Goal II:** To increase the capacity of schools, districts, and communities to reduce health disparities among school aged youth at disproportionate risk for chronic diseases, HIV, sexually transmitted infections and unintended pregnancy. LHDs may partner with school districts to provide comprehensive school health services. CSH is recommended by CDC – Division of Adolescent School Health (DASH)
as a strategy for improving students’ health and learning in our schools. A CSHP at the school level is an organized set of programs, policies and activities. This coordinated model consists of assessing the school environment, having a school health or wellness team and developing an action plan. CDC-DASH recommends a framework for planning and coordinating school health activities which centers on eight critical, interrelated components which are:

**Health Education:** Health education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes courses of study (curricula) for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula should address the National Health Education Standards and incorporate the characteristics of an effective health education curriculum. Health education assists students in living healthier lives. Qualified, trained teachers teach health education.

**Physical Education:** Physical education is a school-based instructional opportunity for students to gain the necessary skills and knowledge for lifelong participation in physical activity. Physical education is characterized by a planned, sequential K-12 curriculum (course of study) that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education programs assist students in achieving the CDC Physical Education Curriculum based on national physical education standards. The outcome of a quality physical education program is a physically educated person who has the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Qualified, trained teachers teach physical education.

**Health Services (clinical school health services):** Review the additional information on following page - Services provided for students to appraise, protect, and promote health. These services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services, prevent and control communicable diseases and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

**Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

**Counseling, Psychological and Social Services:** Services provided to improve students’ mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and
consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

**Healthy and Safe School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychosocial environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

**Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs. *School Wellness Guide: A Guide for Protecting the Assets of Our Nation's Schools* is a comprehensive guide that provides information, practical tools and resources for school employee wellness programs.

**Family and Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Six priority health-risk behaviors of youth contribute to the leading causes of illness and death by our youth. These six priority health-risk behaviors are monitored in Kentucky by the Centers for Disease Control and Prevention (CDC) through the Youth Risk Behavior Survey (YRBS). These behaviors are all preventable:

- Alcohol & drug use
- Injury & violence (including suicide)
- Tobacco use
- Unhealthy dietary behaviors
- Physical inactivity
- Sexual risk behaviors

YRBS data can be used to describe risk behaviors, create awareness, set program goals, develop programs and policies and as a data source for grant writing. When schools, families and the community work together to support positive youth development, risk behaviors are reduced and student’s health and academic achievement are promoted. CSHPs provide the frame-work for creating these essential
linkages. The CSH Team at the KDE and DPH are available to provide the following to schools, districts and their community partners:

- Professional development
- Technical assistance
- Resources
- Data related to CSH

School Health: Clinical Services (Nursing)

Laws, Regulations, Guidelines

School Health clinical services are one of the eight components comprising coordinated school health (CSH) services. “Health Services” as defined in KRS 156.502 means the provision of direct health care, including the administration of medications; the operation, maintenance or health care through the use of medical equipment; or the administration of clinical procedures. “Health services” does not include first aid or emergency procedures.

KRS 156.502 further states that health services shall be provided within the health care professional’s current scope of practice, in a school setting by a physician, licensed under the provision of KRS Chapter 311; APRN, RN or LPN licensed under the provisions of KRS Chapter 314; or a school employee, acting as an agent of the school, who is delegated responsibility, in writing, to perform the healthcare service by a licensed physician; APRN; or RN, with the delegation only being valid for the current school year. KRS 156.501 states that the Kentucky Department of Education (DOE) shall provide leadership and assistance to local school districts relating to school health services. The DOE, working in cooperation with DPH, shall provide contract for services, or identify resources to improve student health services according to provisions outlined in KRS 156.501 (1)(a) through (d).

Target Population

School aged and adolescent children up to age 21.

Funding

Medicaid, local tax, local reserves and contracts with schools.

Special Requirements

LHD and School Board School Health Nurses providing billable services for Medicaid enrolled children outside of the student’s Individual Education Plan (IEP) must complete the state approved Pediatric Assessment/Well Child Certification Program. This certification must be completed before billing for services can occur. DPH provides the required training for public health nurses employed by the LHD at no cost.
Beginning July 1, 2018, there will be a cost associated for the training of non-public health nurses who are contracted through the LHD. The cost for training non-public health nurses shall be incorporated into contracts starting with FY 2019. For more information and to obtain the current cost for training non-public health nurses, contact the School Health Nursing Program at 502-564-2154.

**Staff/Provider Requirements**

School Health Nursing services are provided by nurses for clinical and nursing functions through contracts with local schools/districts. Other contracted staff as appropriate may include Health Educators, Dietitians, Nutritionists, and support staff.

**Mandatory Training**

- School Health Nurses providing allowed billable services for Medicaid enrolled children outside of the student’s Individual Education Plan (IEP) must complete the state approved Pediatric Assessment/Well Child Certification Program. This certification must be completed before any billing for services can begin.
- Certified nurses are required to attend one Well Child or School Health update provided by the Well Child program every three years or other six (6) CE Pediatric Assessment program pre-approved by the Well Child Coordinator.
- School Health Nurses are required to obtain BLS Adult, Child and Infant CPR, First Aid and AED (as appropriate) and maintain certification status as required.
- School Health Nurses are required to complete the “Train the Trainer” Program-Medication Administration Training for the Non-Licensed School Personnel, (regardless if delegation occurs). Nurses are required to attend the Kentucky School Nurse Association Orientation for New School Nurses.
- School Health Nurses are required to complete all trainings specific to services provided as required in the CCSG & AR including the medical coding compliance review updates/trainings provided by AFM/Local Health Operations (LHO) Branch. Nurses are encouraged to participate in the Kentucky School Nurse Association and the National Association of School Nurses. LHD school health nurses are required to complete all trainings required through the Kentucky Department of Education.

**Reporting Requirements**

- LHD School Health Nurses shall report completed services according to KDE and LHD policy and procedures. Currently client information is collected through the Patient Services Reporting System (PSRS). The system supports:
  - Appointment scheduling;
  - Assessment of income and appropriate billing of client and third party payors; and
  - Patient encounter entries.
- Community Health Services Report and Kentucky Department of Education reports are required.
- School health nurses shall report health services as required by KDE.
Billing and Coding Procedures Specific to Program

Billing and coding procedures are to follow AR guidelines and LHD policies and procedures for clinical services and according to services stated in contract with the school or school district. Services billed under the Preventive Health Well Child Program require the RN to complete the Well Child Certification Program and receive a certificate before billing can occur. The certification training program includes didactic online training modules followed with a 3 day practicum and completion of 25 comprehensive physicals with a preceptor.

Other Special Requirements

- In compliance with Federal Regulation, all services of LHDs shall be conducted in a manner that no person will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion.
- Providers shall comply with the Americans with Disabilities Act and any amendments, rules and regulations of this act.

Program Specific Offerings:

- Pediatric Assessment/Well Child Certification Training
- Annual Pediatric Assessment/Well Child Annual Update Trainings
- Annual School Health Issues Annual Update Trainings
- KDE’s “Train the Trainer” Program – Medication Administration Training for the Non-Licensed School Personnel
- The Kentucky School Nurse Association Orientation for New School Nurses.
- The Kentucky School Nurse Association annual school nurse conferences.
- Webinars prepared by the National Association of School Nurses.

Special Equipment Requirements

Providers shall be located in a facility that is constructed, equipped and maintained to insure the safety of the children and provide a functional, sanitary environment. The area utilized during the screening examination shall provide adequate privacy. The provider shall have the necessary equipment, in proper working order, to provide the basic health screening tests outlined in the CCSG and AR and as stated in the contract with the school or school district.

Service Description, Key Roles, and Responsibilities of Health Department

- Participating providers shall provide medical practice standards recommended by the American Academy of Pediatrics (Bright Futures).
- KDE’s Health Services Reference Guide and the National Association of School Nurses guidelines and recommendations are to be utilized when school health services are provided that are not included in the CCSG and AR. Practice and performance of nursing acts and standard guidelines should be consistent either with the American Nurses’ Association Standards of Practice or with Standards
of Practice established by nationally accepted organizations of registered nurses as outlined in KRS 314.011 (6) (e).

- Each satellite clinic site shall have a governing body, legally responsible for the conduct of the clinic, which designates a director or supervisor and establishes administrative and clinical policies.
- Screening satellite clinic sites shall be conducted under the direction of a registered professional nurse and shall have a physician licensed in Kentucky acting as a medical consultant.
- It is important that staff from the local school district and the LHD delineate which services will be provided by the LHD.
- Administrative policies shall outline who is to conduct each test and include procedures for the initial contact, follow-up contacts, maintaining patient records and transfer of information from one provider to another. A copy of this shall be retained in the provider’s files.
- All abnormal screening results shall be discussed in understandable terms to the child, parent or guardian and either treated or referred by the screener for further assessment, diagnosis, and treatment to the appropriate health care professional.

**Core Clinical Services Guide**

*Bright Futures* is the primary practice guide for LHD staff providing preventive health services in a school setting. Health services provided in a school setting are to be provided in accordance with the AR guidelines. Examples of these services include preventive services such as vision and hearing screening and immunizations.

LHDs may elect to provide additional school health services not included in the AR. These additional services are provided under LHD authority without authorization from or liability to DPH. Adoption of local guidelines and local Board of Health approval are recommended. Examples of services to be included in local guidelines include training and delegation of nursing functions to unlicensed school personnel and special clinical procedures.

A standardized training curriculum for medication administration by unlicensed school personnel has been developed by the Kentucky Department of Education and approved by the Kentucky Board of Nursing to be in compliance with 201 KAR 20:400 (Delegation of nursing tasks). The curriculum is to be utilized by all licensed health professionals who may train unlicensed school personnel.

**Confidentiality of Student Health Records**

The *Family Educational Rights and Privacy Act (FERPA)* is the federal law that protects the privacy interest and educational records of the student. FERPA applies to any education agency or institution that receives funds from the U.S. Department of Education.
FERPA governs all student health records maintained by school employees (including contracted employees) who provide “school health services”. Health services are services provided to the student to support their participation and progress in school.

Disclosure to appropriate officials is valid if the information in the education record is necessary to protect the health or safety of the student or other individuals.

The educational institution or agency that employs a school nurse is subject to the Health Insurance Portability and Accountability (HIPAA) regulation if the school nurse or the school engages in a HIPAA transaction, such as transmitting electronic billing or submitting claims.

**Delegation of Medication Administration**

A school employee who is delegated responsibility to perform the health service by a physician, APRN or RN and:

- Has been trained by the delegating physician or delegating nurse for the specific health service, if that health service is one that could be delegated by the physician or nurse within his or her scope of practice; and
- Has been approved, in writing, by the delegating physician or delegating nurse. The approval shall state the school employee consents to perform the health service when the employee does not have the administration of health services in his or her contract or job description as a responsibility, possesses sufficient training and skills and has demonstrated competency to safely and effectively perform the health service. The school employee shall acknowledge receipt of training by signing the approval form. A copy of the approval form shall be maintained in the student’s record and the personnel file of the school employee. The delegation to a school employee shall only be valid for the current school year.
- Nursing delegation also requires ongoing monitoring and evaluation.

**State Level Nurse Consultation and Technical Assistance**

- **KRS 156.501** states that the Kentucky Department of Education shall provide leadership and assistance to school districts relating to school health services.
- The department, working in cooperation with the Department for Public Health, shall provide, contract for services or identify resources to improve student health services including but not limited to standardized protocols and guidelines for health procedures to be performed by health professionals and school personnel.
- The protocols and guidelines shall include: delegation of nursing functions as established by the Kentucky Board of Nursing; training of designated non-medical school personnel; and appropriate documentation and recordkeeping.
- Additionally, technical assistance is available from the Department of Education School Nurse Consultant whose duties include consultation, technical assistance, and the development of quality improvement measures for the state and local boards of education, individual public schools and local health departments, facilitation of statewide and local data collection and reporting of school health services and information and resources that relate to the provision.
of school health services. This position is organizationally located within KDE. Questions and/or requests for technical assistance may be directed to KDE.

- Technical assistance is also provided by the Department for Public Health Nurse Consultant specifically for local health departments providing satellite clinics in the school setting.

**Clinical School Health Services (702 KAR 1:160)**

- **Immunization Certification**: Any child enrolled as a regular attendee in all public or private primary or secondary schools, and preschool programs shall have a current immunization certificate and be on file within two weeks of the child’s attendance.

- **Preventive Health Care Exam**: 702 KAR 1:160 states that a local board of education shall require a preventive health care examination for students within one (1) year prior to initial entry to school; a second examination shall be required within one (1) year prior to entry into the sixth grade; and a third examination may be required by policy of the local board of education within one (1) year prior to entry into the ninth grade. An out-of-state transfer student shall be required to submit documentation of a preventive health care examination. A local board of education may extend the deadline by which to obtain a preventive student health care examination, not to exceed two (2) months. A preventive student health care examination shall be performed and signed for by a physician, an APRN, a physician’s assistant, or by a qualified health care provider in the early periodic screening diagnosis and treatment programs. Transmission of an electronic medical record to the school district via email from the health care provider’s office may be accepted as the official signature.

Height and Weight: Suggested for Kindergarten (K) through grade six (6) and grade nine (9). Measurement procedures may be found in the CCSG. Read and plot measurement on age and gender specific growth chart and evaluate accordingly. For BMI for age, either above or below the 95% (percentile) written referral is made to the appropriate source for further evaluation.

- **Hearing Screening**: Suggested appropriate intervals include kindergarten, grades 1-3, referrals, transfer students and students with known problems. A board of education shall adopt a program of continuous health supervision for all school enrollees. Contact the School Health Coordinator for local polices. Screening information may be found in the CCSG.

- **A vision examination**: KRS 156.160 (i) states that the vision examination performed by an optometrist or ophthalmologist, shall be required by the Kentucky Board of Education and shall require evidence that a vision examination that meets the criteria prescribed by the Kentucky Board of
Education has been performed. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year-old child is enrolled in a public school, public preschool, or Head Start program.

Vision Screening: Suggested intervals include third (3) and fifth (5) grades, referrals and students with known problems. A board of education shall adopt a program of continuous health supervision for all school enrollees. Contact the School Health Coordinator for local policies. Screening information may be found in the CCSG.

- **Dental Screening or Exam:** KRS 156.160(j) states that a dental screening or examination by a dentist, dental hygienist, physician, RN, APRN, or physician assistant shall be required by the Kentucky Board of Education. KRS 156.160(j) further requires that:
  - Evidence shall be submitted to the school no later than January 1 of the first year that a five (5) or six (6) year-old child is enrolled in a public school verifying that a dental screening or examination that meets the criteria prescribed by the Kentucky Board of Education was performed; and
  - A child shall be referred to a licensed dentist if a dental screening or examination performed by anyone other than a licensed dentist identifies the possibility of dental disease.

- **Emergency Health Services:** A school shall have emergency care procedures, which shall include:
  - First aid facilities meeting the requirements of 702 KAR 4:170, including provisions for designated areas for the child to recline.
  - A requirement that whenever children are present during school hours, there shall be at least one (1) adult present in the school who is certified in a standard first aid course which includes CPR for infants and children;
  - A requirement that, at all times when enrolled students, for whom documentation under KRS 158.838 concerning the need for the administration of medication has been provided to the school, are present during school hours or participating in school-related activities, there is a school employee who is trained to administer and can administer or assist with the self-administration of glucagon, insulin, or seizure rescue medications. A student shall be permitted to conduct the actions and possess the supplies and equipment described in KRS 158.838 (7) at school-related activities regardless of whether the student is a participant or mere observer of the school-related activity;
  - A number at which parents or guardians can be reached; and
  - The name and phone number of a family physician.
Emergency care information and authorization for treatment for every student should be updated yearly and kept on file in the designated first aid room or the principal’s office. Students with specific chronic diseases and health impairments may need to be addressed individually though specific care procedures developed for that student. Refer to the student’s Emergency Action Plan in their Individualized Health Plan (IHP) or Section 504 Plan or IEP.

Handling emergencies can be found in chapter 8 of the KDE Health Services Reference Guide.

- **FERPA-HIPPA Joint Guidance Document**- Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA) to Student health Records (November 2008);
- **IEP Documents**: The AFM Local Health Operations (LHO) Branch webpage contains **LHD Medical Coding Information** related to: School Health IEP Memo, IEP Guidance, and IEP FAQs.

**Contract Questions**

Review the LHD Contract electronic training (eTraining) found on the LHD Information webpage. Follow all procedures outlined in the eTraining.

For preventive health billing and medical coding questions, contact the Local Health Operations (LHO) Branch at (502) 564-6663, option 1 or by email at LocalHealth.Helpdesk@ky.gov. For DPH program-related questions, contact School Health Services at (502) 564-2154.

**Minimum Patient Responsibility**

- Local health department guidelines shall be followed for satellite clinics in the school setting.
- Client or parent/guardian of client are expected to schedule or maintain scheduled appointment for any recommended follow-up or referral.

**Recommended Clinical Guidelines**

- The Department for Public Health Core Clinical Services Guide (CCSG)
- Kentucky Department of Education, Student Health Services – Health Services Reference Guide

**Optional Resources (for purchase)**

**Additional Organizational Resources:**

• Kentucky Board of Nursing
• Kentucky School Nurses Association
• National Association of School Nurses
• Kentucky Department of Education – Coordinated School Health
• Kentucky School Boards Association
• Kentucky Public Health Association

**Considerations for Developing and Implementing a Satellite Clinic in the School Setting**

Developing a comprehensive health services contract between local health departments and school districts should define the specific roles and responsibilities of each agency in providing health services in a satellite clinic to school children. This agreement will depend upon local resources and policies and will vary from county to county. This memorandum of agreement/contract should be written to provide understanding, give direction, and establish specific responsibilities.

In the process of developing and refining the details of the school health contract it is necessary for key personnel from each agency to meet and assess needs and establish what services are needed and can be provided. The LHD or the local school district may initiate a partnership. Any school district contract must go before their School Board for approval. Contracts must be reviewed, updated and renegotiated annually. Contracts are to be saved to the appropriate LHD folder on the L-Drive. Procedures for submitting contracts for review are located in the Financial Management Section of the AR and are to be followed. Both the LHD and the local school system should have specific responsibilities which are clearly defined in the planning and evaluation of the contract.

**School policies and considerations:**

1. All school districts are responsible for writing their own health policies and procedures.
2. Most school districts utilize the Kentucky School Boards Association’s policy writing service.
3. **FERPA** governs confidentially for all student **education** records.

4. Student education records include required **Health Forms**/Records (702 KAR 1:160)
   - Immunization Certificate
   - Vision Exam
   - Dental Screening/Exam
   - Preventive Health Care Exam /School Physical Exam Form
   - Sports Physical Form
   - Screening Programs Documentation
   - Cumulative Health Records (all health records):
     - Medication & clinical procedures records
     - Health Room visit documentation
     - Parent/Guardian communication
     - Health Exams and Screening information

5. **Key stakeholders** (e.g., parents), School Superintendents, School Health Coordinator, 504 & IEP Coordinator, Special Education Coordinator/Director.

6. The Kentucky Department of Education is the **lead agency** and works with DPH to fulfill the requirements relating to the provision of health care services in the schools.

**Local Health Department contract considerations:**

1. Understand and outline which health services will be provided by the LHD and which ones by the local school district.
2. Contract language should refer to school satellite clinic/site.
3. Nurse/clerk salaries, benefits, travel, and training costs.
4. Schedules, location(s), hours and supervision.
5. Nursing substitutes required when the nurse is out ill, attending mandatory LHD meeting, training, or other professional development.
6. Office equipment (maintenance & repair), supplies, phone & computer lines, health supplies, furniture and refrigerator for vaccines and medications.
7. Job responsibilities/services to be provided.
8. Training requirements for the school nurse position, i.e. CPR, OSHA, medication delegation, special procedures, mandated screenings: dental, hearing, vision and scoliosis.
9. Responsibility of the nurse related to attending student field trips and home visits.
10. Signed release form by parents in order to share confidential health information between the two agencies if/when needed.
11. Key contact of school employees for the nurse, i.e. school health personnel and, first responders.
12. Individual school health policies and utilization of **Kentucky Department of Education school health policies**; and **Health Services Reference Guide**.
13. **FERPA/HIPPA** regulations and **HIPAA Privacy Rule and Public Health**.
14. Responsibilities of maintaining school health records, data entry for the school system and maintaining confidential and secure LHD records.

15. Responsibility for submission of claims for reimbursement to any third party payer or other funding sources, fees or co-payment charges.

16. Professional liability/secondary liability insurance of contracted employees.

17. Provision of adequate facilities for private and confidential setting, maintenance, upkeep and utilities for the satellite clinic.

18. Services provided for/to faculty and staff, i.e. blood pressure screening or influenza immunizations and fees assessed.

19. School district to have responsibility of providing and sending out the LHD specific Consent Form to provide school health services.

**Role of the School Nurse**

School Nursing is a specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management services, and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning. (National Association of School Nurses, 1999)

The role of the school nurse will vary depending on individual needs of local school districts to facilitate the educational process by removal or modification of health related barriers to student learning. Listed below but not all-inclusive are examples of roles and responsibilities of the nurse in the school satellite clinic.

1. Assure that policies and procedures adhere to legal and regulatory statutes and ethical standards of nursing practice.

2. Delegation of medication administration to unlicensed school personnel.

3. Coordinate care and delegation of special medical procedures/prescribed treatments ordered by private physicians to unlicensed school personnel.

4. Administer medication *per physician order* in accordance to state/school/LHD policies.

5. Serve on advisory committees/consultation for individual health care plans, (i.e. 504 & IEP).

6. Make appropriate referrals based on nursing assessment of physical and mental health development.

7. Coordinate and assist with mandated screenings, i.e., vision, hearing and referrals according to state and school policies.

8. Review immunization records; and administer student immunizations to ensure compliance with Kentucky Immunization laws.

9. Promote health education and anticipatory guidance

10. Provide home visits when needed.

11. Serve as a liaison between the LHD, school, family, local healthcare providers and community.

13. Provide first aid/emergency care in the event of illness or injury.
14. Data collection for Department of Education mandated reports related to health services.
15. Provide staff educational in-services, i.e. CPR training, and OSHA updates.
16. Provide staff services for blood pressure screening, hepatitis B and influenza immunizations.
17. Coordinate care and student emergency action plans related to diabetes, seizures, asthma, allergies and use of emergency medications i.e. EPI-Pen, Glucagon and Diastat.
18. Obtain parental consent for health services.
19. Participate in the implementation of the school’s emergency care plan.
20. Serve as a resource for students and staff related to communicable disease and chronically ill students
21. Serve in a leadership role for health, policies and programs, and promote a healthy school environment.

**Links:**

[National Association of School Nurses](#)

[Kentucky Board of Nursing](#)

[Kentucky Department of Education](#)
STD Control Program

Laws, Regulations, Guidelines

RELATES TO: KRS 211.180, 214.010, 214.160, 214.170, 214.185, 214.420, 42 U.S.C. 263a

STATUTORY AUTHORITY: KRS 194A.050, 211.090

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180 requires the Cabinet for Health and Family Services to implement a statewide program for the detection, prevention and control of communicable diseases and to adopt regulations specifying the information required in and a minimum time period for reporting a sexually transmitted disease. This administrative regulation establishes uniform procedures for the diagnosis, treatment, prevention and control of sexually transmitted diseases (STD).

Target Population

Priority for services will be those who have been infected with Chlamydia, gonorrhea, and syphilis, and those who have been exposed above mentioned STDs. The special priority will be given to pregnant females and those who are dually diagnosed with syphilis and HIV.

Those who are engaged in high risk behaviors, such as exchange of sex for drugs or money, risky MSM behaviors, and other risky behaviors will be considered as target population as well.

Funding

DPH delegates federal funds to LHDs through Memorandum of Agreement. The state funds allocated to the STD program is utilized to supplement certain salaries of state employees and to purchase condoms for LHDs.

Staff/Provider Requirements

- The STD services shall be provided under the general direction of a physician with background in reproductive health or other related expertise.
- A physician, APRN or RN with appropriate training shall provide medical services.
- Health professional staff, including Disease Intervention Specialist with knowledge of STDs and reproductive health may provide counseling and education to a client.

Reporting Requirements

- All reportable STDs shall be reported to the state using EPID 200.
• All reports of early syphilis shall be reported to the state STD program within 24 hours.
• All other syphilis and STDs shall be reported to the state program within 5 business days.

Other Special Requirements
All information as to personal facts and circumstances obtained by the staff about individuals receiving services must be held in confidential manner and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by the law, with appropriated safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

Program Specific Offerings
RN’s seeking to provide STD screenings at their respective facility must first complete as a prerequisite the Department for Public Health’s:
• Breast and Cervical Cancer Program Assessment,
• The corresponding preceptorship,
• the Adult Preventive Assessment Trainings.
• The corresponding preceptorship.

STD clients identified as needing mid-clinician or higher level STD services such as anoscopic exams, or wet mounts must be referred to the MD/APRN. Each LHD shall establish and maintain medication guidelines (i.e. standing orders) for Expanded Role RNs to follow. These guidelines shall be written and developed in accordance to the CCSG.

TB Prevention and Control Program
Laws, Regulations, Guidelines
Kentucky Revised Statute, KRS 215: 511 through 600 provides guidance relating to tuberculosis (TB) prevention and control.

• **KRS 215.540** Recalcitrant tuberculosis patient control, declares that a person diagnosed with active TB disease has a legal duty and responsibility to take precautions to prevent the spread of disease.
• **KRS 215.531** Drug susceptibility tests on initial isolates from patients with active tuberculosis, states that every physician shall order drug susceptibility testing on initial isolates from all patients with active TB disease.
• **KRS 215.540 through 215.580** provides guidelines for acting upon recalcitrant TB patients.
Kentucky Administrative Regulation, 902 KAR 2:020 states that tuberculosis is to be reported to the local or state health department within one business day.

Kentucky Administrative Regulation, 902 KAR 2:090 states that the DPH shall authorize an LHD to test first time enrollees in a school within its jurisdiction, if it submits to the department the specified documentation:

- Documentation of continued transmission of at least two (2) years duration of a multidrug resistance pattern, or more virulent strain, of *Mycobacterium tuberculosis*; or
- Laboratory analysis that documents transmission, whether in consecutive or nonconsecutive years, of a multidrug resistance pattern, or more virulent strain of *Mycobacterium tuberculosis*; or
- A documented outbreak of at least two (2) years duration

Kentucky administrative regulations 902 KAR 20:016 through 20:200 provide TB screening guidelines for various facilities, such as hospitals, long term care facilities, personal care homes, and adult day health facilities.

**Target Population**

Finding and managing persons who have or who are suspected of having TB and ensuring completion of therapy. Finding and evaluating contacts of active TB patients and ensuring completion of appropriate treatment. Targeted tuberculin testing of persons in at risk groups and ensuring completion of treatment for Latent Tuberculosis Infection (LTBI).

**Funding**

TB program funding is provided through the Centers for Disease Control and Prevention (CDC) *Tuberculosis Elimination and Laboratory Cooperative Agreement* and state general funds.

- These funds are to support population-focused TB prevention and control strategies. It is acceptable for a portion of the funds to be utilized for individual clinic services; however the services should be directly related to TB.
- Federal TB dollars are to be used for prevention efforts; to support personnel; and to purchase equipment, supplies, and services directly related to project activities. Federal TB funds should not be used for the purchase of medications, inpatient care, or construction of facilities.

**Staff/Provider Requirements**

A physician knowledgeable in the field of mycobacterial diseases shall provide care. They shall agree to update themselves through professional meetings, consultations, and review journal articles. This must be a component of any local health
department (LHD) contract for TB clinician services.

Each LHD shall have a designated TB Coordinator responsible for tuberculosis services in their county. The TB coordinator should be a registered nurse. This person must attend periodic TB updates or keep updated by having the latest educational and scientific materials for the prevention and control of TB from CDC, American Thoracic Society, and American Lung Association. Outreach workers are recommended in areas of high prevalence.

**Training**

Orientation for all new hires (TB Coordinators and support staff) who have the potential to be involved in TB prevention and control services shall include the following:

- **CDC Self Study Modules on Tuberculosis:**
  - *Modules 1-5, 2008; and Modules 6-9, 2000*

- **CDC MMWR Treatment of Tuberculosis, June 20, 2003, Vol. 52, No.RR-11**


- **CDC MMWR Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, June 9, 2000, Vol. 49, No. RR-6**


Orientation shall be completed according to the following schedule:

- For nurses and outreach workers whose duties are strictly related to tuberculosis these training requirements should be completed within 90 days of employment.
- For TB Coordinators whose responsibilities include other areas beyond TB and for those staff nurses that may work in the LHD TB program this training requirement should be completed according to the incidence of TB in the community.
  - If 1 case or more of active TB has been identified in the county, in each year of the last five years – complete within 6 months of employment.
  - If 1 case or more of active TB has been identified in the county in some of the last five years, but not each year, complete within 9 months of employment.
  - If zero cases of active TB have been identified in the county in the last five years, complete the requirements within 12 months.
Recommended trainings include:

- [CDC MMWR Controlling Tuberculosis in the United States, November 4, 2005, Vol 54, No. RR-12](#)
- [Attendance at national, state, and regional TB seminars](#)
- [CDC Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know](#)

**Reporting Requirements**

Kentucky disease surveillance requires priority notification of TB cases. Upon recognition, a confirmed or suspect TB case is to be reported to the local or state health department within one business day. The LHD shall report confirmed or suspect TB cases to the Department for Public Health, TB Prevention and Control Program (TB Program), within one business day of notification.

Upon confirmation of a confirmed case, the LHD will be responsible for sending to the state TB Program the following forms:

*Combined Forms, CDC 72.9 A-C*

- Report of verified Case of Tuberculosis (RVCT) (*CDC 72.9 A*)
- Follow Up 1 – Initial Drug Susceptibility (*CDC 72.9 B*)
- Follow Up 2 – Case Completion (*CDC 72.9 C*). This form should be sent to the state TB program upon completion of TB treatment.

The contact investigation roster (**TB-2**) should be completed on all initiated contact investigations. A copy of the contact investigation roster should be sent to the state TB program 30 days after initiating the contact investigation.

The contact investigation summary (**TB CI 1**) should be completed and sent to the state TB program within 30 days of initiating the contact investigation.

LHDs are notified of TB classified immigrants and refugees (Class A or Class B1, B2, or B3) that require a medical evaluation for TB be completed within 90 days of arrival. Follow-up information regarding the date the medical evaluation was initiated and completed, tests performed, and the final diagnosis should be documented on the follow-up form and submitted to the state TB Program upon completion of the evaluation.

LTBI cases should be reported to the state TB Program using the **TB-1** LTBI reporting form. Upon completion of therapy for LTBI the **TB-1** form should be re-submitted to the state TB Program with updated completion of therapy information.

**Billing and Coding Procedures Specific to Program**

Inability to pay shall not be a barrier to service.
Patient fees charged for self-pay patients:

A nominal (flat) fee up to five (5) dollars shall be charged for Communicable Disease Services. 902 KAR 8:170 Section 3, Use of receipts. Reference Administrative Reference (AR), Local Health Operations section for further information.

ICD-10, TB-related diagnosis codes associated with Cost Center 806 located on LHO webpage.

Below are the secondary ICD-9 diagnosis codes TB000 – TB026. These are provided by the program to identify the reason for administering a tuberculin skin test, (TST). Contact TB Prevention and Control Program at (502) 564-4276 for clarification/assistance.

- TB000 Screened. TST not needed.
- TB011 Close contacts of a person known/suspected to have TB symptoms.
- TB012 Foreign-born persons from areas where TB is common or persons who travel to these areas.
- TB013 Residents and employees of Correctional institutions
- TB014 Residents and employees of Nursing Homes
- TB015 Residents and employees of Mental Institutions
- TB016 Residents and employees of Other Long-Term Residential Facilities
- TB017 Residents and employees of Homeless Shelters
- TB018 Employment
- TB019 Health Care Workers who serve high risk clients
- TB020 Medically underserved, low income populations as defined locally
- TB021 High-risk racial or ethnic minority populations
- TB022 Infants, children exposed to adults in high-risk categories
- TB023 Persons who inject illicit drugs or substance abusers
- TB024 Persons with HIV infection
- TB026 Certain Medical Conditions

Program Specific Requirements

There are three parts to a successful TB program that each local health department should implement. The components of the program include surveillance, prevention, and control.

Surveillance

Passive: The local health department should implement efforts to make sure private providers, hospitals, and pharmacies are aware of and understand state reporting regulations. Ensure all LHD personnel are aware of reporting guidelines.

Active: Targeted tuberculin testing among high risk populations. The June 2000 CDC Guideline for “Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection” describes targeted tuberculin testing as a strategic component of TB control that identifies persons at high risk for developing TB who would benefit by treatment of LTBI, if detected.
Prevention

Each LHD should actively pursue prevention activities by raising community education and awareness. Activities should be implemented annually to complete the following objectives.

- Provide TB in-services to 90% of local nursing homes or assisted living communities.
- Collaborate with hospital infection control staff to coordinate prevention activities and reporting strategies.
- Provide TB education to the community once per quarter.
- Provide TB education targeted toward transient population twice per year.
- Provide TB education targeted toward foreign-born populations twice per year.

The objectives should be fulfilled according to the completion scale that is published in the budget and community plan instructions for cost center 806. Suggested activities to fulfill these objectives are published in the community plan instructions.

Control

- Each independent and district health department shall have a TB Coordinator responsible for TB prevention and control efforts in the LHD and community.
- Each LHD should have a contracted clinician knowledgeable in the care and treatment of tuberculosis.
- Each independent and LHD should have a documented TB exposure control plan in place. The exposure control plan should include respiratory protection guidelines, treatment guidelines, and environmental controls.

Service Description & Key Roles & Responsibilities Of Health Department

It is the responsibility of the LHD to provide evaluation of patients for TB disease, provide treatment of TB disease, ensure adherence to therapy, conduct contact investigations, and provide treatment for LTBI.

- Upon notification of a suspect or confirmed case of TB the patient’s clinical condition should be determined:
  - Immediately if not hospitalized
  - Within 3 days of notification if hospitalized
  - Basic physical exam should be completed within 7 days of notification
- Patient should be seen by LHD clinician as soon as possible if LHD supplying medication.
- Directly observed therapy (DOT) is a method for ensuring patients’ adhering to therapy.
  - DOT is standard of care for all active TB cases.
• Health care worker watches patient swallow each dose of medication.
• DOT can lead to reductions in relapse and acquired drug resistance.
• Use DOT with other measures to promote adherence.
• Court ordered DOT may be necessary in some cases.

• Directly observed preventive therapy (DOPT) should be used for some higher risk patients, as well as children.
  ▪ Children and adolescents.
  ▪ Contacts to an active case.
  ▪ Homeless individuals.
  ▪ Persons who abuse substances.
  ▪ Persons with a history of treatment non-adherence.
  ▪ Immunocompromised patients, especially HIV-infected individuals.

• The decision to initiate a contact investigation should be made according to CDC guidelines.
  ▪ Initial contact encounter should occur within three working days of the contact being identified in the investigation.
  ▪ Completion of the evaluation of a contact should be completed according to CDC guidelines that are referenced in the CCSG.

Minimum Patient Responsibility

• According to KRS Chapter 215: .540 to .580 the “Kentucky Recalcitrant Tuberculosis Patient Control Law,” a person with active tuberculosis has a legal duty and responsibility to the public to take reasonable precautions to prevent the spread of the disease.

• KRS 215.550, “Responsibilities of persons diagnosed with active tuberculosis,” states that a person diagnosed with active TB disease may not refuse examination or treatment for TB.

Well Child Pediatrics

Laws, Regulations, Guidelines

Preventive well child/EPSDT health services promote and safeguard the health and wellness of all children through proactive leadership and service. The incidence of preventable disease, disabilities and injuries is reduced by providing preventive and specialized well child health services to low income children and by collaborating with community based and state level health and human services providers to develop a system of health care for the benefit of all children.

902 KAR 4:100: CHFS, Department for Public Health Services is responsible for administering the programs of services in accordance with Title V of the Social Security Act (maternal and child health block grant).

KRS 211.180 (i) (e), describes a function of the Cabinet as the “protection and improvement of the health of expectant mothers, infants and preschool and school
age children and their families.” The Maternal and Child Health subprogram provides an oversight to the services and activities which focuses on these populations, including well child preventive health, lead poisoning prevention, injury prevention, abstinence education and coordinated school health in a plan to improve quality of life and positive health outcomes.

The administrative regulation 907 KAR 11:034 early and periodic screening, diagnosis, and treatment services and early and periodic screening, diagnosis, and treatment special services establishes the provisions relating to the early and periodic screening (EPSDT), diagnosis and treatment service and early and periodic screening, diagnosis and treatment special services for which payment shall be made by the Medicaid Program on behalf of both categorically needy and medically needy children under age twenty-one (21).

**Target Population**

- Priority for services will be to persons from low-income families or whose total annual Family income does not exceed 185 percent of the most recent federal Income Poverty Guidelines.
- Emancipated minors who wish to receive services on a confidential basis shall be considered on the basis of their own resources.
- Charges for services will be made to persons other than those from low-income families.

**Funding**

Child and Adolescent Preventive Health Services Program funding allocations are from the Title V MCH Block Grant and State General Funds and Medicaid.

**Staff/Provider Requirements**

Well Child/EPSDT services are provided by a MD, Registered Nurse or Nurse Practitioner trained and certified in Well Child/Pediatric services.

**Training**

**Mandatory for Well Child Pediatrics:** Clinical Services registered nurses:

- An RN or APRN must complete the state approved Pediatric Assessment/Well Child Certification program lecture course on TRAIN, followed with a three (3) day practicum providing comprehensive health and history screening and assessment of the physical, mental, and social well-being of children birth to 21 years of age. A total of 25 physical examinations within five age groups for children in the 5 different age groups: Infant: Birth to 18 months; Toddler, 18 months to 3 years; Preschool, 3-6 years; School aged: 6-12 years, and Adolescent: 12 years up to 21 years of age must be completed with a preceptor before certification is obtained. An APRN, certified in Pediatrics, is exempt. All other APRNs must complete the course prior to performing pediatric services.
• All certified RN’s and APRN’s are required to attend one update provided by the Well Child program every three years or other 6.0 CE pediatric assessment program pre-approved by the Well Child Coordinator.
• RN’s and APRN’s that participate in the Kids Smile: Fluoride Varnish Program for oral screening or fluoride application are required to complete the training for the Kids Smile Fluoride Varnish Program.

**Reporting Requirements**

Reporting of client information is collected through the Patient Services Reporting System (PSRS). The system supports 1) appointment scheduling; 2) assessment of income and appropriate billing of client and third party payers; and 3) patient encounters.

**Billing and Coding Procedures Specific to Program**

• Financial eligibility for the well child program and regional pediatrics program shall be based on the 185 percent of the current federal Poverty Income guidelines.
• Persons meeting additional eligibility requirements and whole family income is at or below 185 percent of the federal poverty level is eligible for the services of the programs.
• Well Child clients will be billed according to a sliding fee scale, [Uniform Percentage Payment Schedule](#) based on the current federal poverty level guidelines. This payment schedule reflects discount for individual with family incomes based on a sliding fee scale between 100-250% of poverty.
• Any Medicaid eligible child is eligible for EPSDT screening under the age of 21.

**Other Special Requirements**

• LHDs shall contact the child’s medical home prior to completing preventive health services. If the health care provider is in agreement, the LHD may provide the child’s preventive exam services.
• All services of LHDs shall be in compliance with [Federal Regulation](#) and conducted in a manner that no person will be excluded from participation in; be denied the benefits of; or otherwise be subjected to discrimination on the grounds of race, color, disability, national origin, sex, age or religion.
• Providers shall comply with the [Americans with Disabilities Act](#) and any amendments, rules and regulations of this act.

**Program Specific Offerings**

RN’s and APRN’s are required to attend one update provided by the Well Child program every three years or other 6.0 CE pediatric assessment program pre-approved by the Well Child Coordinator.

**Special Equipment Requirements**
• Providers shall be located in a facility that is constructed, equipped and maintained to insure the safety of the children and provide a functional, sanitary environment.
• The area utilized during the screening examination shall provide adequate privacy.
• The provider shall have the necessary equipment, in proper working order, to provide the basic screening tests outlined in the CCSG.

Service Description & Key Roles & Responsibilities of Health Department

• To prevent duplication of services, the local health department should collaborate with the child’s medical home prior to providing services.
• Minimum services to be provided or arranged in accordance with the standards recommended by the American Academy of Pediatrics (Bright Futures) are to include: health and developmental history; unclothed physical history; unclothed physical examination; development assessment; vision hearing testing; nutritional assessment; laboratory testing; anticipatory guidance and health education; referral for acute, chronic, or handicapping conditions, with preauthorized payment for physician services, pharmacy or laboratory tests for acute conditions identified during the preventive health assessment; and nursing follow-up of referrals.
• Children, birth to twenty-one (21) years, that have a chronic condition or suspected chronic illness or disability not covered by other state or community agencies, should be linked to the appropriate regional pediatric specialist.
• The clinic shall have a governing body, legally responsible for the conduct of the clinic, which designates a director or supervisor and establishes administrative and clinical policies.
• Screening clinics conducted under the direction of a registered professional nurse shall have a physician licensed in Kentucky acting as medical consultant.
• Administrative policies shall outline who is to conduct each test and include procedures for the initial contact, follow-up contacts, maintaining patient records and transfer of information from one provider to another. A copy of this shall be retained in the provider’s files.
• If a patient is currently receiving preventive healthcare from another provider, the patient should be referred back to that provider.
• Patients with conditions suspected of falling outside the normal screening parameters should be re-screened when appropriate or recommended for evaluation to the child’s medical home/local physicians for further diagnosis and treatment of their acute or chronic conditions. LHD’s staff physicians, family practice or pediatric nurse practitioners may diagnose and treat children as appropriate. When no other care is available, children with chronic medical conditions should be coordinated with local physicians or the Kentucky University Clinics or the appropriate regional pediatric specialist.
• Children with suspected genetics problems should be referred to a Genetics Network Provider or call the Maternal and Child Health Hotline at 800-462-6122. Children with suspected Developmental Delay should be referred for developmental evaluation and screening (refer to the KEIS Reporting in the AR, LHO Section, or call (877) 417-8377.
Minimum Patient Responsibility

- Any Medicaid eligible child is eligible for EPSDT screenings under the age of 21. Well child comprehensive physicals include ages 0-21 years of age.
- Client or parent/guardian of client is expected to keep appointment scheduled according to periodicity recommendations and any recommended follow-up referrals.

WIC Program

Laws, Regulations, Guidelines

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966, as amended. The Code of Federal Regulations 7 CFR Part 246 governs the operation of the program along with the state Administrative Regulation 902 KAR 18.

When required by the Nutrition Services Branch each local agency will sign a Statement of Assurance of Compliance with Regulations for the Special Supplemental Nutrition Program for Women, Infants and Children for continued participation in the Program.

Target Population

Pregnant, breastfeeding and postpartum women, infants and children up to the age of five (5) must be at nutritional risk. The applicant must be a resident of the state of Kentucky and provide proof of residency, income and identity. The applicant must meet the income qualifications.

Funding

WIC funds are allocated based upon an equitable method based upon participation to cover expected nutrition services administration costs to the extent possible. The allocations are split July-September and October through June in order to coincide with the federal fiscal year and closeout for the state fiscal year. Funds are distributed in a reimbursement method based upon submitted monthly expense reports for allowable Program costs.

Annual WIC expenditures shall provide a minimum of twenty percent (20%) for nutrition education and a minimum amount per breastfeeding participant as specified by USDA. Local health departments not meeting these minimum amounts shall be subject to the withdrawal of funds for any year that these levels are not met.

When directed by the Nutrition Services Branch and when funding is inadequate to serve the statewide caseload, all local health departments shall maintain priority waiting list of program eligible persons who are likely to be served.
Staff Requirements:

- A certifying health professional will determine eligibility, certify persons for the program and prescribe supplemental foods. A certifying health professional is a Physician, Nutritionist (bachelor’s degree), Certified Nutritionist (master’s degree and certified by the State Board of Certification), Dietitian (RD/LD), Nurse (R.N., L.P.N., APRN) or a Physician’s Assistant.
- Each local agency shall designate a staff person to serve as WIC Coordinator. It is recommended that this staff person be an RN or Nutritionist who has experience in providing WIC services in an LHD. A list of duties for the WIC Coordinator follows in this section. The WIC Coordinator cannot be a contracted position.
- Each local agency shall designate a staff person to serve as Breastfeeding Coordinator to coordinate breastfeeding promotion and support activities. This staff person must be a nutritionist or nurse who has experience in providing WIC services in a local health department and is trained in breastfeeding. An agency must request approval from the Nutrition Services Branch to designate a different classification for this function. A list of duties for the Breastfeeding Coordinator follows in this section.
- Each local agency shall designate a staff person who is a nutritionist or nurse to coordinate nutrition education activities. A list of duties for the Nutrition Education Coordinator follows in this section.

Training Requirements:

- Appropriate staff will attend training as required by the Nutrition Services Branch.
- WIC Policy and Procedures Training is available upon request.
- WIC 101 module on TRAIN Kentucky is recommended for all new staff and as a refresher for all existing staff. The module number is 1033155.
- Civil Rights training is required on an annual basis of all frontline staff and frontline supervisors. The TRAIN Kentucky module number is 1020093.

Reporting Requirements:

- A monthly report of program operations cost must be submitted. Cost must be broken down by client services, nutrition education, breastfeeding promotion and general administrative cost.
- Reporting of client information is collected through the Patient Services Reporting System and the web based CMS system and benefit issuance through EBT. The systems support 1) appointment scheduling; 2) registration and income; 3) patient encounters; 4) certification information including growth carts; 5) benefit issuance; and 6) billing and households if issuing benefits through EBT.
- Copies of Vendor Agreements must be maintained. All agreements must be approved by the Nutrition Services Branch.
• Management evaluations and site visits are conducted by the Nutrition Services Branch staff to review program operations as required by USDA and WIC regulations. The WIC Coordinator is informed of any identified deficiencies and/or inappropriate procedures/policies. Corrective action is to be implemented by a specified time frame to be in compliance or a monetary penalty may be assessed.
• An annual Nutrition Education Program Plan must be completed and the plan submitted to the Nutrition Services Branch for review and approval. The evaluation of the nutrition education activities for the prior year is completed and submitted to the Nutrition Services Branch at the same time as the Program Plan.

**Billing and Coding Procedures:**

Adhere to all policies and procedures relating to billing and coding for the WIC Program as outlined in the [WIC and Nutrition Manual](#).

**Other Special Requirements:**

• Adhere to timeframes for service delivery as outlined in the Administrative Reference.
• Provide outreach for all categories of participants and disseminate program information as directed by the Cabinet.
• Provide the opportunity to register to vote at WIC application, certification, and transfer for women eighteen (18) years old and older. If a member of the public is not receiving services and requests to register to vote, they must also be accommodated.
• Perform periodic local internal review to ensure adherence to WIC Program federal and state regulations, policies and procedures.
• Publishes information on WIC services and any programmatic changes on at least an annual basis. The Nutrition Services Branch publishes this information on a statewide basis. Local health departments are notified of these publications which are to appear statewide. All local health departments are responsible for reviewing the newspaper(s) in their service area to determine if the WIC services announcement(s) appears. If the announcement does not appear, the local health department shall contact the area paper and request the announcement run free of charge. If the local paper does not offer free public service announcements, the local health department shall pay to have the notice published.
• Guarantee computer equipment and internet access is made available to ensure efficient entry of services into the Clinic Management System (a.k.a., Portal), a web-based system, which includes the issuance through eWIC via WIC Direct. The computers are maintained in accordance with guidance outlined in the Local Health Operations section of the DPH Administrative Reference.
• All adults applying for the WIC Program for themselves or on behalf of others shall be provided written information on the Medicaid Program at each certification and recertification. Other information shall be provided as specified by the Nutrition Services Branch.
• Local agencies shall make nutrition education available to all participants. During each six-month certification period, at least two nutrition contacts shall be made.
available to adults and children. Infants and any persons certified for longer than six months shall have nutrition education contacts made available on a quarterly basis.

- Local agencies will obtain prior written approval for the purchase of any item of equipment of $300.00 or more with WIC funds. Once the equipment has been purchased, the local agency will submit a copy of the invoice, along with the inventory number, to the WIC State Agency. Any purchase requisition in excess of $5,000 and any procurement of automated information systems, including equipment or software, or management studies, must receive prior approval from USDA, FNS, and the WIC State Agency. Title to such equipment will rest with the WIC State Agency and shall be returned upon request.

- Local agencies shall when purchasing property with WIC funds that falls below the required prior approval category of $300.00 which is considered a sensitive item (i.e. such as a calculator, camera, etc.) inventory the item and submit a copy of the invoice, along with the inventory number, to the State WIC State Agency. Title to such sensitive items will rest with the WIC State Agency and shall be returned upon request.

Program Specific Offerings:

Review the WIC Farmers’ Market Nutrition Program, Breastfeeding Peer Counselor Program, and Regional Breastfeeding Coordinator below.

WIC Services Description and Key Roles and Responsibilities of The Health Department

The WIC Program provides nutrition education and healthy foods to pregnant, breastfeeding and post-delivery women, infants and children up the age of five (5) who meet income and health risk guidelines.

The applicant must provide proof that they are a resident of Kentucky, proof of identity and proof of household income eligibility.

The certifying health professional then determines nutritional risk based upon national guidelines. This is determined from an assessment including height, weight, blood test, diet and a brief medical history.

A certifying health professional explains to the person why he/she qualifies for WIC; for example, the child has low iron and would benefit from the WIC foods. The health professional provides nutrition education which may include such topics as recommended infant feeding guidelines, planning a healthy diet or wise shopping ideas. Breastfeeding education such as advantages of breastfeeding, how to breastfeed and the benefits of breastfeeding are provided during the prenatal and post-delivery periods. A food package is prescribed by the health professional based upon category of the participant and individual needs, such as homelessness. The participant is provided up to three (3) months of program benefits which contain the prescribed food packages for specific healthy foods, a list of approved foods that can be purchased and a list of stores that are authorized to cash the food instruments.
Referrals are provided for such services as immunization, well child, social services, community services and medical nutrition therapy (extensive individual diet counseling).

**Minimum Patient Responsibility:**

The WIC participant has certain rights but also responsibilities to utilize the program in a proper manner.

- The applicant must provide proof of income, residence and identity. The applicant must be a resident of Kentucky.
- A WIC participant cannot be enrolled or participating in more than one (1) WIC agency/site or in WIC and the Commodity Supplemental Food Program (CSFP) at the same time.
- Each participant must be informed of their rights and responsibilities at certification and recertification. Certain standards exist for participants who have been determined to abuse the program. Review the WIC and Nutrition Manual, Certification and Management Section.

**Services (Arranged and Paid) Include:**

WIC services and screenings must be provided at no cost to the applicant/participant.

---

**WIC Farmers’ Market Nutrition Program (FMNP)**

**Laws, Regulations, Guidelines**

FMNP is authorized by the Food Stamp Act of 1977, as amended. The Code of Federal Regulations 7 CFR Part 248 govern the operation of the WIC Farmers’ Marking Nutrition program.

**Target Population**

Pregnant, breastfeeding and postpartum women, infants (over 9 months of age) and children up to the age of five (5) who are WIC participants are the eligible participants.

**Funding:**

Due to limited federal funding, not all agencies have this program. The program is funded by a federal FMNP grant. Funds for the FMNP benefits are allocated based upon an equitable method. FMNP benefits can only be issued to participants up to the allocated funding.

**Reporting Requirements:**

- Reporting of client information is collected through the CDP web-based Clinic Management System (a.k.a., Portal) and PSRS.
- Copies of Farmers’ Agreements must be maintained. All agreements must be approved by the Nutrition Services Branch.
Management evaluations and site visits are conducted by the Nutrition Services Branch staff to review program operations as required by USDA and FMNP regulations. The WIC Coordinator is informed of any identified deficiencies and/or inappropriate procedures/policies. Corrective action is to be implemented by a specified time frame to be in compliance or a monetary penalty may be assessed.

Billing and Coding Procedures:

Only benefit issuance is coded on the patient encounter form (PEF).

Other Special Requirements:

Adhere to all policies and procedures relating to the FMNP Program as outlined in the WIC and Nutrition Manual.

FMNP Services Description and Key Roles and Responsibilities of the Health Department

FMNP provides participants in the WIC Program with food instruments to purchase fresh fruits and vegetables at local farmers’ markets. Through this program, WIC participants receive the nutritional benefits of fresh fruits and vegetables in addition to the regular WIC food package. See WIC and Nutrition Manual for additional information concerning the WIC Farmer’s Market Nutrition Program.

The participant is provided $20.00 worth of FMNP benefits for the time period June through October, a list of approved fruits and vegetables that can be purchased and the location of the farmers’ markets that are authorized to redeem the food benefits.

Minimum Patient Responsibility:

The WIC participant has certain rights but also responsibilities to utilize the program in a proper manner.

- Each participant must be informed of how to use the FMNP benefits through the participant brochure.

Services (Arranged and Paid) Include:

FMNP services must be provided at no cost to the applicant/participant.

Breastfeeding Peer Counselor Program

The Breastfeeding Peer Counselor Program is designed to provide mother to mother breastfeeding support and basic breastfeeding education to WIC Program mothers who are pregnant or breastfeeding. The goals of the Breastfeeding Peer Counselor Program are to meet the Healthy People 2020 Objectives which are to increase
initiation to 81.9%; increase the 6 month duration rate to 60.5%, to increase the 1 year duration rate to 34%, increase breastfeeding exclusivity rate at 3 months to 44.3% and 23.7% exclusive breastfeeding at 6 months.

**Target Population:** WIC Program participants who are pregnant or breastfeeding.

**Funding:** The Program is funded by a federal breastfeeding peer grant. Funds are allocated based upon an equitable method to cover expected services and administrative costs to the extent possible based upon the federal funding. Funds are distributed in a reimbursement method based upon submitted monthly expense reports for allowable Program costs. The expenses for this program are limited to those specifically related to Breastfeeding Peer Counseling. Due to limited federal funding, not all agencies have this Program.

**Staff/Provider Requirements:**
- Peer Counselors must have breastfed at least one baby for six (6) months or longer and were previously or currently a WIC participant.
- Peer Counselors must be a contemporary/cohoot/equal to the woman to whom she will be providing information and support. This may include having the ability to speak another language such as Spanish.
- See the additional qualifications for a Breastfeeding Peer Counselor in the Breastfeeding Peer Counseling section of the WIC and Nutrition Manual, Breastfeeding Peer Counselor Agencies.
- Peer Counselors are to be contracted with the agency using the standard Peer Counselor contract. Only agencies have been grandfathered in, prior to June 30, 2011, may have the Peer Counselor as a part-time employee.
- The agency must have a Lactation Specialist who is a health professional (RD, RN or LPN) with certification as an International Board Certified Lactation Counselor (IBCLC), a Certified Lactation Counselor (CLC), or Certified Lactation Specialist (CLS). This person may be an employee of the agency or under contract to receive referrals from the Peer Counselor of mothers who have breastfeeding issues that are outside the peer’s scope of practice.
- The agency must have a **Breastfeeding Peer Counselor Supervisor** that is an employee of the agency.
- See the duties of the **Breastfeeding Peer Counselor Supervisor**, **Lactation Specialist** and **Breastfeeding Peer Counselor** which follow in this section.

**Training:**
- Prior to being placed under contract or working with pregnant or breastfeeding mothers, Peer Counselors must complete 12 modules of Loving Support Through Peer Counseling. The training is provided by the State Agency.
- Prior to initiating the Program in the local agency the Breastfeeding Peer Counselor Supervisor must have received training from the State Agency.
- Each year the Peer Counselor must complete 4 hours of continuing education.
• The Peer Counselor Supervisor and the Peer Counselor must attend the Breastfeeding Peer Counselor Program meetings which are held by the State Agency.

• The Lactation Specialist must demonstrate proof of award of certification and maintenance of applicable necessary continuing education as an IBCLC, CLC or CLS.

**Reporting Requirements:**

• Documentation and reporting of all client encounters must be done through the Breastfeeding Peer Counseling database/system.

• Review the [WIC and Nutrition Manual](#) for additional information concerning the Breastfeeding Peer Counselor Program.

**DUTIES OF THE WIC COORDINATOR**

It is recommended that the WIC Coordinator be a Nutritionist or RN. The Coordinator should have previous experience providing WIC services. The WIC Coordinator shall not be a contracted employee.

**RESPONSIBILITIES:**

• Ensures WIC Program operates according to federal and state regulations, procedures and policies as outlined in the WIC and Nutrition Manual. Ensures any local policies and procedures are in compliance with state policies and procedures.

• Ensures all appropriate staff are informed and trained regarding WIC policies, procedures and systems.

• In conjunction with agency administrator, ensures adequate and appropriate staffing to provide WIC services for applicants and participants.

• Responsible for caseload management. Ensures that appointments are made in a timely manner and that processing standards are met.

• In conjunction with the agency administrator and/or authorized representative, develops and monitors the WIC budget, monitors expenditures and appropriateness of coding of time, function, and travel.

• In conjunction with Nutrition Education Coordinator, develops procedures to provide appropriate and required nutrition education to WIC participants. In conjunction with the Nutrition Education Coordinator and agency administrator or authorized representative ensures that at least twenty percent (20%) of nutrition services administration funds are appropriately expended during each fiscal year for nutrition education activities.

• In conjunction with Breastfeeding Promotion Coordinator, develops procedures to provide appropriate and required breastfeeding education and promotion to WIC participants and public and private partners.

• Ensures that voter registration services are provided and documented as outlined by state policies and procedures.

• Ensures Vendor Management policies and procedures are adhered to.
• Ensures that agency’s sites have an adequate supply of current forms, eWIC cards and handwritten food instruments for program operations. Responsible for compliance with all security requirements for eWIC cards, manual food instruments, stamp, formula and breast pump accountability, storage, and inventory at each agency site.
• Reviews management and monitoring reports and ensures appropriate action is taken when necessary. Shares management and monitoring findings with agency staff as appropriate or necessary. Ensures correction of identified deficiencies in a timely manner.
• Ensures all appropriate staff are informed of local referral information/sources available to serve the WIC clients according to Federal and State policies and procedures.
• Ensures outreach is conducted at least annually in each local site’s community as outlined in the Administrative Reference and the WIC and Nutrition Manual. Ensures outreach file documentation contains up-to-date information.
• Develops procedures for and/or conducts reviews of agency’s sites for quality assurance and compliance.
• In conjunction with the Breastfeeding Peer Counselor Supervisor, manages and supervises the Breastfeeding Peer Counselor Program (if applicable).
• Ensures all appropriate staff is informed of WIC Farmer’s Market Nutrition Program (FMNP) policies and procedures and that they are adhered to (if applicable). Ensures any local policies and procedures are in compliance with state policies and procedures.

DUTIES OF WIC NUTRITION EDUCATION COORDINATOR

The Nutrition Education Coordinator shall be a nutritionist or a nurse. This person should have experience providing WIC services. The Nutrition Education Coordinator shall not be a contracted employee.

RESPONSIBILITIES:

• In conjunction with the WIC Coordinator, ensures that Program requirements pertaining to the nutrition education component are fulfilled, e.g. provision of nutrition education contacts at required frequencies and required content is provided to participants.
• Develops and evaluates the annual nutrition education plan. Shares the plan and evaluation with appropriate staff.
• In conjunction with the WIC Coordinator and the administrator or authorized representative ensures that at least twenty percent (20%) of nutrition services administration funds are appropriately expended during each fiscal year for nutrition education activities.
• Reviews and analyzes health status related materials transmitted to the agency by the State Agency. This includes nutrition surveillance materials and other related source documents. Shares the materials with appropriate staff.
• Provides in-service training on nutrition related topics to appropriate staff with the agency.
• Receives four (4) hours of continuing education on nutrition and/or
nutrition counseling on an annual basis.
• Coordinates procedures and issuance of all other formulas besides contract
brand standard formula in accordance with procedures developed by the State
WIC Office. Ensures any local policies and procedures regarding issuance of
formulas are in compliance with State policies and procedures.
• Disseminates nutrition education materials to appropriate staff.

DUTIES OF WIC BREASTFEEDING PROMOTION COORDINATOR

The Breastfeeding Promotion Coordinator shall be a nutritionist or nurse or IBCLC
unless written approval is received from the State WIC Office to utilize a different
classification for this function. This person should have experience providing WIC
services.

RESPONSIBILITIES:

• Provides and/or coordinates breastfeeding training for local agency staff.
  Training should address technical and promotional aspects of
  breastfeeding.
• Develops and implements clinical standards to ensure adequate
  breastfeeding promotion and support.
• Disseminates breastfeeding promotion and education materials to
  appropriate staff and other public or private entities
• Evaluates effectiveness of agency’s breastfeeding promotion efforts on an
  annual basis. Develops and implements a plan to increase the incidence and
  duration of breastfeeding based on annual evaluation.
• Ensures breast pump issuance, inventory and education is provided to WIC
  participants in accordance with State policies and procedures.
• Receives four (4) hours of continuing education on Breastfeeding management
  and promotion on an annual basis.
• In conjunction with the WIC Coordinator, and/or Breastfeeding Peer
  Counselor Supervisor assist in management and supervision of the
  Breastfeeding Peer Counselor Program (if applicable).

DUTIES OF WIC BREASTFEEDING PEER COUNSELOR LACTATION
SPECIALIST

The Lactation Specialist is a Registered Dietitian (RD) or Nurse (RN or LPN) with
certification as an International Board Certified Lactation Consultant (IBCLC), Certified
Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Certified Lactation
Educator (CLE) that will provide lactation management and support services for
participants of the Breastfeeding Peer Counselor Program when the client is
experiencing issues which are outside the scope of practice for the paraprofessional Breastfeeding Peer Counselor.

The Lactation Specialist will:

- Obtain training on Loving Support Through Peer Counseling curriculum.
- Receive referrals from Breastfeeding Peer Counselors for clients who are experiencing complex maternal and infant breastfeeding problems beyond their scope of practice.
- Provide timely follow-up services by telephone, home visit, WIC clinic visits, and/or hospital visits. The follow-up may occur outside of the normal hours of clinic operations.
- Assess breastfeeding situation and provide counseling to mothers.
- Maintain and protect the confidentiality of each client.
- Document services in the medical record in accordance with the guidelines in the Medical Records Management section of the AR Volume I and the Breastfeeding Peer Counselor protocols, as appropriate.
- Codes clinical or community services on the appropriate reporting or billing form in order for the local agency to receive reimbursement for services, as appropriate.
- Coordinate continued follow-up of the client with the Peer Counselor.
- Assist the Breastfeeding Peer Counselor Supervisor in providing initial and ongoing breastfeeding training for Peer Counselors.
- Mentors or assists in mentoring, Peer Counselors through shadowing opportunities and ongoing guidance.
- In conjunction with the Breastfeeding Peer Counselor Supervisor, provides breastfeeding trainings for local agency staff, and in-service education for hospital staff and local health care professionals.
- Teach breastfeeding classes and support groups for pregnant and breastfeeding women (optional).
- Assist in conducting outreach with community organizations to promote WIC breastfeeding and peer counseling services (optional).
- Records and collects data required by State or Local agency.
- Maintains credentials and breastfeeding knowledge and skills through continuing education as required by credentialing organization (minimum of 4 hours of continuing education in breastfeeding management or promotion each year).

**DUTIES OF WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR**

The Breastfeeding Peer Counselor Supervisor shall be a nutritionist or nurse unless written approval is received from the State WIC Office to utilize a different classification for this function. This person should have experience in providing WIC services in the clinic. The supervisor cannot be contracted.

**RESPONSIBILITIES:**
• Obtain State training on *Loving Support Through Peer Counseling* Supervisor Curriculum.
• Recruit, interview, train and supervise Peer Counselors according to WIC Program policies and procedures.
• Provide and/or ensure that all Breastfeeding Peer Counselors are trained in lactation management using *Loving Support Through Peer Counseling* curriculum and provide ongoing training as needed.
• In conjunction with agency administrator, ensures adequate and appropriate staffing of Peer Counselors to serve the local WIC caseload of pregnant and breastfeeding women.
• In conjunction with the WIC Coordinator/Breastfeeding Coordinator and agency administrator or authorized representative, ensures that the agency’s allotment of funds for Breastfeeding Peer Counseling is appropriately expended in fiscal year.
• Manages and coordinates Breastfeeding Peer Counselor staff and services with agency WIC Program staff and services to assure program quality assurance and compliance.
• Provides supervision and management of Breastfeeding Peer Counselors by monitoring counseling and documentation of services provided. Shares management and monitoring findings with staff as appropriate or necessary. Ensures correction of identified deficiencies in a timely manner.
• Maintain communication with the State Breastfeeding Peer Counselor Coordinator to assure continuous quality improvement for the Breastfeeding Peer Counselor Program.
• Attends WIC Program Breastfeeding Peer Counselor meetings and Breastfeeding Peer Counselor Supervisor meetings.
• Receives 4 hours of continuing education on Breastfeeding Management and Promotion each year.

**WIC BREASTFEEDING PEER COUNSELOR**

The Breastfeeding Peer Counselor will be a contemporary/cohort/equal to the woman to whom she will be providing information and support. This may include having the ability to speak another language such as Spanish, have successfully breastfed an infant for 6 months or longer; be an advocate for breastfeeding; have basic computer skills in the use of email and common Word documents; have the ability to communicate effectively with peers, supervisors and other health department staff; have been or currently is a WIC participant; have reliable transportation; and be readily accessible by phone.

A Peer Counselor scope of practice is to provide basic breastfeeding information, encouragement and support to WIC participants.

A Peer Counselor must refer/yield identified breastfeeding problems or other health issues outside the Peer Counselor scope of practice. See Guidelines for Referring/Yielding. Other referrals shall be provided as specified in the Breastfeeding Peer Counselor protocols.
RESPONSIBILITIES:

- Complete 12 modules of *Loving Support through Peer Counseling: A Journey Together* training provided by the state agency, prior to providing counseling through the Peer Program. The Peer Counselor Supervisor will document and maintain on file the successful completion of the modules.
- Demonstrate the ability to work with pregnant and breastfeeding women as observed by the Peer Counselor Supervisor.
- Communicate effectively with Breastfeeding Peer Counselor Supervisor, local health department staff, clients, and other peer counselors, as appropriate.
- Receive an assigned caseload of pregnant and breastfeeding WIC mothers.
- Contact the mothers per the Breastfeeding Peer Counselor Protocol for Contacting WIC Mothers in the WIC and Nutrition Manual.
- Provide counseling by telephone, home visit, clinic visit and/or hospital visit per the Breastfeeding Peer Counselor protocols and individual client’s needs.
- Provide basic breastfeeding information and support such as; the benefits of breastfeeding, overcoming common barriers, establishing breastfeeding, etc. Assists clients in preventing and handling common breastfeeding problems and concerns.
- Maintain and protect client confidentiality.
- Document all contacts made with clients via the Breastfeeding Peer Counselor Computer Program. If the system is down, the documentation will be made per Breastfeeding Peer Counselor protocol. When the system is live again, the contact information will be entered into the system per protocol.
- Operate within the Scope of Practice for a Breastfeeding Peer Counselor. See Scope of Practice for WIC Breastfeeding Peer Counselor in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.
- Refer identified breastfeeding problems or other health issues to appropriate health professional (e.g., IBCLC, CLC, LC, Registered Dietitian/Certified Nutritionist, nurse, etc. See the Guidelines for Referring/Yielding in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual. Other referrals may be provided per Breastfeeding Peer Counselor protocols.
- Terminate clients from the Breastfeeding Peer Counselor Program after 3 documented unsuccessful attempts to contact, once the client is no longer breastfeeding or the client wishes not to participate in the program. The Contact History must be printed and placed in the participant’s medical record.
- Attend and assist with prenatal classes and breastfeeding support groups, as appropriate.
- Assist WIC staff in promoting breastfeeding peer counseling through special projects and duties, as assigned.
- Attend peer counselor meetings as directed by State Peer Counselor Coordinator. Attends other breastfeeding conferences/workshops, as appropriate.

The above information regarding a Breastfeeding Peer Counselor is reflected in the standard contract for Peer Counselors.
DUTIES OF WIC REGIONAL BREASTFEEDING COORDINATOR

A Regional Breastfeeding Coordinator is a Registered Dietitian (RD) or Nurse (RN or LPN) with certification as a Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS), International Board Certified Lactation Consultant (IBCLC) or State approved equivalent. The person designated in this position must be approved by the State WIC Agency. The Regional Breastfeeding Coordinator will provide breastfeeding education, promotion and support in their local agency as well as other designated agencies and public and private community partners in their region. The region will be designated by the State WIC Agency.

RESPONSIBILITIES:

- Develop programs, activities, and outreach that promote breastfeeding in the specified region. Work with the Breastfeeding Coordinators at the local agencies, in the specified region, in the development of a Breastfeeding Promotion Plan.
- Provide support, promotion, and education to public and private community partners such as other local agencies, hospitals, physicians and community groups in the specified region.
- Develop and support breastfeeding coalitions and mother to mother support groups in the specified region.
- Serve as a committee chair and lead committee towards meeting the strategies in “The Strategic Plan for Improving Breastfeeding Rates in Kentucky.”
- Attend Regional Breastfeeding Coordinator meetings, as designated by the State Office.
- In conjunction with the Local Agency Administrator, or authorized representative, ensure the agency’s allotment of funds for 833 is appropriately expended in fiscal year.
- Maintain communication with State Breastfeeding Promotion Coordinator to assure continuous quality improvement in breastfeeding promotion and support in the specified region.
- Develop and evaluate an annual plan based upon the assessment of need of the public and private partners in the specified region and “The Strategic Plan for Increasing Breastfeeding Rates in Kentucky.”
- Assist Breastfeeding Promotion Coordinators in specified region with breastfeeding training and promotion.

833 Cost Center-Breastfeeding (WIC)

Only expenditures for designated Regional Breastfeeding Coordinators approved by the State WIC office, in specified agencies can be charged to this cost center. The expenditures will be for breastfeeding promotion activities to increase breastfeeding initiation and duration rates. This includes working with other local health
departments and public and private community partners. Expenditures for direct one-on-one services cannot be coded to this cost center.

---

**WIC PROGRAM APPLICANT/PARTICIPANT FAIR HEARING PROCEDURES**

The following are policies that pertain to WIC applicants and participants only:

1. A WIC applicant/participant shall be provided with a copy of the Fair Hearing Procedures when:
   - Found ineligible;
   - Disqualified or suspended during a certification period; and
   - An action has resulted in a claim for repayment of improperly issued benefits.
2. Requests for fair hearings shall be honored unless:
   - The request for a hearing is not received by the state WIC Agency within sixty (60) days from the date of notice; or
   - The request is due to the tailoring of the WIC food package, which results in a reduction of supplemental foods.

The fair hearing will be in accordance with Administrative Regulation 902 KAR 18:040 and which meets the requirements of KRS Chapter 13B. The fair hearing will be conducted by a Cabinet Hearing Officer.

Additionally, refer to the WIC Program Fair Hearing Procedures Poster and Fair Hearing Procedures Info Sheet in the WIC and Nutrition Manual.

**The following policies pertain to WIC Vendors:**

1. A WIC Vendor shall be informed in writing of the right to a hearing and the method by which a hearing may be requested for the following adverse actions:
   - Denial of application to participate in the program;
   - Disqualification; or
   - Other adverse action which affects participation during the agreement performance period.
2. Refer to 902 KAR 18:081 for the actions that are not subject to appeal
3. The vendor's fair hearing will be in accordance with Administrative Regulation 902 KAR 18:081 and KRS Chapter 13B.

**The following policies pertain to WIC local agencies:**

An appeal shall be granted if a local agency:

- Is denied application;
- Has participation in the program terminated; or
• Has any other adverse action affecting participation.

The appeal shall be to the Cabinet and shall be in accordance with the requirements of **KRS Chapter 13B**, Administrative Regulation **902 KAR 18:081** and the relevant federal and/or state regulations or laws.

Appealing the termination or suspension does not relieve the local agency from continued compliance with program requirements. Any adverse action will be postponed until a decision is reached in the hearing. A local agency cannot appeal the expiration of their services at the end of the service period.

**Hearing Officials’ Duties For The WIC Program**

Hearing procedures for the Cabinet for Health and Family Services and local health departments/agencies shall be governed by **KRS Chapter 13B** and Administrative Regulation **902 KAR 1:400**. WIC Program hearing proceedings for applicants, participants and vendors are governed by **KRS Chapter 13B**, and **902 KAR Chapter 18** (WIC Program) including **18:040** and **18:081**.

WIC Program applicant/participant hearings shall be conducted or presided over by an impartial official or hearing body who does not have any personal stake or involvement in the decision, who was not directly involved in the determination of the adverse action being contested and who has no prior knowledge of the case under appeal.

The hearing official shall:

• Administer oaths or affirmations to persons who will be testifying on either the local health department’s behalf or the requesting party’s behalf;
• Ensure that a verbatim transcript or recording of the hearing proceedings is obtained;
• Ensure that all issues relevant to the case are considered;
• Request, receive, and make a part of the hearing record all evidence which has been determined to be necessary to decide the issues being raised;
• Regulate the conduct and the course of the hearing in a manner which is consistent with due process in order to ensure an orderly hearing;
• Order, only in cases involving a participant and only when necessary or relevant, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and local health department; and
• Render a hearing decision which will resolve the dispute. The written decision shall:
  • Summarize the facts of the case;
  • Specify the reasons for the decision;
  • Identify supporting evidence and pertinent regulations or policy;
  • Be based upon the application of appropriate Federal Law, regulations and policy as related to the facts of the case as established in the hearing record; and
  • Be a part of the record for the hearing.
Cross Reference: Rules for Conduct of Hearings

Administrative Hearing Regulation 902 KAR1:400.

Special procedures apply for local health department Merit System employees and applicants for employment. (See Local Health Department System Administrative Regulations 902 KAR 8:100; and 902 KAR 8:110.)

Special procedures may apply to programs with administrative regulations, such as the WIC Program’s Administrative Regulation 902 KAR 18:040 and 902 KAR 18:081.

KENTUCKY REGISTRAR GUIDELINES, Revised, February 2019

The current Kentucky Registrar Guidelines is accessible from the Office of Vital Statistics Webpage.
REFERENCES:

Section: Abuse, Neglect, Violence

References for statistics regarding sexual violence:


Reference for Domestic Violence: Personal Safety Plan:
*Brochure Developed by:* Kentucky Domestic Violence Association
*Reprinted from:*
*Domestic Violence Personal Safety Plan, Domestic Violence Prevention Board and OASIS, Five Steps to Safety.*

*Reference for Protective Order Basics/ Interpersonal Protective Orders:*
*Brochure from the Kentucky Coalition Against Domestic Violence*

Reference for information regarding domestic violence specific to reproductive health:


References for information regarding child sexual abuse:
The National Child Abuse and Neglect Data System (NCANDS). *Child Maltreatment 2007*. (NCANDS collects annual data provided by the child Protective Services Agencies across the U.S. NCANDS was created by the Department of Health and
Human Services in response to federal legislation requiring the collection of national data on child abuse and neglect through the Child Abuse Prevention and Treatment Act (CAPTA)).

Kentucky Cabinet for Health and Family Services, Department of Community Based Services. (2009). *This state agency collects annual data capturing the number of referrals for child protective services investigations. The statewide statistics provided in this document are drawn from Kentucky’s state fiscal year 2009 data.*


**Section: Environmental Services**

**Acknowledgements:**

Information was gathered from the Centers for Disease Control and Prevention, National Resource Center for Health and Safety in Child Care and Early Education, Tacoma Pierce County Health Department, the Minnesota Department of Health and the Commonwealth of Massachusetts Department of Public Health websites.

**Section: Incident Reporting – Tips for Reporting Incidents:**


**Section: Training Guidelines and Program Descriptions**

Family Planning – Program Description References:


Program Requirements for the Title X Funded Family Planning Projects, Version 1.0, April 2014, Office of Population Affairs


42 CFR Part 59 Grants for Family Planning Services
902 KAR 4:050
American College of Obstetricians and Gynecologists (ACOG)
American Society for Colposcopy and Cervical Pathology (ASCCP)
Centers for Disease Control and Prevention (CDC)  
Core Clinical Service Guide (CCSG)  
Individual contraceptive method manufacturer’s recommendations  
KRS 211.090  
KRS 211.180  
KRS 214.185  
Office of Population Affairs

Public Health Service Act through the Family Planning Services and Population Research Act of 1970 ([Public Law 91-572](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm?s_cid=mm5931a2_e%0D0a)

Title X Family Planning Annual Report Forms and Instructions, October 2013


U.S. Department of Health & Human Services Office of Population Affairs

World Health Organization (WHO)


**Provision of Contraception: Key Recommendations from the CDC.** [American Family Physicians](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm?s_cid=mm5931a2_e%0D0a)

Preconception Health Care and Folic Acid Supplementation Program - [Program Description References](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm?s_cid=mm5931a2_e%0D0a):

CDC Preconception Care  

CDC Folic Acid  

CDC Grand Rounds: Additional Opportunities to Prevent Neural Tube Defects with Folic Acid Fortification  
August 13, 2010 / 59(31); 980984  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm?s_cid=mm5931a2_e%0D0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a2.htm?s_cid=mm5931a2_e%0D0a)

March of Dimes  

Spina Bifida Association  
[http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2701563/k.3E6F/What_Can_Be_Done_To_Reduce_The_Risk.htm](http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2701563/k.3E6F/What_Can_Be_Done_To_Reduce_The_Risk.htm)
**Section: Medical Records Management**

*References:*

CDC Publications  
Advisory Committee on Immunization Practices – ACIP  
Epidemiology and Prevention of Vaccine–Preventable Diseases (The Pink Book)  
1998 Guidelines for Treatment of Sexually Transmitted Diseases  
The Core Curriculum on TB  
Medical Acronyms, Eponyms & Abbreviations by Marilyn Fuller Delong  
Merck Manual  
Dorland’s Medical Dictionary  
Contraceptive Technology

---

Review the [LHD Forms webpage](#) for forms and documents pertaining to:

- Administrative Reference  
- Core Clinical Services Guide (CCSG)  
- Clinic Health (CH) Forms  
- Environmental Health  
- LHD Security Requests