CABARRUS HEALTH ALLIANCE

The Public Health Authority of Cabarrus County Board

Meeting Agenda
Tuesday, November 9, 2021
5:30 pm

A. **CALL TO ORDER AND INVOCATION**……...James T. Mack, Jr., Chairman

B. **ADOPTION OF THE AGENDA *Motion***……..Chairman Mack

C. **APPROVAL OF THE MINUTES (Oct 12th & October 19, 2021) *Motion*** ……Chairman Mack

D. **REPORTS**
Financial Summary Report (ending 9/30/21)……..Sue Yates
CHA Snapshot (as of 9/30/21)……..Sue Yates
Variance Analysis Year-to-Date……...Sue Yates
Annual Comprehensive Financial Report……..Sue Yates
Audit Reports……..Sue Yates
COVID Scorecard……..Tamara Staehler
Communicable Disease Scorecard & Five-Year Summary……..Marcus Misenheimer
Regional Funding Opportunities……. Erin Shoe
Health Director's Report……Dr. Bonnie Coyle

E. **CONSENT AGENDA *Motion***……...Chairman Mack
Budget Revisions…… Sue Yates

F. **BUSINESS AGENDA** ……..Chairman Mack
Cabarrus County ARPA Funding ***Motion*** ……..Sue Yates
Finance Policies ***Motion*** ……..Sue Yates
Public Health & Primary Care Services Fee Policy
Public Health & Primary Care Services Debt Management Policy
Public Health & Primary Care Services Eligibility Policy
Resolution for Electronic Advertisement Formal Bidding ***Motion***……..Sue Yates

G. **INFORMAL PUBLIC COMMENTS**……...Chairman Mack

H. **ANNOUNCEMENTS**……...Chairman Mack
Board Membership……..Dr. Bonnie Coyle
2022 Board Meeting Schedule……..Dr. Bonnie Coyle
December Celebration……..Dr. Bonnie Coyle

I. **MOTION TO ADJOURN *Motion***……....Chairman Mack

Next regular meeting date
Tuesday, January 18, 2022 (3rd Tuesday)

Public Health Authority of Cabarrus County

Board Meeting Minutes

October 12, 2021

A regular meeting of The Public Health Authority Board was held on Tuesday, October 12, 2021.

The meeting was held via TEAMS. The meeting was live streamed on YouTube.

Members Present:	Lara Pons, MD, Vice-Chair Mark Spitzer Steve Morris Daryle Adams Kimberly Dehler, DDS Dan Hagler, MD Cecelia Plez
Members Absent:	James T. Mack, Jr., Chairman

Staff Present: Dr. Bonnie Coyle, Dr. Steve Cathcart, Erin Shoe, Kevin Shanus, Sue Yates, Betty Foh, Ryan McGhee

CALL TO ORDER

Vice-Chair Pons called the meeting to order at 5:32 pm, and offered the invocation.

ADOPTION OF THE AGENDA

Vice-Chair Pons asked for approval of the agenda. Cecilia Plez made a motion to approve the agenda. Mark Spitzer made a second motion. Motion and approval carried unanimously.

APPROVAL OF THE MINUTES

Steve Morris made the motion to approve meeting minutes from September 2021. The motion was seconded by Daryle Adams. Motion and approval carried unanimously.

REPORTS

Due to timing constraints of board members, Dr. Coyle asked the board to review the following reports on their own: regular finance reports, HR, IT, and Finance Scorecards, COVID-19, and Health Director's Report. If anyone has questions, she asked for them now or for them to email them to her. Dr. Coyle continued by sharing that COVID data and metrics are improving but hospitalizations remain high. Health Directors report is there also. Mr. Spitzer shared that he would like to come back to the Scorecards in a future meeting to review and provide feedback.

CONSENT AGENDA

The **Budget Revisions** were presented by Sue Yates. She noted there were seven revisions this month. These revisions add another $500,000 to CHA's total budget. No questions. Dr. Hagler made the motion to approve the budget revisions as presented, Mark Spitzer seconded. Passed unanimously.

BUSINESS AGENDA

Employee Appreciation Bonus

Bonnie shared final recommendations with the board based on their feedback the previous month. This proposal acknowledges staff who worked in Fiscal Year 2021. If an employee worked 1,000, they would receive $1,000 and if they did not meet the 1,000 hour mark, they would receive $500. Dr. Dehler asked for information about previous performance awards. Erin Shoe did recap previous mechanisms for a performance award. A current performance award structure is not in place right now. Dr. Haglar commented about aligning this with the vaccination status and/or exemption approvals. Dr. Coyle shared that more information about employee vaccinations would be shared in the closed session. Dr. Dehler clarified that this is not officially an incentive to receive the vaccine. Mr. Spitzer recommended that this specifically be an employee award due to the extraordinary circumstances presented by COVID. Mr. Adams agreed. Mark Spitzer moved to approve, Cecilia Plez seconded. Passed unanimously.

Dental Clinic Eligibility Policy, Donation Policy, Mobile Phone Stipend Policy, Donation Policy – Cabarrus Public Health Interest

No changes on policies aside from terminology of devises (from cellular to mobile devices). Dr. Dehler motioned to approve, Daryle Adams seconded. Passed unanimously.

INFORMAL COMMENTS/SPEAKERS FROM THE FOOR

Vice-Chair Pons called for comments from the floor. There were none.

ANNOUNCEMENTS

Dr. Pons shared the next meeting is November 9th. No other announcements.

MOTION TO ENTER INTO CLOSED SESSION

Steve Morris made a motion to enter into closed session pursuant to NCGS 143-318.11 (a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to North Carolina Law. Dr. Haglar seconded. Passed unanimously.

ADJOURN

There being no further business to come before the Board, Mr. Mark Spitzer made a motion to adjourn the meeting. The motion was seconded by Celia Plez. Unanimously approved. The meeting was adjourned at 7:48pm.

_____

James T. Mack, Jr., Chairman
Public Health Authority Board of Commissioners

ATTEST

_____
Bonnie Coyle, MD
Public Health Director

_____
Minutes Taken by Erin Shoe, MPH

Public Health Authority of Cabarrus County

Board Meeting Minutes

October 19, 2021

A special meeting of The Public Health Authority Board was held on Tuesday, October 19, 2021.

All board members attended in person at the DHM Core Lab Building with the exception of Cecilia Plez who attended via conference call.

Members Present via TEAMS:	James T. Mack, Jr., Chairman Lara Pons, MD, Vice-Chair Mark Spitzer Steve Morris Kimberly Dehler, DDS* Dan Hagler, MD Daryle Adams Cecilia Plez Chris Bowe
Members Present via conference:	Cecilia Plez
Staff Present:	Dr. Bonnie Coyle Erin Shoe Dr. Steve Cathcart Chalis Mason – Snowden

* Member arrived late

CALL TO ORDER

Chairman Mack called the meeting to order at 5:32 pm.

ADOPTION OF THE AGENDA

Clerk to the Board, Chalis Mason – Snowden shared the proposed agenda. Chairman James Mack asked for a motion to approve the agenda as presented. Mark Spitzer made the motion. Daryle Adams seconded. Motion passed unanimously. (8:0, Dehler not present at the time).

BUSINESS AGENDA

Nomination of New Board Members

Dr. Bonnie Coyle informed the Board that Chris Bowe resigned from the Board effective immediately due to accepting a new position within Atrium. His position on the Board (hospital administration) is a required position to fill. Dr. Bonnie Coyle is suggesting Asha Rodriguez to fill his position. There were no concerns voiced by the Board. They all felt she would be a good replacement. Erin Shoe reached out to Lauren Linker, Clerk to the Board of Commissioners to clarify the next steps.

INFORMAL PUBLIC COMMENTS
Chairman Mack called for comments from the floor. There were none.

ANNOUNCEMENTS
Chairman Mack stated that there were no announcements at this time.

MOTION TO ENTER INTO CLOSED SESSION
Dr. Lara Pons made a motion to enter into closed session. Dan Hagler seconded. Motion passed unanimously (8:0, Dehler was not yet present).

MOTION FOR EMPLOYEE VACCINATION MANDATE DECISION
Upon their return to a regular session at 7:23 pm, the Board made the following motion in regards to their decision surrounding mandated employee vaccinations at CHA. We motion to delegate authority to Dr. Coyle to evaluate and decide whether to approve or deny employee requests for exemptions for the COVID-19 vaccine request for medical or religious reasons and in consultation with HR and legal to conduct an individual assessment of each request consistent with the requirements of law and taking into account the health and safety of employees, clients, and members of the public and to determine what accommodations, if any, are appropriate. The motion was presented by Dr. Lara Pons. Dr. Kim Dehler seconded the motion. The motion was passed unanimously (9:0).

MOTION TO ADJOURN
There being no further business to come before the Board, Cecilia Plez made a motion to adjourn the meeting. Mark Spitzer seconded. The motion passed unanimously (9:0), and the meeting was adjourned at 7:24 pm.

_____
James T. Mack, Jr., Chairman
Public Health Authority Board of Commissioners

ATTEST

_____
Dr. Bonnie Coyle
Deputy Health Director

_____

Minutes Typed by Chalis Mason - Snowden

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2022 4 months ending 10/31/2021

GENERAL FUND

REVENUES	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL FY 2021	FY 2022 ORIGINAL BUDGET	FY 2022 BUDGET	ACTUAL 10/31/21	Y-T-D % COLLECTED
INTERGOVERNMENTAL REVENUES	$ 21,490,440	$ 21,168,562	$ 19,287,274	$ 22,120,317	$ 21,454,795	$ 28,504,485	$ 6,428,282	22.55%
PERMITS & FEES	$ 246,785	$ 203,853	$ 216,482	$ 285,057	188,117	241,784	$ 75,185	31.10%
SALES & SERVICES	$ 1,491,663	$ 1,785,752	$ 1,618,074	$ 1,708,630	1,458,877	1,686,699	$ 496,838	29.46%
INVESTMENT EARNINGS	$ 95,743	$ 180,096	$ 104,186	$ 4,223	5,000	5,000	$ 999	19.98%
MISCELLANEOUS	$ 71,980	$ 65,673	$ 47,320	$ 72,847	33,675	41,363	$ 17,960	43.42%
CONTRIBUTIONS & PRIVATE GRANTS	$ 418,892	$ 498,089	$ 577,794	$ 1,002,571	351,303	360,918	$ 323,052	89.51%
FUND BALANCE APPROPRIATED	$ -	$ -	$ -	$ -	880,206	922,930	$ -	0.00%
TOTAL	$ 23,815,503	$ 23,902,025	$ 21,851,130	$ 25,193,646	$ 24,371,973	$ 31,763,179	$ 7,342,316	23.12%

EXPENDITURES	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL 6/30/2021	FY 2022 ORIGINAL BUDGET	FY 2022 BUDGET	ACTUAL 10/31/21	Y-T-D % SPENT
ENVIRONMENTAL HEALTH	$ 1,023,662	$ 940,537	$ 942,173	$ 1,124,681	1,196,025	1,261,692	408,244.74	32.36%
INFORMATION TECHNOLOGY SYSTEMS	$ 838,463	$ 958,323	$ 1,153,424	$ 951,084	1,030,489	1,073,213	339,304.16	31.62%
GENERAL ADMINISTRATION	$ 7,112,525	$ 6,881,284	$ 4,055,399	$ 2,779,340	2,856,567	3,246,473	922,588.62	28.42%
FAMILY CARE COORDINATION	$ 978,968	$ 1,040,588	$ 1,177,374	$ 1,109,438	1,133,604	1,273,604	352,311.62	27.66%
SCHOOL HEALTH	$ 2,825,137	$ 2,994,421	$ 3,117,582	$ 3,965,717	4,266,235	8,832,675	1,588,941.62	17.99%
COMMUNITY IMPACT	$ 2,124,811	$ 2,268,964	$ 1,948,057	$ 1,260,913	1,352,507	3,138,541	513,009.10	16.35%
DENTAL HEALTH	$ 3,523,777	$ 3,723,191	$ 4,020,629	$ 2,933,844	3,882,175	3,677,175	991,117.06	26.95%
VITAL RECORDS	$ 62,420	$ 65,439	$ 54,625	$ 57,632	63,913	63,913	21,208.86	33.18%
COMMUNICABLE DISEASE	$ 1,081,174	$ 1,159,678	$ 2,191,236	$ 4,657,174	4,277,798	4,843,224	1,177,336.13	24.31%
CLINICAL SERVICES	$ 3,373,731	$ 3,147,325	$ 3,129,082	$ 3,220,341	3,516,633	3,556,642	1,141,177.62	32.09%
WIC	742,540	710,171	767,128	832,770	796,027	796,027	274,442.39	34.48%
TOTAL	$ 23,687,208	$ 23,889,921	$ 22,556,709	$ 22,892,933	$ 24,371,973	$ 31,763,179	$ 7,729,682	24.34%
Y-T-D FUND BALANCE INCREASE (DECREASE)	**$ 128,295**	**$ 12,104**	**$ (705,580)**	**$ 2,300,712**	**$ -**	**$ -**	**$ (387,366)**	

ESTIMATED NET Y-T-D BALANCE 10/31/2021	**$ (387,366)**
*****PLUS 4 MOS MEDICAID SETTLEMENT - ($1,466,558)***	**$ 488,853**
	$ 101,487

Cabarrus Health Alliance Snapshot

October 31,2021 Target Percentage 33%

	Budget	Actual	YTD Percentage		Comments
Environmental Health					
Revenue	1,261,692	442,243	35.05%		
Expense	1,261,692	408,245	32.36%		
Information Technology					
Revenue	1,073,213	241,187	22.47%		
Expense	1,073,213	339,304	31.62%		
General Administration					
Revenue	2,897,404	788,815	27.22%		
Expense	3,246,473	922,589	28.42%		
Family Care Coordination					
Revenue	1,273,604	387,259	30.41%		
Expense	1,273,604	352,312	27.66%		
School Health					
Revenue	8,832,675	693,661	7.85%		School Health received over 4 million dollars in State funds. Revenues are
Expense	8,832,675	1,588,942	17.99%		paid one month after expense.
Community Impact					
Revenue	3,128,541	467,558	14.94%		New grants have been awarded (Elevate & CDC Community Health
Expense	3,138,541	513,009	16.35%		Workers). Working to get grants staffed and begin programming.
Dental Health					
Revenue	4,172,013	860,521	20.63%		Mobile units not in schools. Beginning with Kannapolis City kindergarten
Expense	3,677,175	991,117	26.95%		screenings Nov 8th. One dentist position vacant.
Vital Records					
Revenue	63,913	21,304	33.33%		
Expense	63,913	21,209	33.18%		
Communicable Disease					
Revenue	4,843,224	1,090,532	22.52%		
Expense	4,843,224	1,177,336	24.31%		Most of revenue is received one month after expense.
Clinical Services					
Revenue	3,420,873	988,771	28.90%		
Expense	3,556,642	1,141,178	32.09%		Working through billing issues with Medicaid Managed Care.
WIC					
Revenue	796,027	195,351	24.54%		Revenue is received one month after expense. WIC is funded by State
Expense	796,027	274,442	34.48%		Agreement Addendums.

Variance Analysis Year-to-Date

	YTD			VARIANCE ANALYSIS		
	2022		2021	2022	YOY	
	BUDGET	ACTUAL	ACTUAL	BUD vs ACT	ACTUAL	Comments
Revenue						
Environmental Health	1,261,692	442,243	381,646	35.05%	60,597	
Information Technology Sy	1,073,213	241,187	235,016	22.47%	6,171	
General Administration	2,897,404	788,815	756,139	27.22%	32,676	
Family Care Coordination	1,273,604	387,259	338,538	30.41%	48,721	
School Health	8,832,675	693,661	668,284	7.85%	25,378	Large grant received for School Health additional staffing.
Community Impact	3,128,541	467,558	668,722	14.94%	(201,164)	Walmart Foundation Grant (335,692) Paid in July for FY21.
Dental Health	4,172,013	860,521	843,312	20.63%	17,209	Mobile Unit not in schools. Cost Study not included.
Vital Records	63,913	21,304	20,758	33.33%	546	
Communicable Disease	4,843,224	1,090,532	997,771	22.52%	92,760	Revenue is paid a month after expenses.
Clinical Services	3,420,873	988,771	1,127,475	28.90%	(138,704)	Issues with Medicaid Managed Care billing.
WIC	796,027	195,351	289,671	24.54%	(94,319)	Revenue is paid a month after expenses.
Total Revenue	31,763,179	6,177,203	6,327,333	19.45%	(150,130)	
Expense						
Environmental Health	1,261,692	408,245	292,654	32.36%	115,591	Additional staff.
Information Technology Sy	1,073,213	339,304	351,137	31.62%	(11,833)	
General Administration	3,246,473	922,589	972,299	28.42%	(49,710)	
Family Care Coordination	1,273,604	352,312	310,727	27.66%	41,584	
School Health	8,832,675	1,588,942	1,083,845	17.99%	505,097	Large grant received for School Health additional staffing.
Community Impact	3,138,541	513,009	375,235	16.35%	137,774	Grant programs are beginning implementation in schools.
Dental Health	3,677,175	991,117	918,667	26.95%	72,450	
Vital Records	63,913	21,209	16,481	33.18%	4,728	
Communicable Disease	4,843,224	1,177,336	1,061,908	24.31%	115,428	
Clinical Services	3,556,642	1,141,178	992,537	32.09%	148,641	
WIC	796,027	274,442	303,354	34.48%	(28,912)	
Total Expense	31,763,179	7,729,682	6,678,844	24.34%	1,050,838	

Discussion

Our Year to Date Percentage should be around 33% for October 2021.

CABARRUS HEALTH ALLIANCE

Public Health Authority of Cabarrus County

A Component Unit of Cabarrus County, North Carolina

Annual Comprehensive Financial Report

For the fiscal year ended June 30, 2021

Public Health Authority of Cabarrus County

A Component Unit of Cabarrus County, North Carolina

Annual Comprehensive Financial Report

For the fiscal year ended June 30, 2021

Prepared By

Cabarrus Health Alliance Finance Department

Finance Director

Sue K. Yates

CABARRUS HEALTH ALLIANCE

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Cabarrus Health Alliance, North Carolina
Annual Comprehensive Financial Report
For the Year Ended June 30, 2021

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Introductory Section

CABARRUS HEALTH ALLIANCE
at NC Research Campus

October 26, 2021

To the Board of Directors and Citizens of Cabarrus County:

State law requires that all general-purpose local governments publish within six months of the close of each fiscal year a complete set of financial statements presented in conformity with generally accepted accounting principles (GAAP) and audited in accordance with generally accepted auditing standards by a firm of licensed certified public accountants. Pursuant to that requirement, we hereby issue the Annual Comprehensive Financial Report of the Public Health Authority of Cabarrus County (dba Cabarrus Health Alliance) for the fiscal year ended June 30, 2021.

This report consists of management's representations concerning the finances of the Cabarrus Health Alliance. Consequently, management assumes full responsibility for the completeness and reliability of all of the information presented in this report. To provide a reasonable basis for making these representations, management of the Cabarrus Health Alliance has established a comprehensive internal control framework that is designed both to protect the government's assets from loss, theft, or misuse and to compile sufficient reliable information for the preparation of the Cabarrus Health Alliance's financial statements in conformity with GAAP. Because the cost of internal controls should not outweigh their benefits, the Cabarrus Health Alliance's comprehensive framework of internal controls has been designed to provide reasonable rather than absolute assurance that the financial statements will be free from material misstatement. As management, we assert that, to the best of our knowledge and belief, this financial report is complete and reliable in all material respects.

The Cabarrus Health Alliance's financial statements have been audited by Potter & Company, P.A., a firm of licensed certified public accountants. The goal of the independent audit is to provide reasonable assurance that the financial statements of the Cabarrus Health Alliance for the fiscal year ended June 30, 2021, are free of material misstatement. The independent audit involved examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; assessing the accounting principles used and significant estimates made by management; and evaluating the overall financial statement presentation. The independent auditor concluded, based upon the audit, that there was a reasonable basis for rendering an unmodified opinion that the Cabarrus Health Alliance's financial statements for the fiscal year ended June 30, 2021, are fairly presented in conformity with GAAP. The independent auditor's report is presented as the first component of the financial section of this report.

The independent audit of the financial statements of the Cabarrus Health Alliance was part of a broader, federally mandated "Single Audit" designed to meet the special needs of federal grantor agencies. The standards governing Single Audit engagements require the independent auditor to report not only on the fair presentation of the financial statements, but also on the audited government's internal controls and compliance with legal requirements, with special emphasis on internal controls and compliance with legal requirements involving the administration of federal awards. These reports are available in the compliance section of the Annual Comprehensive Financial Report.

GAAP require that management provide a narrative introduction, overview, and analysis to accompany the basic financial statements in the form of Management's Discussion and Analysis (MD&A). This letter of transmittal is designed to complement the MD&A and should be read in conjunction with it. The Cabarrus Health Alliance's MD&A can be found immediately following the report of the independent auditors.

Profile of the Alliance

The Cabarrus Health Alliance was established on July 1, 1997, by agreement of Cabarrus County Board of Commissioners, in order to operate and maintain a facility to provide community health promotion services. Assets were transferred to the Alliance on July 1, 1997. The Public Health Authority of Cabarrus County (dba Cabarrus Health Alliance) is a legally separate governmental entity and is a component unit of Cabarrus County. The Alliance created a 501 (c) (3) non-profit organization, The Cabarrus Public Health Interest (the "Interest"); with public charity status for fundraising efforts that benefit the Alliance and the public it serves. The Interest is a component unit of the Alliance because it is governed by the same Board of Directors.

The Bylaws of the Alliance require a nine-member Board of Directors comprised of representatives from Cabarrus County or Kannapolis City School System, a practicing dentist, a practicing physician in the field of infectious diseases, a practicing physician in whose primary practice is located in Cabarrus County, one member appointed by the governing board of the main hospital located in Cabarrus County, the Cabarrus County Commissioners, one appointed by the Board of Health, and three at-large seats, which are nominated by the Alliance Board and appointed by the Cabarrus County Board of Commissioners.

The Alliance provides a broad range of health services to the citizens of Cabarrus and surrounding counties. These services include adult, maternal, child, and family health care, dental and nutritional needs. The Alliance contracted with the Cabarrus County Board of Commissioners to provide communicable disease, vital records, and environmental health services from July 1, 1997 through June 30, 1998. The Board of Health dissolved June 30, 1998, upon approval of legislation for the Public Health Authority to provide state mandated services, and the Cabarrus Health Alliance Board became responsible for all public health services effective July 1, 1998.

The annual budget serves as the foundation for the Cabarrus Health Alliance's financial planning and control. The Alliance's Chief Financial Officer (CFO), uses these requests as the starting point for developing a proposed budget. The CEO then presents this proposed budget to the board for review prior to June 1. The board is required to hold public hearings on the proposed budget and to adopt a final budget by no later than June 30, the close of the Cabarrus Health Alliance's fiscal year. The appropriated budget is prepared by fund, function (e.g., human services), and department (e.g., general administration). The Alliance's CEO may transfer amounts between objects of expenditures and revenues within a department without limitation. The CEO may transfer amounts up to $25,000 between departments but may not transfer any funds from any contingency appropriation without action of the Alliance Board. Additional authority is granted to the CEO to transfer amounts for the sole purpose of funding salary and benefits adjustments consistent with the Cabarrus Health Alliance Personnel Ordinance. The CEO may award and execute contracts that are not required to be bid or which G.S. 143-131 allows to be informally bid so long as the annual budget contains sufficient appropriated but unencumbered funds for such purposes. The CEO may increase or decrease the number of positions in the Alliance depending on market demand for services and may also adjust

compensation levels in order to ensure competitiveness. Additional positions may only be established under this subsection if revenues are available to offset the expenditures.

Following such actions where a budget amendment is required; it is submitted for approval at the next regular meeting of the Alliance Board. Budget-to-actual comparisons are provided in this report for the general fund for which an appropriated annual budget has been adopted. This comparison is presented on page 25 as part of the basic financial statements.

Factors Affecting Financial Condition

The information presented in the financial statements is perhaps best understood when it is considered from the broader perspective of the specific environment within which the Cabarrus Health Alliance operates.

Local economy. The Cabarrus Health Alliance's main office is located in the northern part of Cabarrus County. Although the County had experienced rapid growth, due to its location in the Charlotte metropolitan region, the unemployment rate continues to be a concern at 4.4%. This is a decrease from last year's 7.6%. The County population has increased by 22.5% and the per capita income increased by 37.4% in the last ten years.

The Alliance received an annual contribution and additional funding for COVID-19 response from Cabarrus County, which as of June 30, 2021, represented 36.84% of total revenues. The County allocates funds for specific mandated programs and services and limits how the funds can be allocated for administrative costs and non-mandated services. In FY20, Cabarrus County received CARES funding for the COVID-19 response and Cabarrus County contributed a portion of those funds for Cabarrus Health Alliance's response efforts.

The Cabarrus Health Alliance sold the North Carolina Telehealth Network to the North Carolina Telehealth Network Association for $200,000 a year for 5 years for a total of $1 million dollars. The transfer of assets and sale of the program was part of the original plan when the Alliance helped get the project started in North Carolina.

Long-term financial planning. Unassigned fund balance in the general fund (25 percent of total general fund expenditures) exceeds the policy guidelines set by the Health Alliance Board. These funds are available, at the Board's discretion, to purchase necessary equipment, and/or to initiate new programs and activities to promote public health in Cabarrus County.

The Alliance will continue to implement a strategic plan to determine the future of existing services and revenues and will continue to seek out new revenue sources and grant opportunities as well as continue to develop and implement cost-saving work ethics to protect the future of those services provided to the citizens of Cabarrus and surrounding counties.

Relevant Financial Policies

In accordance with state statute, appropriated fund balance in any fund will not exceed the sum of cash and investments minus the sum of liabilities, encumbrances, and deferred revenues arising from cash receipts.

The Cabarrus Health Alliance will maintain an unassigned fund balance that exceeds eight percent (8%) of general fund expenditures in accordance with North Carolina Local Government Commission's (LGC) recommendation. Based on historical cash flow analysis, the Cabarrus Health Alliance shall maintain a target goal of fifteen percent (15%) of general fund expenditures. These funds will be used to avoid cash-flow interruptions, generate interest income, sustain operations during unanticipated emergencies and disasters and/or initiate new programs.

Awards and Acknowledgements

The Government Finance Officers Association (GFOA) awarded a Certificate of Achievement for Excellence in Financial Reporting to the Cabarrus Health Alliance for its Annual Comprehensive Financial Report for the fiscal year ended June 30, 2020. This was the twenty first consecutive year that the Alliance has received this prestigious award. In order to be awarded a Certificate of Achievement, the government published an easily readable and efficiently organized Annual Comprehensive Financial Report. This report satisfied both GAAP and applicable legal requirements.

A Certificate of Achievement is valid for a period of one year only. We believe that our current Annual Comprehensive Financial Report continues to meet the Certificate of Achievement Program's requirements and we are submitting it to the GFOA to determine its eligibility for another certificate.

The preparation of this report would not have been possible without the efficient and dedicated services of the Cabarrus Health Alliance Finance Department. We would like to express our appreciation to all members of the department who assisted and contributed to the preparation of this report. Much appreciation is expressed to Potter & Company without whose dedicated assistance this report could not have been produced. Credit also must be given to the Alliance Board for their continued interest and support in planning and conducting the financial operations of the Cabarrus Health Alliance.

Respectfully submitted,

Dr. Bonnie Coyle, Health Director
Director of Public Health/Chief Executive Officer

Sue K. Yates
Chief Financial Officer

Government Finance Officers Association

Certificate of Achievement for Excellence in Financial Reporting

Presented to

Public Health Authority of Cabarrus County
North Carolina

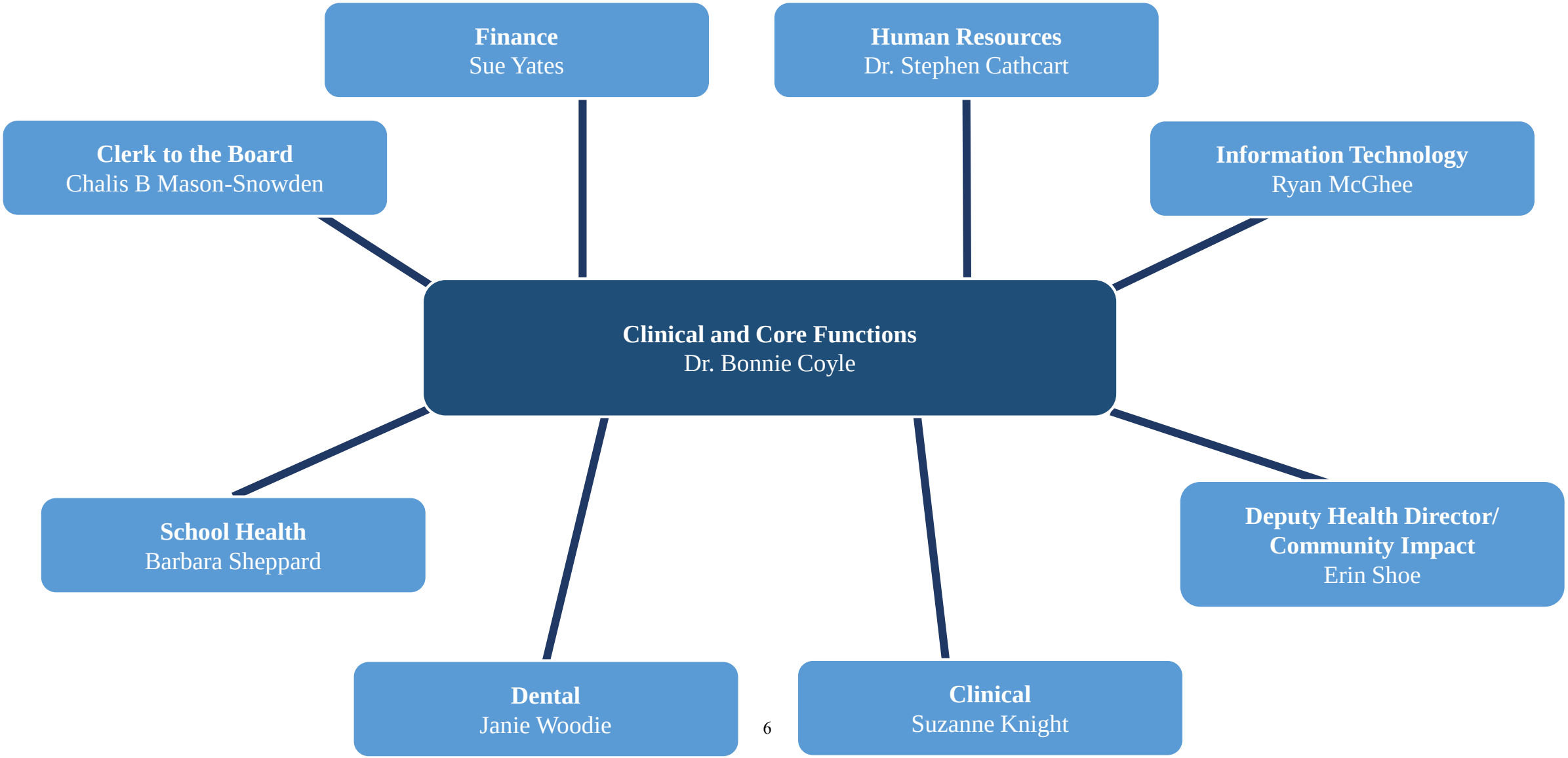
For its Comprehensive Annual
Financial Report
For the Fiscal Year Ended

June 30, 2020

Christopher P. Morrill

Executive Director/CEO

Organizational Chart
Cabarrus Health Alliance Leadership



List of Appointed Officials
As of June 30, 2021

Cabarrus Health Alliance Board

Chairman Public Member	James T. Mack, Jr.
Member or Designee, Atrium Health – Infectious Disease Specialist	Dan Hagler, M.D.
Member or Designee, Cabarrus County Board of Commissioners	Stephen M. Morris
Member or Designee, Atrium Health – Regional COO	Christopher S. Bowe, FACHE
Member or Designee, Atrium Health – Medical Staff	Lara J. Pons, M.D.
Member or Designee, Cabarrus County and Kannapolis City Schools Systems	Dr. Daron C. Buckwell
Member or Designee, Dental Health	Kimberly Dehler, DDS
Public Member	Mark J. Spitzer
Public Member	Tom D. Kincaid

Cabarrus Health Alliance
Management/Leadership

CEO, Public Health Director	Bonnie Coyle, MD
Deputy Public Health Director	Erin K. Shoe, MPH
Chief Finance Officer	Sue K. Yates
Chief Clinical Director	Suzanne M. Knight, RN, MPH
Chief Technology Officer	Ryan J. McGhee
Human Resources Director	Steve M. Cathcart, EdD., SPHR
Quality Improvement & Accreditation Program Manager	Betty S. Foh, MPH, CHES
Employee Relations and Training Manager	Rolanda Patrick Forehand, MPH
Dental Program Director	Janie B. Woodie
Environmental Health Program Director	Chrystal L. Swinger, RHES
Chief Community Health Officer/ Public Information Officer	Marcella A. Beam
Latino Engagement and Relations Coordinator/ Team At-Large Member	Sandra L. Torres, MPA
Clerk to the Board	Chalis B. Mason - Snowden

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Financial Section

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Cabarrus Health Alliance
Kannapolis, North Carolina

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities and each major fund of the **Cabarrus Health Alliance**, a component unit of Cabarrus County, North Carolina, as of and for the year then ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the **Cabarrus Health Alliance's** basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall financial statement presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinion

In our opinion, based on our audit, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and each major fund of the **Cabarrus Health Alliance** as of June 30, 2021, and the respective changes in financial position thereof and the respective budgetary comparison for the General Fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

114 North Church Street ■ Monroe, NC 28112 ■ 704.283.8189 ■ 704.289.3439 fax ■ www.gotopotter.com

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 12 through 19, and the Other Postemployment Benefits' Schedule of Changes in the Total OPEB Liability and Related Ratios on page 50, and the Local Government Employees' Retirement System's Schedules of the Proportionate Share of the Net Pension Asset (Liability) and Contributions, on pages 51 and 52, respectively, be presented to supplement the basic financial statements. Such information, although not a required part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provided us will sufficient evident to express an opinion or provide any assurance.

Supplementary and Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the **Cabarrus Health Alliance's** basic financial statements. The introductory section, the other supplementary information section, the statistical section, and the Schedule of Expenditures of Federal and State Awards, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and the State Single Audit Implementation Act are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The other supplementary information section and the Schedule of Expenditures of Federal and State Awards are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, based on our audit, and the procedures performed as described above, the other supplementary information section and the Schedule of Expenditures of Federal and State Awards, are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The introductory and statistical sections have not been subjected to the auditing procedures applied in the audit of basic financial statements, and accordingly, we do not express an opinion or provide assurance on them.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 26, 2021, on our consideration of **Cabarrus Health Alliance's** internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering **Cabarrus Health Alliance's** internal control over financial reporting and compliance.

Potter & Company

October 26, 2021
Monroe, North Carolina

Management's Discussion & Analysis

Management's Discussion and Analysis

As management of the Public Health Authority of Cabarrus County (dba Cabarrus Health Alliance), we offer readers of the Cabarrus Health Alliance's financial statements this narrative overview and analysis of the financial activities of the Cabarrus Health Alliance for the fiscal year ended June 30, 2021. We encourage readers to consider the information presented here in conjunction with additional information that we have furnished in the Alliance's financial statements, which follow this narrative.

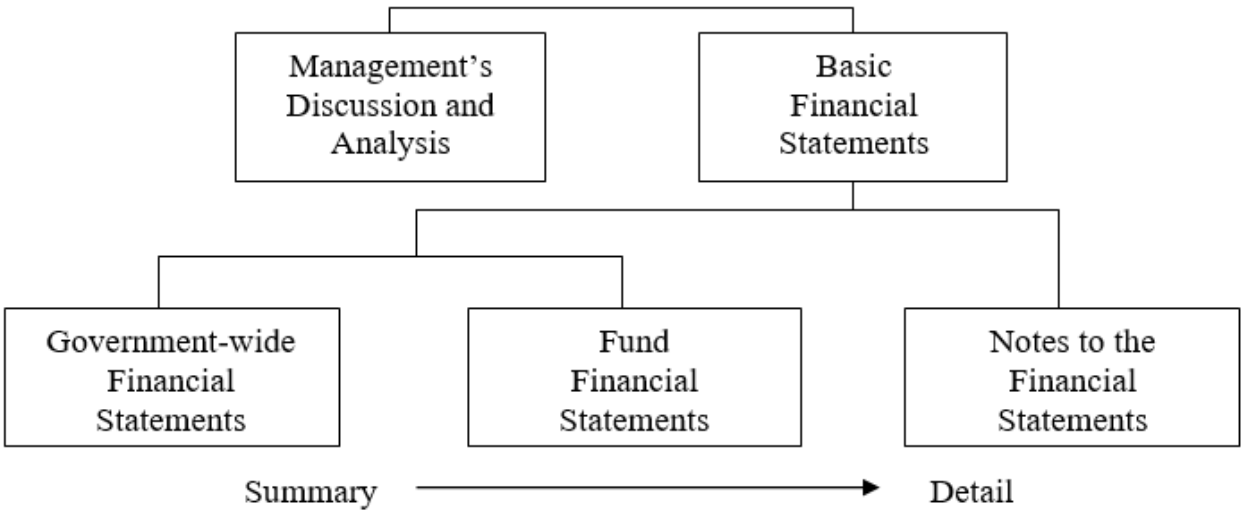
Financial Highlights

- The assets and deferred outflows of resources of the Cabarrus Health Alliance exceeded its liabilities and deferred inflows of resources at the close of the most recent fiscal year by $7,220,793 (*net position*)
- The Alliance's total net position increased by $1,562,918, primarily due to an increase in accounts receivables.
- As of the close of the current fiscal year, the Cabarrus Health Alliance's governmental funds reported combined ending fund balances of $10,702,662 after a net increase in fund balance of $2,339,101. Approximately 39.45 percent of this total amount, or $4,222,523 is restricted.
- At the end of the current fiscal year, unassigned fund balance for the General Fund was $6,480,139 or 28.3 percent of total general fund expenditures for the fiscal year.

Overview of the Financial Statements

This discussion and analysis are intended to serve as an introduction to the Cabarrus Health Alliance's basic financial statements. The Cabarrus Health Alliance's basic financial statements consist of three components; 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements (see Figure 1). The basic financial statements present two different views of the Alliance through the use of government-wide statements and fund financial statements. In addition to the basic financial statements, this report contains other supplementary information that will enhance the reader's understanding of the financial condition of the Alliance.

Required Components of Annual Financial Report (Figure 1)



Basic Financial Statements

The first two statements (Exhibits 1 and 2) in the basic financial statements are the **Government-wide Financial Statements**. They provide both short and long-term information about the Alliance's financial status.

The next statements (Exhibits 3 through 5) are **Fund Financial Statements**. These statements focus on the activities of the Alliance. These statements provide more detail than the government-wide statements. The two parts of the Fund Financial Statements are the governmental fund statements and the budgetary comparison statement.

The next section of the basic financial statements is the **notes**. The notes to the financial statements explain in detail some of the data contained in those statements. After the notes, **supplemental information** is provided to show details about the Alliance's non-major governmental fund. Budgetary information required by the General Statutes also can be found in this part of the statements.

Following the notes is the required supplementary information. This section contains funding information about the Alliance's post employment benefits and pension plans.

Government-wide Financial Statements

The government-wide financial statements are designed to provide readers with a broad overview of the Cabarrus Health Alliance's finances, similar in format to a financial statement of a private-sector business. The government-wide statements provide short and long-term information about the Alliance's financial status as a whole.

The two government-wide statements report the Alliance's net position and how it has changed. Net position is the difference between the total of the Alliance's assets and deferred outflows of resources and the total liabilities and deferred inflows of resources. Measuring net position is one way to gauge the Alliance's financial condition.

Both of the government-wide financial statements distinguish the Human Services function of the Cabarrus Health Alliance which is principally supported by intergovernmental revenues and charges for services.

The government-wide financial statements are on Exhibits 1 and 2 of this report.

Fund Financial Statements

The fund financial statements provide a more detailed look at the Alliance's most significant activities. A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Cabarrus Health Alliance, like other state and local governments, uses fund accounting to ensure and reflect compliance (or non-compliance) with finance-related legal requirements, such as the General Statutes or the Alliance's budget ordinance.

Governmental Funds - Governmental funds are used to account for those functions reported as governmental activities in the government-wide financial statements. The Alliance maintains one individual governmental fund.

This fund focus is on how assets can readily be converted into cash flow in and out, and what monies are left at year-end that will be available for spending in the next year. Governmental funds are reported using an accounting method called *modified accrual accounting* which provides a current financial resources focus. As a result, the governmental fund financial statements give the reader a detailed short-term view that helps him or her determine if there are more or less financial resources available to finance the Alliance's programs. The relationship between government activities (reported in the Statement of Net Position and Statement of Activities) and governmental funds is described in a reconciliation that is a part of the fund financial statements.

The Cabarrus Health Alliance adopts an annual budget for its General Fund, as required by the General Statutes. The budget is a legally adopted document that incorporates input from the citizens of Cabarrus County, the management of the Alliance, and the decisions of the Board about which services to provide and how to pay for them. It also authorizes the Alliance to obtain funds from identified sources to finance these current period activities. The budgetary statement provided for the General Fund demonstrates how well the Alliance complied with the budget ordinance and whether or not the Alliance succeeded in providing the services as planned when the budget was adopted. The budgetary comparison statement uses the budgetary basis of accounting and is presented by revenue type and expenditures by department. The statement shows four columns: 1) the original budget as adopted by the board; 2) the final budget as amended by the board; 3) the actual resources, charges to final budget and the actual resources and charges.

Notes to the Financial Statements - The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements start on page 28 of this report.

Other Information - In addition to the basic financial statements and accompanying notes, this report includes certain required supplementary information concerning Cabarrus Health Alliance's progress in funding its obligation to provide other post employment benefits to its employees. Required supplementary information can be found beginning on page 50 of this report.

Government-wide Financial Analysis

As noted earlier, net position may serve over time as one useful indicator of a government's financial condition. The Alliance's assets and deferred outflows of resources exceeded its liabilities and deferred inflows of resources by $7,220,793 as of June 30, 2021. The Alliance's net position increased by $1,562,918 for the fiscal year ended June 30, 2021. One portion of the net position, $481,291 (6.67%) reflects the Alliance's net investment in capital assets (furniture, equipment, vehicles and leasehold improvements). The Alliance uses these capital assets to provide services to citizens; consequently, these assets are not available for future spending. An additional portion of the Alliance's net position, $3,342,317 (46.29%) represents resources that are subject to external restrictions on how they may be used. The remaining balance of $3,397,185 (47.05%) is unrestricted.

Cabarrus Health Alliance's Net Position		
	Governmental Activities	
	2021	2020
Current and other assets	$ 13,127,564	$ 10,427,054
Note receivable (see Note V.4)	600,000	800,000
Capital assets	481,291	621,966
Total assets	14,208,855	11,849,020
Deferred outflows of resources related to pensions	3,699,778	3,048,986
Deferred outflows of resources related to OPEB	328,382	260,326
Total deferred outflows of resources	4,028,160	3,309,312
Long-term liabilities outstanding	9,529,300	7,753,202
Other liabilities	1,444,033	1,691,849
Total liabilities	10,973,333	9,445,051
Deferred inflows of resources related to pensions	22,085	8,842
Deferred inflows of resources related to OPEB	20,804	46,564
Total deferred inflows of resources	42,889	55,406
Net position:		
Net investment in capital assets	481,291	621,966
Restricted	3,342,317	1,175,395
Unrestricted	3,397,185	3,860,514
Total net position	$ 7,220,793	$ 5,657,875

Several particular aspects of the Alliance's financial operations positively influenced the total unrestricted governmental net position:

- The General Fund had an original budgeted fund balance appropriation of $901,167 that was not used during the fiscal year.
- Alliance departments were conservative in their spending and expenditures at June 30, 2021 were $2,213,573 under budget.
- Accounts receivable increased by $2,178,782 due to not receiving the Medicaid cost settlement funds prior to year-end.
- Deferred outflows of resources related to pensions increased by $650,792 and Deferred inflows of resources related to pensions increased by $13,243.

Cabarrus Health Alliance's Changes in Net Position		
	Governmental Activities	
	2021	2020
Revenues:		
Program revenues:		
Charges for services	$ 9,915,841	$ 8,458,809
Operating grants and contributions	15,707,492	12,867,721
General revenues:		
Investment earnings	4,223	104,186
Other	19,504	(9,875)
Special item	-	1,000,000
Total revenues	25,647,060	22,420,841
Expenses:		
Human Services:		
Administrative services	3,271,315	4,985,699
Environmental health	1,295,261	1,250,930
Dental health	3,170,702	4,183,756
Women, Infants, and Children (WIC)	1,018,343	907,967
Communicable disease	4,842,747	2,332,075
Clinical services	3,962,634	3,551,599
Family care coordinator	1,109,438	1,318,213
Health initiatives	1,260,913	2,054,566
School Health	4,152,789	3,117,832
Total expenses	24,084,142	23,702,637
Increase (decrease) in net position	1,562,918	(1,281,796)
Net position, July 1	5,657,875	6,939,671
Net position, June 30	$ 7,220,793	$ 5,657,875

Governmental Activities

Governmental activities increased the Alliance's net position by $1,562,918. Key elements of this change are as follows:

- Increased operating grants and contributions by $2,839,771.
- Increases and decreases throughout other departments include changes in state, federal, and private grant funding.
- Increases in School Health due to COVID response activities.

Financial Analysis of the Alliance's Funds

As noted earlier, the Cabarrus Health Alliance uses fund accounting to ensure and demonstrate compliance with finance-related requirements.

Governmental Funds. The focus of the Cabarrus Health Alliance's governmental funds is to provide information on near-term inflows, outflows, and balances of usable resources. Such information is useful in assessing the Cabarrus Health Alliance's financing requirements. Specifically, fund balance available for appropriation can be a useful measure of a government's net resources available for spending at the end of the fiscal year.

The General Fund is the chief operating fund of the Cabarrus Health Alliance. At the end of the current fiscal year, the Alliance's fund balance available in the General Fund was $6,480,139 while total fund balance reached $10,702,662. The Governing Body of the Cabarrus Health Alliance has determined that it should maintain an available fund balance of 15% of general fund expenditures in case of unforeseen needs or opportunities, in addition to meeting the cash flow needs of the Alliance. The Alliance currently has an available fund balance of 27.98% of general fund expenditures, while total fund balance represents 46.74% of that same amount.

At June 30, 2021, the governmental funds of the Cabarrus Health Alliance reported a fund balance of $10,702,662, a 27.97 percent increase over the previous year. The primary reasons for this increase is due to the increase in Medicaid Cost Settlement over previous years due to increases in reimbursement. Deferred outflows of resources related to pensions increased by $650,792.

General Fund Budgetary Highlights. During the fiscal year, Cabarrus Health Alliance revised the budget on several occasions. Generally, budget amendments fall into one of three categories: 1) amendments made to adjust the estimates that are used to prepare the original budget ordinance once exact information is available; 2) amendments made to recognize new funding amounts from external sources, such as Federal and State grants; and 3) increases in appropriations that become necessary to maintain services. Total amendments to the General Fund increased all revenues by $3,416,733.

Major budget increases (decreases) during the year include:

- Environmental Health – Increased revenue for additional fees generated from additional state food and lodging activities, $42,511; and additional environmental health activities, $101,021.
- General Administration – Increased revenue for administration income mainly due to a contract with Forever Oceans for nutrition and recipe development, $71,309.
- Dental Health – Total revenues decreased mainly due to COVID-19 restrictions on services, $199,942.
- Communicable Disease – Increased revenue primarily for COVID-19 response funding, $4,033,894.

Capital Assets

Cabarrus Health Alliance's capital assets for its governmental activities as of June 30, 2021, totals $481,291 (net of accumulated depreciation). These assets include furniture and fixtures, vehicles, equipment, and leasehold improvements.

Major capital asset transactions during the current fiscal year include:

- Purchased two Environmental Health Vehicles, $47,757.
- Acquired Autoclave for Dental, $5,800.
- Retired Autoclave and signage for Dental, $11,645.25.

Cabarrus Health Alliance's Capital Assets
(net of accumulated depreciation)

	Governmental Activities	
	2021	2020
Furniture and fixtures	$ 25,902	$ 44,118
Vehicles	164,706	178,997
Equipment	290,210	387,871
Leasehold Improvement	473	10,980
Total	$ 481,291	$ 621,966

Additional information on the Cabarrus Health Alliance's capital assets can be found in Note IV.C on page 37 of the Basic Financial Statements.

Economic Factors and Next Year's Budgets

The following key economic indicators reflect the fiscal challenges for the Cabarrus Health Alliance:

- The unemployment rate for Cabarrus County as of June 30, 2021 was 4.4 percent.
- The population in Cabarrus County has increased to 221,479 in 2021 from 180,794 in 2011. This represents a 22.5% increase.

Impact of Coronavirus on the County. During the fiscal year, the state and the nation were affected by the spread of a coronavirus. Cabarrus Health Alliance's response to the coronavirus included opening one of the County's Emergency Operations Command Center at the Kannapolis location. Our staff participated in testing, contact tracing, and providing guidance to community partners. For services, our dental health program paused services except for emergency dental procedures according to national guidance. Our Environmental Health department has been working with local restaurants and business to establish safe practices.

The Alliance received $1,337,665 from the State and $1,580,329 from Cabarrus County for COVID-19 response efforts in FY21.

The Original FY22 budget includes $2,767,841 in COVID-19 response funding. The budget has been revised to include additional funding from the State $4,566,440 for COVID-19 response efforts.

Budget Highlights for the Upcoming Fiscal Year Ending June 30, 2022

- The Cabarrus Health Alliance receives funding from Cabarrus County to provide mandated services to its citizens as well as School Health.

The county's contribution to the Alliance represents approximately 37.31% of the total budgeted revenues for fiscal year 2022. Although the population being served has not decreased, the County may change funding due to the fluctuations in growth of the economy.

- Revenue from the Medicaid settlement represents 6.02% of the total budgeted revenues. Historically the Alliance has received an annual amount of $990,000 to $2.7 million.

- Salaries and benefits continue to be our largest area of investment and represent an average of 85.71% of total budgeted expenditures, $20.89 million. Annual performance increases were computed at an average of 3% for 10.5 months, an approximate cost of $238,292. Group Health Insurance rates stayed the same at $6,903. The state retirement rate increased to 11.38 % from 10.2%.

Requests for Information

This report is designed to provide an overview of the Cabarrus Health Alliance's finances for those with an interest in this area. Questions concerning any of the information found in this report or requests for additional information should be directed to the Chief Financial Officer, Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, North Carolina 28081. You can also call (704)-920-1212, visit our website www.cabarrushealth.org or send an email to sue.yates@cabarrushealth.org for more information.

Basic Financial Statements

Exhibit 1

Cabarrus Health Alliance, North Carolina
Statement of Net Position
June 30, 2021

	Primary Government Governmental Activities
Assets	
Cash and investments	$ 8,203,508
Restricted Assets:	
Cash	600,870
Receivables (net):	
Accounts receivable	3,236,794
Patient receivables, net	980,869
Sales tax	105,523
Note receivable - current portion	200,000
Note receivable - noncurrent portion	400,000
Capital Assets net of accumulated depreciation:	
Furniture and Fixtures	25,902
Vehicles	164,706
Equipment	290,210
Leasehold Improvement	473
Total assets	14,208,855
Deferred Outflows of Resources	
Pension deferrals	3,699,778
OPEB deferrals	328,382
Total deferred outflows of resources	4,028,160
Liabilities	
Accounts payable and accrued liabilities	843,163
Liabilities to be paid from restricted assets	600,870
Long term liabilities:	
Due within one year	985,817
Due in more than one year	20,119
Net pension liability	6,503,635
OPEB liability	2,019,729
Total liabilities	10,973,333
Deferred Inflows of Resources	
Pension deferrals	22,085
OPEB deferrals	20,804
Total deferred inflows of resources	42,889
Net Position	
Net investment in Capital Assets	481,291
Restricted for:	
Stabilization by State Statute	3,342,317
Unrestricted	3,397,185
Total Net Position	$ 7,220,793

The notes to the financial statements are an integral part of this statement.

Exhibit 2

Cabarrus Health Alliance, North Carolina
Statement of Activities
For the Year Ended June 30, 2021

		Program Revenues		Net (Expense) Revenue And Change in Net Position
	Expenses	Charges for Services	Operating Grants and Contributions	Total Primary Government Governmental Activities
Function/Program Activities				
Governmental Activities:				
Administrative Services	$ 3,271,315	$ 3,110	$ 2,956,020	$ (312,185)
Environmental Health	1,295,261	285,057	953,130	(57,074)
Dental Health	3,170,702	4,646,487	105,137	1,580,922
Women, Infants, and Children	1,018,343	-	837,558	(180,785)
Communicable Disease	4,842,747	864,431	4,315,936	337,620
Clinical Services	3,962,634	2,972,260	1,270,714	280,340
Family Care Coordination	1,109,438	839,149	364,881	94,592
Health Initiatives	1,260,913	-	1,299,935	39,022
School Health	4,152,789	305,347	3,604,181	(243,261)
Total governmental activities	$ 24,084,142	$ 9,915,841	$ 15,707,492	$ 1,539,191

General Revenues:	
Unrestricted investment earnings	4,223
Miscellaneous revenues	19,504
Total General Revenues	23,727
Changes in net position	1,562,918
Net position, beginning	5,657,875
Net position, ending	$ 7,220,793

The notes to the financial statements are an integral part of this statement.

Cabarrus Health Alliance, North Carolina
Balance Sheet
Governmental Funds
June 30, 2021

	Major Fund	Total
	General Fund	Governmental Fund
ASSETS		
Cash and investments	$ 8,203,508	$ 8,203,508
Restricted Assets:		
Cash	600,870	600,870
Receivables (net of allowance for uncollectibles)		
Accounts receivable	3,236,794	3,236,794
Patient receivables	980,869	980,869
Sales tax	105,523	105,523
Total assets	$ 13,127,564	$ 13,127,564
LIABILITIES		
Liabilities:		
Accounts payable and accrued liabilities	$ 843,163	$ 843,163
Liabilities to be paid from restricted assets	600,870	600,870
Total liabilities	1,444,033	1,444,033
DEFERRED INFLOWS OF RESOURCES	980,869	980,869
FUND BALANCES		
Nonspendable:		
Restricted:		
Stabilization by State Statute	3,342,317	3,342,317
Assigned:		
Subsequent year's expenditures	880,206	880,206
Unassigned:	6,480,139	6,480,139
Total fund balances	10,702,662	10,702,662
Total liabilities, deferred inflows of resources, and fund balances	$ 13,127,564	
Amounts reported for governmental activities in the statement of net position (Exhibit 1) are different because:		
Total Fund Balance, Governmental Funds		10,702,662
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the governmental funds.		
Governmental capital assets	2,962,894	
Less accumulated depreciation	(2,481,603)	481,291
Note Receivable (see Note V.4)		600,000
Pension related deferred outflows of resources		2,296,129
OPEB related deferred outflows of resources		217,242

continued

Cabarrus Health Alliance, North Carolina
Balance Sheet
Governmental Funds
June 30, 2021

	Major Fund	
	General Fund	Total Governmental Fund
Contributions to the pension plan in the current fiscal year are deferred outflows of resources on the Statement of Net Position		1,403,649
Contributions to OPEB in the current fiscal year are deferred outflows of resources on the Statement of Net Position		111,140
Other assets used in governmental activities are not financial resources and, therefore, are not reported in the governmental funds.		
Deferred inflows for patient receivables	1,178,755	
Less allowance for doubtful accounts	(197,886)	980,869
Long term liabilities, including compensated absences payable, are not due and payable in the current period and, therefore, are not reported in the governmental funds.		
Compensated absences	(1,005,936)	
OPEB Liability	(2,019,729)	(3,025,665)
Net pension liability		(6,503,635)
Pension related deferred inflows of resources		(22,085)
OPEB related deferred inflows of resources		(20,804)
Net position of governmental activities		$ 7,220,793

The notes to the financial statements are an integral part of this statement.

Cabarrus Health Alliance, North Carolina
Statement of Revenues, Expenditures, and Changes in Fund Balance
Governmental Funds
For the Year Ended June 30, 2021

	Governmental Fund Types General
Revenues:	
Intergovernmental revenues	$ 21,954,146
Permits and fees	285,057
Sales and services	1,513,964
Investment earnings	4,223
Miscellaneous	72,748
Contributions	1,207,696
Total Revenues	25,037,834
Expenditures:	
Current:	
Human services	22,851,226
Capital outlay:	
Equipment	47,507
Total Expenditures	22,898,733
Excess (deficiency) of revenues over (under) expenditures before special item	2,139,101
Special Item:	
Special item (see Note V.4)	200,000
Net change in fund balance	2,339,101
Fund balance, July 1	8,363,561
Fund balance, June 30	$ 10,702,662

The notes to the financial statements are an integral part of this statement.

Cabarrus Health Alliance, North Carolina
Reconciliation of the Statement of Revenues,
Expenditures, and Changes in Fund Balances of Governmental Funds
To the Statement of Activities
For the Year Ended June 30, 2021

Amount reported for governmental activities in the statement of activities (page 21) are different because:

Net change in fund balance - total governmental funds (page 24)		$ 2,339,101
Governmental funds reported capital outlays as expenditures. However, in the statement of activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period. See Note III.A.		(140,675)
Note Receivable (see Note V.4)		(200,000)
Contributions to the pension plan in the current fiscal year are not included on the Statement of Activities.		1,403,649
OPEB benefit payments and administrative costs made in the current fiscal year are not included on the Statement of Activities.		111,140
Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds.		609,225
Some expenses reported in the statement of activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds.		
Pension Expense	(2,287,168)	
Compensated absences	(147,072)	
OPEB plan expense	(125,282)	(2,559,522)
Total changes in net position of governmental activities (page 21)		$ 1,562,918

The notes to the financial statements are an integral part of this statement.

Exhibit 5

Cabarrus Health Alliance, North Carolina
Statement of Revenues, Expenditures and Changes in Fund Balance
Budget and Actual - General Fund
For the Year Ended June 30, 2021

	Original Budget	Revised Budget	Actual	Variance
Revenues:				
Intergovernmental revenues	$ 17,478,502	$ 21,933,210	$ 21,954,146	$ 20,936
Permits and fees	168,000	251,021	285,057	34,036
Sales and services	1,920,075	1,651,832	1,513,964	(137,868)
Investment earnings	140,000	4,000	4,223	223
Miscellaneous	110,725	67,337	72,748	5,411
Contributions	977,104	1,204,906	1,207,696	2,790
Total Revenues	20,794,406	25,112,306	25,037,834	(74,472)
Expenditures:				
Human Services:				
Environmental Health	1,077,469	1,205,891	1,124,681	81,210
Information Technology Systems	1,127,543	1,037,151	951,084	86,067
General Administration	3,030,545	3,180,190	2,779,339	400,851
Family Care Coordination	1,119,401	1,156,459	1,109,438	47,021
School Health	3,806,821	4,236,056	3,965,717	270,339
Health Initiatives	1,261,776	1,268,276	1,260,913	7,363
Dental Public Health	4,381,766	3,354,580	2,939,644	414,936
Vital Records	62,288	58,314	57,632	682
Communicable Disease	1,301,567	4,933,211	4,657,174	276,037
Clinical Services	3,765,052	3,849,363	3,220,341	629,022
Women, Infants, & Children (WIC)	761,345	832,815	832,770	45
Total Expenditures	21,695,573	25,112,306	22,898,733	2,213,573
Excess (deficiency) of revenues over (under) expenditures before special item	(901,167)	-	2,139,101	2,139,101
Other financing sources (uses):				
Fund balance appropriated	901,167	-	-	-
Special item (see Note V.4)	-	-	200,000	200,000
Net change in fund balance	-	-	2,339,101	2,339,101
Fund balance, July 1			8,363,561	
Fund balance, June 30			$ 10,702,662	

The notes to the financial statements are an integral part of this statement.

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Notes to the Financial Statements

Public Health Authority of Cabarrus County
(dba Cabarrus Health Alliance)
Notes to the Financial Statements
For the Fiscal Year Ended June 30, 2021

I. Summary of Significant Accounting Policies

The accompanying financial statements and the following accounting policies of the Cabarrus Health Alliance and its component unit conform to accounting principles generally accepted in the United States of America as applicable to local governments. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The following is a summary of the more significant accounting policies:

A. Reporting Entity

The Public Health Authority of Cabarrus County (dba Cabarrus Health Alliance), formed July 1, 1997, is a component unit of Cabarrus County, North Carolina. The Chairperson of the Board of Commissioners for Cabarrus County appoints the members of the board of the Cabarrus Health Alliance. The Alliance is reported as a discreetly presented component unit in the County's financial statements.

As required by generally accepted accounting principles, these financial statements present the Alliance. The Cabarrus Public Health Interest (the "Interest"), is a component unit of the Alliance and was created as a 501(c)(3) non-profit organization with public charity status for fundraising efforts that will benefit the Alliance and the public it serves. The Interest has no financial transactions or account balances; therefore, it is not presented in the basic financial statements.

B. Basis of Presentation

Government-wide Statements. The statement of net position and the statement of activities display information about the primary government. These statements include the financial activities of the overall government. Eliminations have been made to minimize the double counting of internal activities. Governmental activities generally are financed through intergovernmental revenues and charges for services.

The statement of activities presents a comparison between direct expenses and program revenues for the different business-type activities of the Alliance and for each function of the Alliance's governmental activities. Direct expenses are those that are specifically associated with a program or function and, therefore, are clearly identifiable to a particular function. Program revenues include (a) fees and charges paid by the recipients of goods or services offered by the programs and (b) grants and contributions that are restricted to meeting the operational or capital requirements of a particular program. Revenues that are not classified as program revenues are presented as general revenues.

Fund Financial Statements. The fund financial statements provide information about the Alliance's funds. A separate statement for the governmental fund category is presented. The emphasis of fund financial statements is on major governmental funds, each displayed in a separate column.

The Alliance reports the following major governmental fund:

General Fund. This is the Alliance's primary operating fund. It accounts for all financial resources of the general government. The primary revenue sources are charges for services and intergovernmental revenues. The primary expenditures are for General Administration, School Health, Dental Public Health, and Clinical Services.

C. Measurement Focus, Basis of Accounting, and Basis of Presentation

In accordance with North Carolina General Statutes, all funds of the Alliance are maintained during the year using the modified accrual basis of accounting.

Government-wide Financial Statements. The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Amounts reported as program revenues include 1) charges to customers or applicants for goods, services, or privileges provided, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as general revenues rather than as program revenues.

Governmental Fund Financial Statements. Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Under this method, revenues are recognized when measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers all revenues, except patient receivables, to be available if they are collected within 60 days of the end of the current fiscal year. Uncollected patient fees for services that were billed during this period are shown as a receivable on these financial statements and are offset by deferred inflows of resources.

Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt, claims and judgments, and compensated absences, which are recognized as expenditures to the extent they have matured. General capital asset acquisitions are reported as expenditures in governmental funds.

Interest associated with the current fiscal period is considered to be susceptible to accrual and so has been recognized as revenue of the current fiscal period. All other revenue items are considered to be measurable and available only when the government receives cash.

D. Budgetary Data

The Alliance's budgets are adopted as required by the North Carolina General Statutes. An annual budget is adopted for the general fund. All annual appropriations lapse at the fiscal year-end. Project ordinances are adopted for the capital projects fund. The budget is prepared using the modified accrual basis of accounting.

Appropriations are made at the department level and amended as necessary by the Executive Director within the following restrictions:

1. Amendments between appropriations of the same department are unrestricted.

2. Amendments between departments within the same fund are restricted to a $25,000 maximum with an official report of such transfers to be provided at the next regular meeting of the Health Alliance Board; however, any revisions that alter total expenditures of any fund or that change functional appropriations by more than $25,000 must be approved by the governing board.

3. Amendments from contingency appropriations, between departments of the same fund in excess of $25,000 require action of the Health Alliance Board.

4. Additional authority is granted to the Executive Director to transfer amounts within and between funds for the sole purpose of funding salary and benefits adjustments consistent with the Cabarrus Health Alliance Personnel Ordinance. In instances where budget appropriations and estimated revenue have been revised during the year, budget data presented in the financial statements represent the final authorized amounts as of June 30, 2021.

Expenditures may not legally exceed budgeted appropriations at the departmental level. During the year, several amendments to the original budget were necessary. The budget ordinance must be adopted by July 1 of the fiscal year or the governing board must adopt an interim budget that covers that time until the annual ordinance can be adopted.

E. Assets, Liabilities, Deferred Inflows and Outflows, and Fund Equity

1. *Deposits and Investments*

The government's cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition.

All deposits of the Alliance are made in board designated official depositories and are collateralized as required by NC General Statute 159-31. The Alliance may designate, as an official depository, any bank or savings association whose principal office is located in North Carolina. Also, the Alliance may establish time deposit accounts such as NOW and SuperNOW accounts, money market accounts and certificates of deposit.

State Law (GS 159-30 (c)) authorizes the Alliance to invest in obligations of the United States or obligations fully guaranteed both as to principal and interest by the United States; obligations of the State of North Carolina; bonds and notes of any North Carolina local government or public authority; obligations of certain non-guaranteed federal agencies; certain high quality issues of commercial paper and bankers' acceptances; and the North Carolina Capital Management Trust (NCCMT).

The Cabarrus Health Alliance's investments with maturity of more than one year at acquisition and non-money market investments are reported at fair value as determined by quoted market prices. The North Carolina Capital Management Trust (NCCMT), which consists of two SEC-registered funds, is authorized by G.S. 159-30(c)(8). One of these funds, the Government Portfolio, is a 2a7 fund which invests in treasuries and government agencies and is rated AAAm by S&P. The Government Portfolio is reported at fair value.

Money market investments that have a remaining maturity at the time of purchase of one year or less are reported at amortized cost. Non-participating interest earning investment contracts are reported at cost.

2. *Cash and Cash Equivalents*

A centralized cash account is maintained and used by all funds. Interest is deposited into the General Administration function of the agency. The Alliance pools its moneys to facilitate disbursement and investment and to maximize investment income. Therefore all cash and investments are essentially demand deposits and are considered cash and cash equivalents.

3. *Restricted Assets*

The balance of restricted assets as of June 30, 2021 are as follows:

FY 2021	Unexpended Amount
Atrium Health	$ 16,625
NACCHO	5,500
Walmart Foundation	156,795
Johns Hopkins	7,982
Duke Endowment	68,800
Southern Piedmont Community Care	332,975
Women, Infant & Children	12,193
Total Restricted Assets	$ 600,870

These unexpended amounts are classified as restricted assets on the Statement of Net Position and the Governmental Balance Sheet. The amounts are considered restricted because their use is expressly prohibited except for the original purpose of which the funds were received.

4. *Receivables*

The Alliance's receivables consist of patient receivables for services rendered and various federal and state grant revenues.

All patient receivables are shown net of an allowance for doubtful accounts.

5. *Allowances for Doubtful Accounts*

All receivables that historically experience uncollectible accounts are shown net of an allowance for doubtful accounts. This amount is estimated by analyzing the percentage of receivables that were written off in prior years.

6. *Inventories and Prepaid Items*

Inventory of medical supplies is considered immaterial as of June 30, 2021 and, therefore, is not reported on the balance sheets.

In governmental fund type accounts, prepaid expenses are generally accounted for using the purchase method. Under the purchases method, prepaid expenses are treated as expenditures when purchased rather than accounted for as an asset.

7. *Capital Assets*

Capital assets, which include property, plant, and equipment, are reported in the governmental activities column in the government-wide financial statement. The government defines capital assets as assets with an initial, individual cost of more than $5,000 (amount not rounded). Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets received prior to July 1, 2015 are recorded at estimated fair market value at the date of donation. Donated capital assets received after July 1, 2015 are recorded at acquisition value.

All other purchased or constructed capital assets are reported at cost or estimated historical value. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend assets lives are not capitalized.

Property, plant, and equipment of the primary government are depreciated using the straight line method over the following estimated useful lives:

Assets	Years
Vehicles	5
Office equipment	5
Computer equipment	5
Leasehold improvements	15

8. *Deferred Outflows/Inflows of Resources*

In addition to assets, the statement of financial position will sometimes report a separate section for deferred outflow of resources. This separate financial statement element, *Deferred Outflows of Resources*, represents a consumption of net position that applies to a future period and so will not be recognized as an expense or expenditure until then. The Alliance has two items that meet this criterion; pension related deferrals and contributions made to the pension plan in the 2021 fiscal year.

In addition to liabilities, the statement of financial position can also report a separate section for deferred inflows of resources. This separate financial statement element, *Deferred Inflows of Resources*, represents an acquisition of net position that applies to a future period and so will not be recognized as revenue until then. The Alliance has two items that meets the criterion for this category, deferred patient receivables of $980,689 as of June 30, 2021 and deferrals of pension expense that result from the implementation of GASB Statement 68.

9. *Long-Term Obligations*

In the government-wide financial statements, long-term obligations are reported as liabilities in the applicable governmental activities Statement of Net Position.

10. *Compensated Absences*

All permanent and probationary Alliance employees who are scheduled to work at least 1,000 hours during the calendar year receive vacation and sick leave benefits. The Alliance's vacation policy allows for unlimited accumulation of earned leave during the calendar year with a maximum of 240 hours being carried over to January 1. Vacation exceeding 240 hours is converted into sick leave after January 1. Vacation leave is fully vested when earned. The Alliance budgets and funds the current portion of accumulated vacation leave during each fiscal year. The Alliance's sick leave policy also allows for unlimited accumulation of earned leave.

Sick leave benefits do not vest but any unused leave accumulated at the time of retirement may be used in the determination of length of service for retirement benefit purposes. As there is not any obligation to pay sick leave until it is actually taken, no liability is recorded for these benefits.

11. *Net Position/Fund Balances*

Net Position
Net position in government-wide fund financial statements are classified as net investment in capital assets, restricted, and unrestricted. Restricted net position represents constraints on resources that are either a) externally imposed by creditors, grantors, contributors, or laws or regulations of other governments or b) imposed by law through state statute.

Fund Balances
In the governmental fund financial statements, fund balance is composed of three classifications designed to disclose the hierarchy of constraints placed on how fund balance can be spent. The governmental fund types classify fund balances as follows:

Restricted Fund Balance – this classification includes revenue sources that are restricted to specific purposes externally imposed or imposed by law.

> Restricted for Stabilization by State Statute - North Carolina G.S. 159-8 prohibits units of government from budgeting or spending a portion of their fund balance. This is one of several statutes enacted by the North Carolina State Legislature in the 1930's that were designed to improve and maintain the fiscal health of local government units. Restricted by State statute (RSS), is calculated at the end of each fiscal year for all annually budgeted funds. The calculation in G.S. 159-8(a) provides a formula for determining what portion of fund balance is available for appropriation. The amount of fund balance not available for appropriation is what is known as "restricted by State statute". Appropriated fund balance in any fund shall not exceed the sum of cash and investments minus the sum of liabilities, encumbrances, and deferred revenues arising from cash receipts, as those figures stand at the close of the fiscal year next preceding the budget. Per GASB guidance, RSS is considered a resource upon which a restriction is "imposed by law through constitutional provisions or enabling legislation." RSS is reduced by inventories and prepaids as they are classified as nonspendable. Outstanding Encumbrances are included within RSS. RSS is included as a component of Restricted Net position and Restricted fund balance on the face of the balance sheet.

Committed Fund Balance – portion of fund balance that can only be used for specific purposes imposed by majority vote by quorum of Cabarrus Health Alliance governing body (highest level of decision-making authority). The governing body can, by adoption of an ordinance prior to the end of the fiscal year, commit fund balance. Once adopted, the limitation imposed by the ordinance remains in place until a similar action is taken (the adoption of another ordinance) to remove or revise the limitation.

Assigned Fund Balance – portion of fund balance that the Alliance's governing board has budgeted.

> Subsequent year's expenditures – portion of fund balance that is appropriated in the next year's budget that is not already classified as restricted, and the governing body approves the appropriation.

Unassigned Fund Balance – portion of fund balance that has not been restricted or assigned to specific purposes or other funds.

For purposes of fund balance classification expenditures are to be spent from restricted fund balance first, followed in order by assigned fund balance, and lastly, unassigned fund balance.

Specified in the budget ordinance, funds appropriated from fund balance require action of the Cabarrus Health Alliance Board.

The Cabarrus Health Alliance has adopted a minimum fund balance policy for the General Fund which instructs management to conduct the business of the Alliance in such a manner that available fund balance is at least equal to or greater than 15% of budgeted expenditures.

12. *Defined Benefit Pension Plans*

The Cabarrus Health Alliance participates in a cost-sharing, multiple-employer, defined benefit pension plan that is administered by the State; the Local Governmental Employees' Retirement System (LGERS). For purposes of measuring the net pension asset, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Local Governmental Employees' Retirement System (LGERS) and additions to/deductions from LGERS' fiduciary net position have been determined on the same basis as they are reported by LGERS.

For this purpose, plan member contributions are recognized in the period in which the contributions are due. Cabarrus Health Alliance's employer contributions are recognized when due and Cabarrus Health Alliance has a legal requirement to provide the contributions. Benefits and refunds are recognized when due and payable in accordance with the terms of LGERS. Investments are reported at fair value.

II. Stewardship, Compliance, and Accountability

A. Excess of Expenditures Over Appropriations

The legal level of budgetary control is the departmental level. This is the level at which expenditures should not exceed appropriations. For the fiscal year ended June 30, 2021, the Alliance's General Fund had no departments over expended.

III. Reconciliation of government-wide and fund financial statements

A. Explanation of a certain difference between the governmental fund statement of revenues, expenditures, and changes in fund balances and the government-wide statement of activities.

The governmental fund statement of revenues, expenditures, and changes in fund balances includes a reconciliation between *net changes in fund balances – total governmental funds* and *changes in net position of governmental activities* as reported in the government-wide statement of activities. One element of that reconciliation explains that "Governmental funds report capital outlays as expenditures. However, in the statement of activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense."

The details of this $(140,675) difference are as follows:

Capital outlay	$ 47,507
Depreciation expense	(188,182)
Net adjustment to increase *net changes in fund balances – total governmental funds* to arrive at *changes in net position of governmental activities*	$(140,675)

IV. Detailed Notes on All Funds

A. Deposits and Investments

All of the Alliance's deposits are either insured or collateralized by using one of two methods. Under the Dedicated Method, all deposits exceeding the federal depository insurance coverage level are collateralized with securities held by the Alliance's agents in the unit's name. Under the Pooling Method, which is a collateral pool, all uninsured deposits are collateralized with securities held by the State Treasurer's agent in the name of the State Treasurer. Since the State Treasurer is acting in a fiduciary capacity for the Alliance, these deposits are considered to be held by their agents in the entity's name.

The amount of the pledged collateral is based on an approved averaging method for non-interest bearing deposits and the actual current balance for interest-bearing deposits. Depositories using the Pooling Method report to the State Treasurer the adequacy of their pooled collateral covering uninsured deposits. The State Treasurer does not confirm this information with the Alliance or with the escrow agent. Because of the inability to measure the exact amount of collateral pledged for the Alliance under the Pooling Method, the potential exists for under-collateralization, and the risk may increase in periods of high cash flows. However, the State Treasurer of North Carolina enforces strict standards of financial stability for each depository that collateralizes public deposits under the Pooling Method.

The Alliance does not have a formal policy regarding custodial credit risk for deposits, but relies on the State Treasurer to enforce standards of minimum capitalization for all pooling method financial institutions and monitor them for compliance. The Alliance complies with the provision of G.S. 159-31 when designating official depositories and verifying that deposits are properly secured.

At June 30, 2021, the Alliance's carrying amount of deposits was $1,229,649 and the bank balance was $1,313,804. Of the bank balance, $250,000 was covered by federal depository insurance and the remainder was covered by collateral held under the pooling method.

At June 30, 2021, the Alliance had $3,600 cash on hand.

At June 30, 2021, the Alliance's investments consisted of $7,571,129 in the North Carolina Capital Management Trust's Government Portfolio, which carried a credit rating of AAA by Standard and Poor's. The NCCMT Government Portfolio's valuation measurement method is Amortized Cost. The Alliance does not have a formal policy regarding credit risk or interest rate risk.

B. Receivables

Receivables at the government-wide level at June 30, 2021, were as follows:

	Accounts	Patient Receivables	Sales Tax	Total
Governmental Activities:				
General	$3,236,794	$1,178,755	$ 105,523	$4,521,072
		-		
Total receivables	3,236,794	1,178,755	105,523	4,521,072
Allowance for doubtful accounts	-	(197,886)	-	(197,886)
Total-governmental activities	$3,236,794	$ 980,869	$ 105,523	$4,323,186

The accounts receivables that are owed to the Alliance consist of the following:

Miscellaneous payments, refunds, and donations, 2021	$	321
Cabarrus County - Environmental Health, June 2021		16,025
Cabarrus County - School Health, June 2021		161,188
DPS - Cabarrus YDC, June 2021		34,960
NC DHSS - State Wire, June 2021		232,326
TRAIL payment, June 2021		576
DFC payment, June 2021		9,675
DSS - Strengthening Family Initiative, May-June 2021		34,609
Kannapolis City Schools- PAs, April-June 2021		585
Medicaid Cost Study		2,391,689
BJA- STOP, June 2021		8,995
Wake Forest - NCBHEI, June 2021		4,183
Medicaid & Health Choice reimbursements, 2021		159,983
AMCHP, June 2021		300
Kannapolis City Schools - Summer Camp, June 2021		19,042
COVID Uninsured revenues, 2021		20,995
NACCHO - QI, June 2021		1,400
NC DHHS - Local TA & Training Branch, School Health 2021		1,600
Private Pay & Insurance payments, May-June 2021		138,163
Returned checks		179
Total	$	3,236,794

C. Capital Assets

Capital asset activity for the year ended June 30, 2021 was as follows:

Primary Government	Beginning Balance	Increases	Decreases	Ending Balance
Governmental activities:				
Capital assets, being depreciated:				
Furniture and fixtures	$ 391,287	$ -	$ -	$ 391,287
Vehicles	536,453	41,707	-	578,160
Equipment	1,398,787	5,800	(11,645)	1,392,942
Leasehold Improvement	600,505	-	-	600,505
Total capital assets being depreciated	2,927,032	47,507	(11,645)	2,962,894
Less accumulated depreciation for:				
Furniture and fixtures	347,169	18,216	-	365,385
Vehicles	357,456	55,999	(11,645)	401,810
Equipment	1,010,916	103,459	-	1,114,375
Leasehold Improvement	589,525	10,508	-	600,033
Total accumulated depreciation	2,305,066	188,182	(11,645)	2,481,603
Total capital assets being depreciated, net	621,966	(140,675)	-	481,291
Governmental activities capital assets, net	$ 621,966	$ (140,675)	$ -	$ 481,291

Depreciation expense was charged to functions/programs of the primary government as follows:

Governmental activities:	
Human Services:	
Administrative Services	$ 108,684
Environmental Health	26,714
Dental Health	51,285
School Health	1,499
Total depreciation expense - governmental activities	$ 188,182

D. Deferred Inflow of Resources

The balance in deferred inflow of resources on the fund statements is composed of the total outstanding patient receivables less allowance for doubtful accounts and is represented by the agency services listed below:

FY 2021	Clinical Services	Dental Health	Total
Total Due	$ 977,774	$ 200,981	$ 1,178,755
Allow for uncollectible receivables	39,111	158,775	197,886
Deferred Inflows of Resources	$ 938,663	$ 42,206	$ 980,869

E. Long-Term Obligation Activity

The following is a summary of changes in the Alliance's long-term obligations for the fiscal year ended June 30, 2021:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Governmental activities:					
Compensated absences	$ 858,864	$ 895,545	$ (748,473)	$ 1,005,936	$ 985,817
Total OPEB liability	1,911,771	93,321	14,637	2,019,729	-
Governmental activity Long-term liabilities	$ 2,770,635	$ 988,866	$ (733,836)	$ 3,025,665	$ 985,817

The Cabarrus Health Alliance anticipates spending approximately $985,817 for compensated absences during fiscal year 2022. Compensated absences for governmental activities are liquidated in the general fund and are accounted for on a LIFO basis, assuming that employees are taking leave time as it is earned.

F. Employee Retirement Systems and Pension Plans

1. Local Governmental Employees' Retirement System

Plan Description. Cabarrus Health Alliance is a participating employer in the statewide Local Governmental Employees' Retirement System (LGERS), a cost-sharing multiple-employer defined benefit pension plan administered by the State of North Carolina. LGERS membership is comprised of general employees and local law enforcement officers (LEOs) of participating local governmental entities. Article 3 of G.S. Chapter 128 assigns the authority to establish and amend benefit provisions to the North Carolina General Assembly. Management of the plan is vested in the LGERS Board of Trustees, which consists of 13 members – nine appointed by the Governor, one appointed by the State Senate, one appointed by the State House of Representatives, and the State Treasurer and State Superintendent, who serve as ex-officio members. The LGERS is included in the Annual Comprehensive Financial Report for the State of North Carolina.

The State's Annual Comprehensive Financial Report includes financial statements and required supplementary information for LGERS. That report may be obtained by writing to the Office of the State Controller, 1410 Mail Service Center, Raleigh, North Carolina 27699-1410, or by calling (919) 981-5454, or at www.osc.nc.gov.

Benefits Provided. LGERS provides retirement and survivor benefits. Retirement benefits are determined as 1.85% of the member's average final compensation times the member's years of creditable service. A member's average final compensation is calculated as the average of a member's four highest consecutive years of compensation. Plan members are eligible to retire with full retirement benefits at age 65 with five years of creditable service, at age 60 with 25 years of creditable service, or at any age with 30 years of creditable service. Plan members are eligible to retire with partial retirement benefits at age 50 with 20 years of creditable service or at age 60 with five years of creditable service. Survivor benefits are available to eligible beneficiaries of members who die while in active service or within 180 days of their last day of service and who have either completed 20 years of creditable service regardless of age or have completed five years of service and have reached age 60. Eligible beneficiaries may elect to receive a monthly Survivor's Alternate Benefit for life or a return of the member's contributions. The plan does not provide for automatic post-retirement benefit increases. Increases are contingent upon actuarial gains of the plan.

Contributions. Contribution provisions are established by General Statute 128-30 and may be amended only by the North Carolina General Assembly. Cabarrus Health Alliance employees are required to contribute 6% of their compensation. Employer contributions are actuarially determined and set annually by the LGERS Board of Trustees. Cabarrus Health Alliance contractually required contribution rate for the year ended June 30, 2021, was 10.20% for general employees, actuarially determined as an amount that, when combined with employee contributions, is expected to finance the costs of benefits earned by employees during the year. Contributions to the pension plan from the Cabarrus Health Alliance were $1,403,619 for the year ended June 30, 2021.

Refunds of Contributions. Cabarrus Health Alliance employees who have terminated service as a contributing member of LGERS, may file an application for a refund of their contributions. By state law, refunds to members with at least five years of service include 4% interest. State law requires a 60 day waiting period after service termination before the refund may be paid. The acceptance of a refund payment cancels the individual's right to employer contributions or any other benefit provided by LGERS.

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At June 30, 2021, Cabarrus Health Alliance reported a liability of $6,503,635 for its proportionate share of the net pension liability. The net pension asset was measured as of June 30, 2019. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2018. The total pension liability was then rolled forward to the measurement date of June 30, 2019 utilizing update procedures incorporating the actuarial assumptions. Cabarrus Health Alliance's proportion of the net pension liability was based on a projection of the long-term share of future payroll covered by the pension plan, relative to the projected future payroll covered by the pension plan of all participating LGERS employers, actuarially determined. At June 30, 2021, Cabarrus Health Alliance's proportion was 0.182% (measured as of June 30, 2020) which was a decrease of 0.00045% from its proportion as of June 30, 2020 (measured as of June 30, 2019).

For the year ended June 30, 2021, Cabarrus Health Alliance recognized pension expense of $2,289,170. At June 30, 2021, the Cabarrus Health Alliance reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 821,295	$ -
Changes of assumptions	483,998	-
Net difference between projected and actual earnings on pension plan investments	915,213	-
Changes in proportion and differences between Alliance contributions and proportionate share of contributions	75,623	22,085
Alliance contributions subsequent to the measurement date	1,403,649	-
Total	$ 3,699,778	$ 22,085

$1,403,649 reported as deferred outflows of resources related to pensions resulting from Cabarrus Health Alliance contributions subsequent to the measurement date will be recognized as a decrease of the net pension liability in the year subsequent fiscal year; June 30, 2021. Other amounts reported as deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Year ended June 30:	
2022	$ 655,717
2023	864,704
2024	482,767
2025	270,856
2026	-
Thereafter	-
	$ 2,274,044

Actuarial Assumptions. The total pension liability in the December 31, 2018 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation	3.00 percent
Salary increases	3.50 to 5.50 percent, including inflation and productivity factor
Investment rate of return	7.00 percent, net of OPEB plan investment expense, including inflation
Healthcare cost trend rates	6.25 percent for 2021 decreasing 0.25 percent each year for the next 5 years to 5 percent in 2025

The plan actuary currently uses mortality rates based on the *RP-2014 Total Data Set for Healthy Annuitants Mortality Table* that vary by age, gender, employee group (i.e. general, law enforcement officer) and health status (i.e. disabled and healthy). The current mortality rates are based on published tables and based on studies that cover significant portions of the U.S. population. The healthy mortality rates also contain a provision to reflect future mortality improvements.

The actuarial assumptions used in the December 31, 2018 valuation were based on the results of an actuarial experience study as of December 31, 2014.

Future ad hoc COLA amounts are not considered to be substantively automatic and are therefore not included in the measurement.

The projected long-term investment returns and inflation assumptions are developed through review of current and historical capital markets data, sell-side investment research, consultant whitepapers, and historical performance of investment strategies. Fixed income return projections reflect current yields across the U.S. Treasury yield curve and market expectations of forward yields projected and interpolated for multiple tenors and over multiple year horizons. Global public equity return projections are established through analysis of the equity risk premium and the fixed income return projections. Other asset categories and strategies' return projections reflect the foregoing and historical data analysis. These projections are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class as of June 30, 2021 are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Fixed Income	29.0%	1.4%
Global Equity	42.0%	5.3%
Real Estate	8.0%	4.3%
Alternatives	8.0%	8.9%
Credit	7.0%	6.0%
Inflation Protection	6.0%	4.0%
Total	100%	

The information above is based on 30 year expectations developed with the consulting actuary for the 2018 asset, liability and investment policy study for the North Carolina Retirement Systems, including LGERS. The long-term nominal rates of return underlying the real rates of return are arithmetic annualized figures. The real rates of return are calculated from nominal rates by multiplicatively subtracting a long-term inflation assumption of 3.05%. All rates of return and inflation are annualized.

Discount rate. The discount rate used to measure the total pension liability was 7.00%. The projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current contribution rate and that contributions from employers will be made at statutorily required rates, actuarially determined.

Based on these assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of the current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of Cabarrus Health Alliance's proportionate share of the net pension asset to changes in the discount rate. The following presents Cabarrus Health Alliance's proportionate share of the net pension asset calculated using the discount rate of 7.00 percent, as well as what the proportionate share of the net pension asset or net pension liability would be if it were calculated using a discount rate that is one percentage point lower (6.00 percent) or one percentage point higher (8.00 percent) than the current rate:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Alliance's proportionate share of the net pension liability (asset)	$ 13,195,167	$ 6,503,635	$ 942,502

Pension plan fiduciary net position. Detailed information about the pension plan's fiduciary net position is available in the separately issued Annual Comprehensive Financial Report for the State of North Carolina.

2. Other Employment Benefits

The Alliance has elected to provide death benefits to employees through the Death Benefit Plan for Members of the Local Governmental Employee's Retirement System (Death Benefit Plan); a multiple employer, State administered, cost-sharing plan funded on a one year-term cost basis. The beneficiaries of those employees who die in active service after one year of contributing membership in the System, or who die within 180 days after retirement or termination of service and have at least one year of contributing membership service in the System at the time of death, are eligible for death benefits. Lump sum death benefit payments to beneficiaries are equal to the employee's 12 highest months' salary in a row during the 24 months prior to his/her death, but the benefit may not exceed $50,000. All death benefit payments are made from the Death Benefit Plan. The Alliance has no liability beyond the payment of monthly contributions. Contributions are determined as a percentage of monthly payrolls, based upon rates established by the State. Separate rates are set for employees not engaged in law enforcement and for law enforcement officers. Because the benefit payments are made by the Death Benefit Plan and not the Alliance, the Alliance does not determine the number of eligible participants. For the years ended June 30, 2019, June 30, 2020 and June 30, 2021, the Alliance contributed .04% of annual covered payroll or $5,320, $5,363, and $6,304 respectively.

3. Supplemental Retirement Income Plan (401K)

Plan Description. The Alliance contributes to the Supplemental Retirement Income Plan (Plan), a defined contribution pension plan administered by the Prudential Investment Management Services, LLC. The Plan provides retirement benefits to law enforcement officers and general employees. Article 5 of G.S. Chapter 135 assigns the authority to establish and amend benefit provision to the North Carolina General Assembly.

Funding Policy. Article 12E of G.S. Chapter 143 requires entities with law enforcement officers to contribute each month an amount equal to five percent of each law enforcement officer's salary, and all amounts contributed are vested immediately. Also, the law enforcement officers may make voluntary contributions to the plan. The Alliance has chosen to extend this benefit to all its full and part-time (who are eligible for North Carolina Local Government Employees' Retirement System) employees. Contributions for the year ended June 30, 2021 were $514,479 from the participating Alliance employees.

The Board decided in June 2018 to reinstate the employer's contribution to this benefit. The Alliance matched up to 2% in FY2021. The Alliance contributed $119,634 to the plan for the year ended June 30, 2021.

4. Deferred Compensation Plan

Deferred Compensation Plan. The Alliance offers its employees a deferred compensation plan (Plan) created in accordance with Internal Revenue Code Section 457. The Plan, available to all Alliance employees, permits them to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. During the year ended June 30, 2021, the Alliance did not contribute to the plan.

The Alliance has complied with changes in the laws which govern the Alliance's Deferred Compensation Plan, requiring all assets of the plan to be held in trust for the exclusive benefit of the participants and their beneficiaries. Formerly, the undistributed amounts which had been deferred by the plan participants were required to be reported as assets of the Alliance. In accordance with GASB Statement 32, "Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans," the Alliance's Deferred Compensation Plan is no longer reported within the Alliance's Agency Funds.

G. Other Post-Employment Benefits (OPEB),

1. Healthcare Benefits

Plan description. Under the terms of an Alliance approved policy, the Cabarrus Health Alliance administers a single-employer defined benefit healthcare plan ("the Retiree Health Plan"). The plan provides paid health and life insurance coverage to employees qualifying for retirement as a member of the North Carolina Local Governmental Employer Retirement System. The plan was initiated July 1, 1997, and has been revised three times. The following is a breakdown of the eligibility criteria:

1. Full-time employees of Cabarrus Health Alliance/Cabarrus County on June 30, 1997, that voluntarily did not elect the new vacation accrual schedule are not eligible for paid health and life insurance coverage at retirement.

2. Full-time employees hired or rehired on July 1, 1997, and those employees that voluntarily chose to change vacation accrual effective July 1, 1997, are eligible as follows:

    - Paid health and life insurance coverage will be provided to employees qualifying for retirement as a member of the North Carolina Local Governmental Employee's Retirement Systems with at least ten (10) of their creditable years being in the service

of Cabarrus County/Cabarrus Health Alliance. These benefits will be paid at the same level as for active employees and will be provided to retired employees until they become eligible for Medicare (or reach the age when they will have had such benefits if they had been qualified for Social Security).

- Employees qualifying for retirement in the North Carolina Local Governmental Employees' Retirement System but with less than ten (10) years' service with Cabarrus County/Cabarrus Health Alliance shall receive one-half the benefit provided to retiring employees with at least ten (10) years of service.

3. Full-time employees hired on July 1, 2001 and after with ten (10) years of service with the Cabarrus Health Alliance and who qualify for retirement as a member of the North Carolina Local Governmental Employees' Retirement System are eligible as follows:

   - Paid health and life insurance coverage, paid at the same level as for active employees, will be provided to retired employees until they become eligible for Medicare (or reach the age when they will have had such benefits if they had been qualified for Social Security).

4. Retiree health and life insurance benefits are not available for employees hired effective July 1, 2004.

Based on the above requirements, the Alliance pays the cost of coverage for these benefits through private insurers. Also, the Alliance's retirees can purchase coverage for their dependents at the Alliance's group rates. The Alliance board may amend the benefit provisions.

Membership of the Plan consisted of the following at June 30, 2019, the date of the latest actuarial valuation:

	Number:
Inactive Employees or Beneficiaries Currently receiving benefits	17
Inactive Members entitled to but not yet receiving benefits	0
Active plan members	31
Total	48

Total OPEB Liability

The Alliance's total OPEB liability of $2,019,729 was measured as of June 30, 2020 and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs. The total OPEB liability in the June 30, 2020 actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement unless otherwise specified:

Inflation	2.50 %
Real wage growth	1.00 %
Wage inflation	3.50 %
Salary increases, including was inflation	
General Employees	3.50 % - 7.75%
Municipal Bond Index Rate	
Prior Measurement Date	3.89%
Measurement Date	3.50%
Healthcare cost trend rates	
Pre-Medicare	7.00% for 2019 decreasing to an ultimate rate of 4.50% by 2026

Discount rate. The discount rate used to measure the total OPEB liability at June 30, 2020 was 3.50 percent which was a change from the discount rate of 3.89 percent at June 30, 2019. However, because the OPEB plan's fiduciary net position was not projected to be sufficient to make all future benefit payments, the discount rate incorporates a municipal bond rate which was 3.50 percent at June 30, 2019 per the June average of the Bond Buyer General Obligation 20-year Municipal Bond Index published by The Bond Buyer. As of June 30, 2020, the 20-year Municipal Bond Index was 3.50 percent.

Changes in the Total OPEB Liability

	Total OPEB Liability	
Balance at 7/1/2020	$	1,911,771
Changes for the year		
Service cost		31,666
Interest		65,459
Changes of benefit terms		-
Differences between expected and actual experience		(3,804)
Changes in assumptions or other inputs		162,270
Benefit payments		(147,633)
Net changes		107,958
Balance at 6/30/2021	$	2,019,729

Mortality rates were based on the RP-2014 mortality tables, with adjustments for LGERS experience and generational mortality improvements using Scale MP-2015.

The demographic actuarial assumptions for retirement, disability incidence, withdrawal, and salary increases used in the June 30, 2020 valuation were based on the results of an actuarial experience study for the period January 1, 2010 - December 31, 2014, adopted by the LGERS.

The remaining actuarial assumptions (e.g., initial per capita costs, health care cost trends, rate of plan participation, rates of plan election, etc.) used in the June 30, 2019 valuation were based on a review of recent plan experience done concurrently with the June 30, 2019 valuation.

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Alliance, as well as what the Alliance's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.50 percent) or 1-percentage-point higher (4.50 percent) than the current discount rate:

	1% Decrease (1.21%)	Current Discount Rate (2.21%)	1% Increase (3.21%)
Total OPEB liability	$ 2,155,729	$ 2,019,729	$ 1,892,647

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Alliance, as well as what the Alliance's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

	1% Decrease	Current	1% Increase
Total OPEB liability	$ 1,853,572	$ 2,019,729	$ 2,206,466

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2021, the Alliance recognized OPEB expense of $171,032. At June 30, 2021, the Alliance reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 73,858	$ 3,778
Changes of assumptions	143,384	17,026
Benefit payments and administrative costs made subsequent to the measurement date	111,140	-
Total	$ 328,382	$ 20,804

$111,140 reported as deferred outflows of resources related to OPEB resulting from benefit payments made and administrative expenses incurred subsequent to the measurement date will be recognized as a decrease of the total OPEB liability in the year ended June 30, 2022.

Other amounts reported as deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Year ended June 30:	
2022	(78,074)
2023	(83,060)
2024	(35,304)
2025	-
2026	-
Thereafter	-

V. Other Information

1. Risk Management

Insurance coverage for the Alliance is through Westfield and Wester Insurance Services. The Alliance pays a premium for coverage of worker's compensation, general liability, property, automotive, and professional liability insurance coverage.

The Alliance is exposed to various risks of losses related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Alliance carries commercial coverage for all other risks of loss. Fiscal year ended June 30, 1998 was the initial year of operations. There have been no significant reductions in insurance coverage from the previous year and settled claims have not exceeded coverage in 2019, 2020, and 2021.

In accordance with G.S. 159-29, the Alliance's employees that have access to $100 or more at any given time of the Alliance's funds are performance bonded through a commercial surety bond. Employees that have access to funds are bonded under a blanket bond for $250,000. The Finance Director is individually bonded for $100,000.

2. Summary Disclosure of Significant Commitment and Contingencies

The Alliance has received proceeds from several federal and State grants. Periodic audits of these grants are required and certain costs may be questioned as not being appropriate expenditures under the grant agreements. Such audits could result in the refund of grant moneys to the grantor agencies. Management believes that any required refunds will be immaterial. No provision has been made in the accompanying financial statements for the refund of grant moneys.

3. Benefit Payments Issued by the State

The amount listed below was paid directly to individual recipients by the State from federal money. Alliance personnel are involved with certain functions; primarily eligibility determinations that cause benefit payments to be issued by the State. The amount discloses this additional aid to County recipients, which does not appear in the basic financial statements because it is not revenues and expenditures of the Alliance.

Federal	Food Stamp – WIC	$2,565,715

4. Related Party Transactions

The Alliance relocated to its new facility located at the North Carolina Research Campus in the City of Kannapolis on April 6, 2012. Funding for the purchase of the land and expenses for the construction of the facility has been provided to the Alliance by TIF (Tax Increment Funding) bonds issued by the City of Kannapolis. The current lease agreement between the Alliance and the City of Kannapolis will terminate upon the satisfaction of all financial obligations arising under the City's bonds.

The Cabarrus Health Alliance was the project coordinator for the North Carolina Telehealth Network (NCTN) project. The NCTN project was created to provide dedicated broadband network for public and non-profit healthcare providers in North Carolina. The pilot project started in late 2007 with an award of $12.1 million in discounts from the Federal Communications Commission. Cabarrus Health Alliance sold the NCTN project to the North Carolina Telehealth Network for $200,000 for five years for a total of $1,000,000. The second installment of $200,000 was received in June 30, 2021 and is recognized in this Statement of Revenues, Expenditures and Changes in Fund Balance. The $1,000,000 proceeds have been recognized in the Statement of Activity. This item has been reflected as a special item because it is unusual in nature but under the control of management. The balance outstanding at June 30, 2021 is $600,000.

A portion of the Alliance's revenue is from Cabarrus County. For the year ended June 30, 2021, the Alliance received $9,299,592 from the County. The County's contribution constituted 36.84% of the Alliance's total revenue for June 30, 2021.

VI. Subsequent Events

Management has evaluated subsequent events through September 17, 2021 and has determined that no significant events have occurred that would alter the Alliance's financial position.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Company's financial condition, liquidity, and future results of operations. Management is actively monitoring the global situation on its financial condition, liquidity, operations, suppliers, industry, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Company is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition, or liquidity for fiscal year 2022.

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Required Supplementary Information

Cabarrus Health Alliance, North Carolina
Other Post Employment Benefits - Healthcare
Required Supplementary Information
Schedule of Changes in the Total OPEB Liability and Related Ratios
Last 4 Fiscal Years
June 30, 2021

	2021	2020	2019	2018
Total OPEB Liability				
Service cost	$ 31,666	$ 41,909	$ 43,089	$ 46,158
Interest	65,459	65,238	61,819	54,609
Differences between expected and actual experience	(3,804)	153,100	276	(13,347)
Changes of assumptions	162,270	48,049	(39,338)	(70,489)
Benefit payments	(147,633)	(145,785)	(105,215)	(84,472)
Net change in total OPEB liability	107,958	162,511	(39,369)	(67,541)
Total OPEB liability - beginning	1,911,771	1,749,260	1,788,629	1,856,170
Total OPEB liability - ending	$ 2,019,729	$ 1,911,771	$ 1,749,260	$ 1,788,629
Covered payroll	2,640,695	2,640,695	3,267,585	3,267,585
Total OPEB liability as a percentage of covered payroll	76.48%	72.40%	53.53%	54.74%

Notes to Schedule

OPEB schedules are intended to show information for ten years. Additional years' information will be displayed as it becomes available.

Changes of assumptions: Changes of assumptions and other inputs reflect the effects of changes in the discount rate of each period. The following are the discount rates used in each period:

Fiscal year	Rate
2021	2.21%
2020	3.50%
2019	3.89%
2018	3.56%
2017	3.01%

Exhibit 7

Cabarrus Health Alliance, North Carolina
Schedule of the Alliance's Proportionate Share of the
Net Pension Liability (Asset)
Local Governmental Employees' Retirement System
Last 8 Fiscal Years *
June 30, 2021

	2021	2020	2019	2018	2017	2016	2015	2014
Alliance's proportion of the net pension liability (asset) %	0.182%	0.182%	0.183%	0.164%	0.167%	0.155%	0.147%	0.143%
Alliance's proportionate share of the net pension liability (asset)	$ 6,503,635	$ 4,982,567	$ 4,352,536	$ 2,507,299	$ 3,539,206	$ 697,381	$ (864,155)	$ 1,723,699
Alliance's covered payroll	$ 13,790,667	$ 12,510,414	$ 12,199,464	$ 10,589,737	$ 10,409,469	$ 9,570,194	$ 8,896,942	$ 7,836,461
Alliance's proportionate share of the net pension liability (asset) as a percentage of its covered payroll	47.16%	39.83%	35.68%	23.68%	34.00%	7.29%	(9.71)%	22.00%
Plan fiduciary net position as a percentage of the total pension liability	88.61%	90.86%	91.63%	94.18%	91.47%	98.09%	102.64%	94.35%

* The amounts presented for each fiscal year were determined as of the prior fiscal year ending June 30.

Pension schedules are intended to show information for ten years. Additional years' information will be displayed as it becomes available.

Exhibit 8

Cabarrus Health Alliance, North Carolina
Schedule of Alliance's Contributions
Local Governmental Employees' Retirement System
Last 8 Fiscal Years
June 30, 2021

	2021	2020	2019	2018	2017	2016	2015	2014
Contractually required contribution	$ 1,403,649	$ 1,133,756	$ 974,473	$ 919,840	$ 774,114	$ 700,557	$ 682,356	$ 629,003
Contributions in relation to the contractually required contribution	1,403,649	1,133,756	974,473	919,840	774,114	700,557	682,356	629,003
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Alliance's covered payroll	$ 13,790,667	$ 12,611,316	$ 12,510,414	$ 12,199,464	$ 10,589,737	$ 10,409,469	$ 9,570,194	$ 8,896,942
Contributions as a percentage of covered payroll	10.18%	8.99%	7.79%	7.54%	7.31%	6.73%	7.13%	7.07%

Pension schedules are intended to show information for ten years. Additional years' information will be displayed as it becomes available.

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Other Supplementary Information

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	Revised Budget	Actual	Variance
Revenues:				
Human Services:				
Environmental Health:				
Food & Lodging Grant	5,000	47,511	47,511	-
Assoc. of Food & Drug	-	2,996	1,250	(1,746)
Contrib - City of Concord - WN	12,000	12,000	12,000	-
Contrib - City of Kannapolis - WN	8,000	8,000	8,000	-
Contrib - Town of Mt. Pleasant - WN	420	420	420	-
Environmental Health Fees	143,000	244,021	275,157	31,136
Temporary Food Establishment Fees	25,000	7,000	9,900	2,900
Miscellaneous Revenue	100	-	-	-
Contrib - Cabarrus County - WN	10,768	10,762	10,762	-
Contribution from Cabarrus County	873,181	873,181	873,187	6
Total Environmental Health	1,077,469	1,205,891	1,238,187	32,296
Information Technology Systems:				
Sale of Assets	2,500	2,500	100	(2,400)
Contribution from Cabarrus County	705,043	705,043	705,043	-
Total Information Tech Systems	707,543	707,543	705,143	(2,400)
General Administration:				
Admin to Aid to County Grant	77,791	77,791	73,791	(4,000)
DSS Dream Center	26,695	28,929	28,929	-
NACCHO	-	4,912	4,912	-
WIC Dream Center	10,793	12,056	12,056	-
Program Fees	10,000	332	2,379	2,047
NCTN II - Admin Fees	200,000	200,728	728	(200,000)
Dental Dream Center	10,000	12,056	12,056	-
Admin Fees	22,970	-	-	-
Interest on Investments	140,000	4,000	4,223	223
Sale of Capital Assets	25	25	-	(25)
Overages and Shortages	10	10	(36)	(46)
Miscellaneous Revenue	64,650	15,726	17,728	2,002
Contributions and Private Donations	-	112	112	-
Sale of Assets	150	50	-	(50)
Northeast Medical Center - Children WIN	40,000	40,000	40,000	-
Forever Oceans	-	71,309	71,553	244
Contribution from Cabarrus County	1,985,393	1,989,367	1,989,367	-
Total General Administration	2,588,477	2,457,403	2,257,798	(199,605)

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
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	2021			
	Original Budget	Revised Budget	Actual	Variance
Family Care Coordination:				
Adolescent Parenting Program Grant	100,000	100,000	100,673	673
Innovative Approaches Grant	165,500	165,500	164,687	(813)
PCM Grant	43,708	43,708	43,708	-
CC4C Grant	44,136	44,136	44,136	-
Medicaid - PPNB	20,005	13,005	12,807	(198)
Medicaid - PCM	391,608	411,608	454,023	42,415
Medicaid - CC4C	354,444	354,444	359,638	5,194
Medicaid Settlement - PPNB	-	12,680	12,680	-
City of Kannapolis	-	6,333	6,333	-
Foundation of the Carolinas	-	5,045	5,045	-
Miscellaneous Revenue	-	-	300	300
Total Family Care Coordination	1,119,401	1,156,459	1,204,030	47,571
School Health:				
School Nurse Funding Initiative Grant	50,000	50,000	43,820	(6,180)
Kids Plus Revenue	2,913	2,913	2,924	11
Cabarrus County School System	16,855	290,393	283,381	(7,012)
Kannapolis City School System	2,803	-	19,042	19,042
Miscellaneous Revenue	-	-	1,600	1,600
Contributions & Private Donations	25,000	-	-	-
Contribution from Cabarrus County	3,560,361	3,560,361	3,560,361	-
Total School Health	3,657,932	3,903,667	3,911,128	7,461
Health Initiatives:				
10 Essential Services	48,000	48,000	48,000	-
TPPI Grant	75,000	75,000	75,213	213
MDPP Grant	230,105	230,105	225,832	(4,273)
Opioid CLC	100,000	100,000	100,309	309
Health Promotion Grant	34,706	34,354	33,578	(776)
Triple P Grant	97,024	97,024	97,524	500
Sub Abuse & Mental Hlth Svcs	125,000	-	-	-
HHS/Centers for Disease Control	-	125,000	130,774	5,774
DHHS/OAH	-	51,725	51,725	-
NCDOT KEYS	156,336	24,802	24,802	-
DOJ STOP	-	33,830	24,782	(9,048)
Novant Health Foundation - Healthy Rowan	-	7,769	7,769	-
KCS SSG	-	36,457	36,457	-

Cabarrus Health Alliance, North Carolina
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	2021			
	Original Budget	Revised Budget	Actual	Variance
Community Free Clinic	32,210	47,955	49,518	1,563
Miscellaneous Revenue - Health Cab	-	10,000	10,000	-
Miscellaneous Revenue - SEP	-	18,125	18,125	-
NorthEast Medical Center - Healthy Cab	28,500	14,250	14,250	-
Wake Forest School of Medicine BHEI	24,000	25,500	25,436	(64)
CommunicateHealth MYW	-	5,000	5,000	-
Walmart Foundation HFA	208,950	177,204	178,897	1,693
Contribution from Cabarrus County	101,945	101,945	101,945	-
Total Health Initiatives	1,261,776	1,264,045	1,259,936	(4,109)
Dental Health:				
Cabarrus Partnership for Children	20,000	14,137	14,137	-
Medicaid - Dental	2,679,529	1,914,459	2,033,970	119,511
Medicaid - Settlement Dental	837,827	1,964,955	1,964,955	-
Contribution - City of Kannapolis	3,179	-	-	-
Cabarrus YDC	18,828	1,686	3,705	2,019
Private Insurance	837,564	469,838	500,045	30,207
Patient Fees	303,253	226,560	232,644	6,084
Miscellaneous Revenue	27,146	4,548	4,547	(1)
Contribution & Private Donations	-	-	5,800	5,800
Duke Endowment	150,000	81,201	81,200	(1)
Total Dental Health	4,877,326	4,677,384	4,841,003	163,619
Vital Records:				
Contribution from Cabarrus County	62,288	58,314	58,314	-
Total Vital Records	62,288	58,314	58,314	-
Communicable Disease:				
Communicable Disease (CD) Grant	10,734	10,734	10,734	-
Bioterrorism Grant	49,633	64,434	64,434	-
Tuberculosis (TB) Grant	5,194	5,194	5,194	-
Infection Prevention Support (IPS)	-	248,252	248,252	-
COVID CARES Activities	-	71,770	71,770	-
ELC Enhancing Detection Activities	-	558,819	432,961	(125,858)
IPC Regional Teams	-	227,360	227,360	-
ED Regional Prevention Support	-	206,692	246,520	39,828
STD Prevention	100	100	-	(100)
CDC Vaccination Program	-	189,038	107,836	(81,202)
STD Drugs	18,089	18,089	2,966	(15,123)

Cabarrus Health Alliance, North Carolina
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	2021			
	Original Budget	Revised Budget	Actual	Variance
HIV/STD Grant	28,000	28,000	28,000	-
Immunization Action Plan Grant (IAP)	31,010	54,695	54,695	-
US DHHS - COVID	-	371,990	387,533	15,543
NCCU Testing	-	20,000	20,000	-
City of Concord - COVID	54,000	28,945	28,940	(5)
Medicaid - Flu/Pneumonia	16,000	22,550	21,834	(716)
Medicaid - PrEP Clinic	200	700	697	(3)
Medicaid - CD	30	30	-	(30)
Medicaid - TB	800	3,600	3,339	(261)
Medicaid - COVID	-	3,000	5,575	2,575
Medicaid - HIV/STD	7,900	13,300	13,313	13
Medicaid - IAP	23,000	24,200	25,493	1,293
Medicaid Settlement - IT	500	231	231	-
Medicaid Settlement - Flu/Pneumonia	400	8,838	8,839	1
Medicaid Settlement - PrEP Clinic	25	22	22	-
Medicaid Settlement - CD	-	3,631	3,631	-
Medicaid Settlement - TB	280	1,399	1,399	-
Medicaid Settlement - HIV/STD	2,500	5,193	5,193	-
Medicaid Settlement - IAP	25,000	30,349	30,349	-
Rowan County Health Department	40,344	4,371	4,370	(1)
Private Insurance - IT	20,000	800	975	175
Private Insurance - Flu/Pneumonia	14,000	9,200	8,211	(989)
Private Insurance - PrEP Clinic	1,600	1,600	1,730	130
Private Insurance - CD	-	-	80	80
Private Insurance - TB	1,500	1,200	1,966	766
Private Insurance - COVID	-	340,000	375,758	35,758
Private Insurance - HIV/STD	4,186	2,386	2,574	188
Private Insurance - IAP	69,000	64,000	66,854	2,854
Medicare - Flu/Pneumonia	50	40	35	(5)
Medicare - TB	50	50	-	(50)
Medicare - COVID	-	268,506	246,354	(22,152)
Medicare - HIV/STD	-	23	22	(1)
Medicare - IAP	1,000	1,500	1,635	135
Patient Fees - IT	30,000	3,059	2,929	(130)
Patient Fees - Flu/Pneumonia	700	400	345	(55)
Patient Fees - PrEP Clinic	4,000	2,000	1,931	(69)
Patient Fees - TB	11,000	7,500	7,533	33
Patient Fees - HIV/STD	12,500	12,500	13,020	520
Patient Fees - IAP	22,000	19,500	11,161	(8,339)

Cabarrus Health Alliance, North Carolina
General Fund
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	2021			
	Original Budget	Revised Budget	Actual	Variance
Miscellaneous Revenue - CD	2,200	1,300	1,402	102
Cabarrus Public Health Interest	-	573,758	573,758	-
Contribution from Cabarrus County - CD	794,042	794,042	794,042	-
Contribution from Cabarrus County - COVID	-	1,006,571	1,006,571	-
Total Communicable Disease	1,301,567	5,335,461	5,180,366	(155,095)
Clinical Services:				
Maternal & Child Health Mini Grant	-	7,500	7,500	-
Maternal Health Grant	83,634	83,634	83,635	1
High Risk Maternity Clinic Grant	26,413	26,413	10,722	(15,691)
Family Planning Grant	113,330	113,330	115,887	2,557
TANF Grant	16,476	16,476	13,541	(2,935)
FP Long Acting Contraception Grant	14,200	14,200	14,200	-
Child Health Grant	26,785	26,785	26,785	-
Child Fatality Task Force Grant	1,389	1,389	1,557	168
BCCCP Screening Grant	56,550	56,975	55,300	(1,675)
DHHS - Division of Social Services FSI	132,000	132,000	129,399	(2,601)
ORH - Primary Care	150,000	116,200	111,700	(4,500)
Medicaid - Pediatric Primary Care	307,470	257,925	268,799	10,874
Medicaid - Adult Primary Care	22,459	27,459	30,101	2,642
Medicaid - Pregnancy Home	14,000	11,400	9,900	(1,500)
Medicaid - OB Clinic	44,723	30,839	34,287	3,448
Medicaid - GYN Clinic	1,481	381	309	(72)
Medicaid - Connections	950	620	-	(620)
Medicaid - PBH	15,000	11,049	7,139	(3,910)
Medicaid - Maternal Health	118,172	143,578	160,773	17,195
Medicaid - Family Planning	59,875	72,875	74,836	1,961
Medicaid - Child Health	327,359	397,359	402,624	5,265
Medicaid Settlement - PPC	135,556	184,177	184,177	-
Medicaid Settlement - APC	8,525	13,874	13,874	-
Medicaid Settlement - Pregnancy Home	6,108	8	8	-
Medicaid Settlement - OB Clinic	12,258	28,517	28,517	-
Medicaid Settlement - GYN Clinic	381	1,063	1,063	-
Medicaid Settlement - Connections	-	330	330	-
Medicaid Settlement - PBH	7,804	11,755	11,755	-
Medicaid Settlement - MH	55,223	96,673	96,673	-
Medicaid Settlement - FP	34,021	56,266	56,266	-
Medicaid Settlement - CH	149,298	273,234	273,234	-
Carolina Access Case Management	100,000	284,279	319,376	35,097

Cabarrus Health Alliance, North Carolina
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	2021			
	Original Budget	Revised Budget	Actual	Variance
SPCCP Population Health	332,975	12,000	-	(12,000)
Cabarrus YDC	433,721	489,989	489,989	-
Private Insurance - PPC	27,063	20,693	19,646	(1,047)
Private Insurance - Adult Primary Care	2,710	1,210	1,196	(14)
Private Insurance - OB Clinic	100	225	178	(47)
Private Insurance - GYN Clinic	500	750	699	(51)
Private Insurance - Connections	612	612	181	(431)
Private Insurance - PBH	9,000	9,000	3,517	(5,483)
Private Insurance - Maternal Health	15,000	7,122	6,272	(850)
Private Insurance - Family Planning	26,470	19,515	21,120	1,605
Private Insurance - Child Health	66,193	51,193	48,683	(2,510)
Medicare Reimbursement - MH	1,400	450	341	(109)
Patient Fees - Pediatric Primary Care	18,000	9,979	11,357	1,378
Patient Fees - Adult Primary Care	49,000	39,500	39,842	342
Patient Fees - OB Clinic	68,000	65,500	68,167	2,667
Patient Fees - GYN Clinic	35,000	27,359	26,722	(637)
Patient Fees - Connections	20	20	-	(20)
Patient Fees - PBH	400	400	340	(60)
Patient Fees - Maternal Health	8,485	8,485	8,044	(441)
Patient Fees - Family Planning	13,074	14,074	14,867	793
Patient Fees - Child Health	13,500	12,017	12,171	154
Cabarrus County Schools	-	4,680	4,550	(130)
Kannapolis City Schools	-	1,860	2,340	480
Miscellaneous Revenue - PPC	800	426	723	297
Miscellaneous Revenue - APC	500	573	1,713	1,140
Miscellaneous Revenue - Connections	100	100	80	(20)
Miscellaneous Revenue - BCCCP	-	2,500	2,500	-
Miscellaneous Revenue - MH	11,866	2,044	2,148	104
Miscellaneous Revenue - FP	150	85	92	7
Miscellaneous Revenue - CH	3,203	1,900	2,126	226
Contributions & Private Donations - SIP	-	500	500	-
Upstream	-	10,000	10,000	-
Contribution from Cabarrus County	200,000	200,000	200,000	-
Total Clinical Services	3,379,282	3,513,324	3,544,371	31,047
Women, Infants, & Children (WIC):				
WIC - Client Services Grant	369,811	411,550	406,640	(4,910)
WIC - Nutrition Education Grant	149,278	158,713	161,355	2,642
WIC - Admin Grant	56,249	53,292	53,198	(94)

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	2021			
	Original Budget	Revised Budget	Actual	Variance
WIC - Breastfeeding Grant	43,808	54,582	54,499	(83)
WIC - Breastfeeding Grant - Peer Counsel	26,730	33,420	33,607	187
Cabarrus Partnership for Children	50,655	50,655	57,656	7,001
Miscellaneous Revenue - HPRIL	-	10,000	10,000	-
WIC - Johns Hopkins HPRIL	64,814	60,603	60,603	-
Total WIC	761,345	832,815	837,558	4,743
Total Revenues	20,794,406	25,112,306	25,037,834	(74,472)
Expenditures:				
Human Services:				
Environmental Health:				
Salaries and Wages	685,235	697,633	674,303	23,330
Part Time >1000 hours	21,778	26,978	23,300	3,678
Part Time < 1000 hours	76,623	93,623	81,673	11,950
Temporary - Full and Part Time	6,159	18,114	11,892	6,222
Salary Adjustments	16,800	2,096	-	2,096
Social Security	42,194	47,136	48,125	(989)
Medicare	9,868	11,068	11,255	(187)
Group Hospital Insurance	63,544	69,544	57,859	11,685
Health Reimbursement Arrangement	11,970	12,870	10,977	1,893
Retirement	60,576	67,476	68,295	(819)
401k Match	5,891	7,391	6,763	628
Workers' Compensation	2,507	13,607	13,484	123
Office Supplies	847	1,947	906	1,041
Printing and Binding	18	18	-	18
Postage	1,871	2,221	2,211	10
Minor Office Equipment & Furniture	1,275	16,985	11,463	5,522
Automotive Supplies	129	629	574	55
Fuel	6,852	6,852	6,678	174
Other Operation Costs	14,934	18,159	17,562	597
Special Program Expense	3,000	3,000	1,669	1,331
Telephone	8,343	8,343	4,730	3,613
Auto and Truck Maintenance	3,526	8,143	7,165	978
Service Contracts	9,106	9,451	9,241	210
Mileage	604	604	-	604
Training and Education	8,840	5,140	2,355	2,785
Insurance and Bonds	8,142	10,142	9,675	467
Unemployment Compensation	6,837	5,013	819	4,194

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	2021			
	Original Budget	Revised Budget	Actual	Variance
Equipment & Furniture	-	41,708	41,707	1
Total Environmental Health	1,077,469	1,205,891	1,124,681	81,210
Information Technology Systems:				
Salaries and Wages	483,552	483,552	474,030	9,522
Consultants	10,000	10,000	4,780	5,220
Social Security	29,981	29,981	28,572	1,409
Medicare	7,012	7,012	6,682	330
Group Hospital Insurance	34,867	34,867	33,076	1,791
Health Reimbursement Arrangement	6,600	6,600	-	6,600
Retirement	49,323	49,323	47,725	1,598
401k Match	4,836	5,636	6,056	(420)
Workers' Compensation	1,451	1,451	(4,213)	5,664
Office Supplies	300	900	716	184
Postage	200	200	186	14
Hardware	175,576	125,934	125,936	(2)
Software	36,000	31,445	28,444	3,001
Telephone	250	-	-	-
Purchased Services	40,300	25,499	25,895	(396)
Service Contracts	174,000	168,442	166,122	2,320
Mileage	500	-	-	-
Training & Education	16,000	6,790	6,790	-
Insurance & Bonds	6,045	6,045	-	6,045
Unemployment Compensation	750	750	287	463
Equipment & Furniture	50,000	42,724	-	42,724
Total Information Tech Systems	1,127,543	1,037,151	951,084	86,067
General Administration:				
Salaries and Wages	1,477,252	1,501,932	1,310,932	191,000
Part Time > 1000 hours	80,860	68,746	58,020	10,726
Part Time < 1000 hours	31,534	35,034	34,168	866
Temporary - Full and Part Time	2,000	1,176	-	1,176
Contracted Personal Services	4,000	4,000	13,460	(9,460)
Salary Adjustments	41,223	-	-	-
Auditors	22,000	22,260	21,500	760
Legal Fees	30,000	70,000	41,795	28,205
Social Security	112,197	111,118	92,862	18,256
Medicare	26,240	26,001	21,836	4,165
Group Hospital Insurance	160,757	153,388	134,320	19,068

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	2021			
	Original Budget	Revised Budget	Actual	Variance
Health Reimbursement Arrangement	30,362	29,589	1,276	28,313
Retirement	180,069	179,626	153,009	26,617
401k Match	17,773	17,682	14,111	3,571
Workers' Compensation	5,777	5,737	138	5,599
Other Benefits	110,470	110,470	101,275	9,195
Office Supplies	12,050	18,550	15,420	3,130
Employee Recognition	6,000	7,990	13,418	(5,428)
QA/QI	130	6,292	1,319	4,973
Printing and Binding	431	686	461	225
Imaging Expense	2,000	-	-	-
Postage	3,774	4,874	4,801	73
Tools & Minor Equipment	250	500	489	11
Minor Office Equipment & Furniture	7,000	21,700	21,691	9
Food	5,800	5,980	2,451	3,529
Automotive Supplies	500	500	-	500
Fuel	5,000	2,340	1,160	1,180
Other Operation Costs	40,200	34,000	29,414	4,586
Special Program Supplies	14,382	8,842	4,445	4,397
Pharmacy	50	50	-	50
Janitorial Supplies	11,000	11,000	8,770	2,230
Building & Equipment Rental	18,000	15,024	15,124	(100)
Bank Service Charges	20,447	20,447	21,301	(854)
Lights and Power	147,013	149,630	145,891	3,739
Telephone	5,776	5,776	5,523	253
Laundry & Dry Cleaning	809	909	262	647
Purchased Services	17,300	74,800	76,124	(1,324)
Contracted Services	107,301	164,570	160,182	4,388
Tuition Reimbursement	2,945	2,945	2,288	657
Bldg and Ground Maintenance	59,400	64,030	60,161	3,869
Auto & Truck Maintenance	1,200	1,200	844	356
Minor Equipment Maintenance	44	44	-	44
Service Contracts	41,256	53,790	59,100	(5,310)
Mileage	1,060	1,060	915	145
Property Tax	1,826	2,126	2,018	108
Board Travel/Meetings	1,200	1,200	1,880	(680)
Dues and Subscriptions	14,518	35,889	37,015	(1,126)
Training & Education	103,131	72,784	68,001	4,783
Insurance and Bonds	22,621	28,338	631	27,707
Unemployment Compensation	3,616	3,514	1,437	2,077

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	2021			
	Original Budget	Revised Budget	Actual	Variance
Public Relations	19,219	19,219	15,520	3,699
Recruitment	782	2,832	2,582	250
Total General Administration	3,030,545	3,180,190	2,779,340	400,850
Family Care Coordination:				
Salaries and Wages	660,186	651,136	605,361	45,775
Part Time >1000 hours	48,735	43,522	42,977	545
Salary Adjustments	16,937	2,248	-	2,248
Social Security	44,995	44,995	38,502	6,493
Medicare	10,523	10,523	9,005	1,518
Group Hospital Insurance	79,515	77,515	63,938	13,577
Health Reimbursement Arrangement	15,308	15,058	12,539	2,519
Retirement	74,024	73,711	64,443	9,268
401k Match	6,480	5,980	5,473	507
Workers' compensation	2,178	2,151	1,685	466
Office Supplies	1,980	3,465	3,412	53
Patient Education Supplies	1,100	200	-	200
Printing and Binding	1,549	3,871	3,682	189
Postage	850	1,229	1,229	-
Minor Office Equipment and Furniture	1,800	16,760	15,199	1,561
Food	5,755	1,897	1,896	1
Other Operation Costs	25,785	78,217	127,083	(48,866)
Special Program Supplies	15,380	36,542	32,177	4,365
Telephone	7,213	6,172	4,085	2,087
Contracted Services	44,074	44,314	44,334	(20)
Mileage	9,510	1,647	612	1,035
Dues and Subscriptions	4,100	4,100	4,100	-
Training and Education	30,530	20,420	19,486	934
Insurance and Bonds	9,072	9,050	7,362	1,688
Unemployment Compensation	1,822	1,736	858	878
Total Family Care Coordination	1,119,401	1,156,459	1,109,438	47,021
School Health:				
Salaries and Wages	360,027	603,283	602,011	1,272
Part Time > 1000 hours	2,370,981	2,414,244	2,290,180	124,064
Temporary - Full and Part Time	-	45,500	46,752	(1,252)
Salary Adjustments	71,162	1,527	-	1,527
Social Security	173,723	179,501	170,516	8,985
Medicare	40,629	42,915	39,878	3,037

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	2021			
	Original Budget	Revised Budget	Actual	Variance
Group Hospital Insurance	326,681	311,846	270,408	41,438
Health Reimbursement Arrangement	62,143	59,101	49,114	9,987
Retirement	285,294	292,380	284,785	7,595
401k Match	27,938	29,415	22,711	6,704
Workers' Compensation	15,686	16,430	407	16,023
Office Supplies	1,910	1,910	1,141	769
Printing and Binding	481	481	271	210
Postage	200	200	200	-
Minor Office Equipment and Furniture	-	16,948	2,032	14,916
Other Operation Costs	3,955	4,958	2,625	2,333
Medical Supplies	3,716	5,216	4,624	592
Telephone	1,844	1,844	2,168	(324)
Contracted Services	6,701	155,351	154,028	1,323
Minor Equipment Maintenance	55	1,055	637	418
Mileage	3,539	2,039	509	1,530
Dues and Subscriptions	-	300	279	21
Training and Education	10,860	6,860	3,334	3,526
Insurance and Bonds	35,009	37,240	13,965	23,275
Unemployment Compensation	4,287	5,512	3,142	2,370
Total School Health	3,806,821	4,236,056	3,965,717	270,339
Health Initiatives:				
Salaries and Wages	563,893	530,567	554,168	(23,601)
Part Time > 1000 hours	74,393	84,172	92,814	(8,642)
Temporary - Full and Part Time	-	-	770	(770)
Salary Adjustments	3,796	1,143	-	1,143
Social Security	42,558	42,869	40,005	2,864
Medicare	9,953	11,307	9,364	1,943
Group Hospital Insurance	81,085	66,938	56,400	10,538
Health Reimbursement Arrangement	15,946	14,741	10,763	3,978
Retirement	70,012	65,836	64,217	1,619
401k Match	7,405	6,862	5,063	1,799
Workers' Compensation	2,261	2,392	1,899	493
Office Supplies	2,715	2,608	4,438	(1,830)
Printing and Binding	5,827	3,675	2,534	1,141
Postage	100	300	309	(9)
Minor Office Equipment and Furniture	11,660	21,904	18,561	3,343
Other Operation Costs	166,113	189,461	190,349	(888)
Special Program Supplies	38,299	46,516	45,473	1,043

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	Revised Budget	Actual	Variance
Telephone	4,014	3,032	1,982	1,050
Contracted Services	124,944	150,754	144,065	6,689
Mileage	8,003	2,425	451	1,974
Training and Education	18,101	9,958	8,553	1,405
Insurance and Bonds	8,581	8,875	8,001	874
Unemployment Compensation	2,117	1,941	734	1,207
Total Health Initiatives	1,261,776	1,268,276	1,260,913	7,363
Dental Public Health:				
Salaries and Wages	2,601,773	2,030,439	1,860,476	169,963
Part Time > 1000 hours	185,089	80,890	75,812	5,078
Part Time < 1000 hours	23,947	1,000	-	1,000
Contracted Personal Services	-	1,400	4,731	(3,331)
Social Security	179,767	140,794	104,693	36,101
Medicare	42,042	29,597	27,230	2,367
Group Hospital Insurance	277,654	208,338	183,926	24,412
Health Reimbursement Arrangement	52,800	41,052	14,117	26,935
Retirement	293,305	214,337	194,468	19,869
401k Match	28,757	17,131	18,213	(1,082)
Workers' Compensation	9,437	6,266	195	6,071
Office Supplies	6,400	6,100	6,266	(166)
Laboratory Supplies	300	150	-	150
Printing and Binding	8,700	1,360	972	388
Postage	3,000	2,800	2,798	2
Minor Office Equipment and Furniture	33,000	8,000	4,558	3,442
Automotive Supplies	750	100	-	100
Fuel	1,400	400	58	342
Software	16,260	16,260	-	16,260
Dental Supplies	278,000	248,466	209,575	38,891
Janitorial Supplies	5,000	5,000	4,346	654
Building & Equipment Rental	76,556	78,356	77,819	537
Lights & Power	12,900	12,900	12,012	888
Meeting Expense	500	100	74	26
Telephone	6,626	6,069	6,625	(556)
Purchased Services	35,500	23,498	20,773	2,725
Contracted Services	46,120	47,844	40,565	7,279
Building and Ground Maintenance	3,000	5,000	1,748	3,252
Auto and Truck Maintenance	750	2,250	2,016	234
Minor Equipment Maintenance	29,000	28,000	23,113	4,887

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	Revised Budget	Actual	Variance
Service Contracts	9,969	24,954	20,648	4,306
Mileage	1,350	850	-	850
Dues and Subscriptions	9,408	11,740	10,114	1,626
Training & Education	12,780	2,770	2,361	409
Insurance and Bonds	36,243	25,236	868	24,368
Unemployment Compensation	6,683	3,133	2,113	1,020
Recruitment	-	-	561	(561)
Building & Renovations	10,000	-	-	-
Equipment & Furniture	37,000	22,000	5,800	16,200
Total Dental Health	4,381,766	3,354,580	2,939,644	414,936
Vital Records:				
Salaries and Wages	42,564	40,064	40,299	(235)
Social Security	2,639	2,539	2,384	155
Medicare	617	587	558	29
Group Hospital Insurance	6,973	6,523	6,273	250
Health Reimbursement Arrangement	1,320	1,256	1,194	62
Retirement	4,342	4,238	4,123	115
401k Match	851	751	514	237
Workers' Compensation	128	113	113	-
Office Supplies	1,732	533	439	94
Printing and Binding	40	-	-	-
Postage	400	432	460	(28)
Minor Office Equipment and Furniture	-	699	699	-
Training & Education	-	-	10	(10)
Insurance and Bonds	532	517	504	13
Unemployment Compensation	150	62	62	-
Total Vital Records	62,288	58,314	57,632	682
Communicable Disease:				
Salaries and Wages	768,440	2,547,919	2,483,951	63,968
Part Time > 1000 hours	72,512	335,242	294,322	40,920
Part Time < 1000 hours	15,919	36,320	29,866	6,454
Temporary - Full and Part Time	756	33,436	30,291	3,145
Contracted Personal services	6,312	161,073	169,741	(8,668)
Salary Adjustments	17,092	1,367	-	1,367
Social Security	42,731	184,148	169,234	14,914
Medicare	10,194	46,340	39,819	6,521
Group Hospital Insurance	63,732	261,627	260,675	952

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	Revised Budget	Actual	Variance
Health Reimbursement Arrangement	11,326	53,093	51,241	1,852
Retirement	52,281	292,147	275,775	16,372
401k Match	2,444	23,696	21,095	2,601
Workers' Compensation	3,218	10,344	8,142	2,202
Office Supplies	1,822	72,731	71,356	1,375
Laboratory Supplies	734	734	-	734
Printing and Binding	202	59,314	50,232	9,082
Postage	577	2,400	2,486	(86)
International Travel Vaccine	15,030	115	-	115
Minor Office Equipment & Furniture	-	91,502	91,502	-
Medical Records Supplies	252	277	275	2
Other Operation Costs	-	216,463	148,871	67,592
Special Program Supplies	1,435	42,478	66,053	(23,575)
Medical Supplies	7,371	35,674	26,005	9,669
Pharmacy	148,497	150,647	119,081	31,566
Telephone	3,720	6,520	6,771	(251)
Purchased Services	19,487	139,734	131,050	8,684
Contracted Services	519	46,457	44,772	1,685
Building and Ground Maintenance	-	1,200	-	1,200
Minor Equipment Maintenance	6,581	4,581	975	3,606
Service Contracts	6,997	6,746	4,336	2,410
Mileage	1,851	15,479	13,769	1,710
Dues and Subscriptions	1,771	352	41	311
Training and Education	9,865	8,005	7,472	533
Insurance and Bonds	6,649	41,091	35,015	6,076
Unemployment Compensation	1,250	3,959	2,960	999
Total Communicable Disease	1,301,567	4,933,211	4,657,174	276,037
Clinical Services:				
Salaries and Wages	1,443,254	1,713,807	1,548,156	165,651
Part Time > 1000 hours	825,160	727,202	522,842	204,360
Part Time < 1000 hours	246,189	275,583	210,574	65,009
Temporary - Full and Part Time	1,500	23,156	20,191	2,965
Contracted Personal services	7,500	2,500	-	2,500
Salary Adjustments	57,728	20,640	-	20,640
Social Security	156,738	154,518	136,607	17,911
Medicare	36,687	36,369	32,371	3,998
Group Hospital Insurance	197,682	190,559	173,605	16,954
Health Reimbursement Arrangement	39,254	38,611	34,225	4,386

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	Revised Budget	Actual	Variance
Retirement	230,128	224,308	207,724	16,584
401k Match	25,702	24,207	19,931	4,276
Workers' Compensation	7,543	9,412	6,291	3,121
Office Supplies	3,400	4,518	5,196	(678)
Patient Education Supplies	700	4,244	4,194	50
Printing and Binding	1,250	427	372	55
Postage	3,544	4,221	4,771	(550)
Minor Office Equipment & Furniture	2,500	11,555	11,394	161
Food	11,142	11,142	11,108	34
Medical Records Supplies	700	1,247	1,069	178
Other Operation Costs	117,000	10,855	11,930	(1,075)
Special Program Supplies	51,955	9,280	13,179	(3,899)
Medical Supplies	16,800	28,425	25,745	2,680
Pharmacy	37,975	43,975	37,886	6,089
Telephone	6,620	7,120	7,320	(200)
Purchased Services	62,700	64,512	58,977	5,535
Contracted Services	97,008	135,459	65,059	70,400
Child Fatality Task Force Expense	1,389	1,389	1,557	(168)
Minor Equipment Maintenance	2,350	2,350	1,555	795
Service Contracts	6,950	7,127	6,612	515
Mileage	2,145	1,395	280	1,115
Dues and Subscriptions	4,300	6,857	6,066	791
Training and Education	21,548	15,807	3,244	12,563
Insurance and Bonds	31,692	30,720	27,882	2,838
Unemployment Compensation	6,319	5,866	2,428	3,438
Total Clinical Services	3,765,052	3,849,363	3,220,341	629,022
WIC:				
Salaries and Wages	420,969	393,862	406,025	(12,163)
Part Time > 1000 hours	102,605	97,400	100,851	(3,451)
Part Time < 1000 hours	1,444	1,444	-	1,444
Temporary - Full and Part Time	6,505	25,030	27,861	(2,831)
Social Security	32,998	32,479	31,909	570
Medicare	7,718	7,718	7,463	255
Group Hospital Insurance	71,839	66,025	67,989	(1,964)
Health Reimbursement Arrangement	14,124	16,021	4,378	11,643
Retirement	53,476	51,410	51,916	(506)
401k Match	5,242	5,762	2,907	2,855
Workers' Compensation	1,928	1,928	241	1,687

Cabarrus Health Alliance, North Carolina
General Fund
Schedule of Revenues, Expenditures and
Changes in Fund Balance - Budget and Actual
For the fiscal year ended June 30, 2021

	2021			
	Original Budget	**Revised Budget**	**Actual**	**Variance**
Office Supplies	15,497	66,504	67,445	(941)
Breast Feeding Grant Expenses	5,495	12,119	14,985	(2,866)
Patient Education Supplies	-	6,321	6,350	(29)
Printing and Binding	180	1,240	709	531
Postage	2,580	9,947	10,902	(955)
Minor Office Equipment & Furniture	-	356	355	1
Other Operation Costs	245	1,205	1,219	(14)
Special Program Supplies	-	3,200	3,199	1
Telephone	4,500	4,500	4,500	-
Contracted Services	1,236	13,218	13,456	(238)
Service Contracts	-	930	930	-
Mileage	690	540	28	512
Training & Education	3,665	5,087	5,096	(9)
Insurance and Bonds	6,653	6,813	1,077	5,736
Unemployment Compensation	1,756	1,756	978	778
Total WIC	761,345	832,815	832,769	46
Total Human Services	21,695,573	25,112,306	22,898,733	2,213,573
Total Expenditures	21,695,573	25,112,306	22,898,733	2,213,573
Excess (deficiency) of revenues over (under) expenditures before special item	(901,167)	-	2,139,101	2,139,101
Other financing sources (uses):				
Fund balance appropriated	901,167	-	-	-
Total other financing sources	901,167	-	-	-
Special item (see Note V.4)	-	-	200,000	200,000
Net change in fund balance	$ 901,167	$ -	$ 2,339,101	$ 2,339,101
Fund balance, July 1			8,363,561	
Fund balance, June 30			$ 10,702,662	

Schedule 2

Cabarrus Health Alliance, North Carolina
Capital Assets Used in the Operation of Governmental Funds
Comparative Schedules by Source
June 30, 2021 and 2020

	2021	2020
Governmental funds capital assets:		
Furniture and Fixtures	$ 391,287	$ 391,287
Vehicles	578,159	536,452
Equipment	1,392,943	1,398,788
Leasehold Improvement	600,505	600,505
Total governmental funds capital assets	$ 2,962,894	$ 2,927,032
Investments in governmental funds capital assets by source:		
General fund	$ 2,962,894	$ 2,927,032

Schedule 3

Cabarrus Health Alliance, North Carolina
Capital Assets Used in the Operation of Governmental Funds
Schedule By Function and Activity
June 30, 2021

Function and Activity	Furniture and Fixtures	Vehicles	Equipment	Leasehold Improvement	Total
Human Services:					
Administrative Services	$ 376,747	$ 66,981	$ 759,876	$ -	$ 1,203,604
Environmental Health	5,263	270,921	-	-	276,184
Dental Health	-	240,257	511,579	600,505	1,352,341
Communicable Disease	-	-	20,017	-	20,017
Family Care Coordination	9,277	-	-	-	9,277
Health Initiatives	-	-	-	-	-
School Health	-	-	7,495	-	7,495
Clinical Services	-	-	93,976	-	93,976
Total governmental funds capital assets	$ 391,287	$ 578,159	$ 1,392,943	$ 600,505	$ 2,962,894

Schedule 4

Cabarrus Health Alliance, North Carolina
Capital Assets Used in the Operation of Governmental Funds
Schedule of Changes By Function and Activity
By Function and Activity
For the fiscal year ended June 30, 2021

Function and Activity	Governmental Funds Capital Assets June 30, 2020	Additions	Decreases	Governmental Funds Capital Assets June 30, 2021
Human Services:				
Administrative Services	$ 1,203,603	$ -	$ -	$ 1,203,603
Environmental Health	234,477	41,707	-	276,184
Dental Health	1,358,187	5,800	11,645	1,352,342
Communicable Disease	20,017	-	-	20,017
Family Care Coordination	9,277	-	-	9,277
Health Initiatives	-	-	-	-
School Health	7,495	-	-	7,495
Clinical Services	93,976	-	-	93,976
Total governmental funds capital assets	$ 2,927,032	$ 47,507	$ 11,645	$ 2,962,894

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Statistical Section

Statistical Section Contents

The information presented in this section is provided for additional analysis purposes only and has not been subjected to audit verification as presented. Information provided for either the Cabarrus Health Alliance (CHA) or Cabarrus County where appropriate.

Financial Trends - These tables contain trend information to help the reader understand how the government's financial performance and well-being have changed over time.

Net Position by Component	(CHA)	Table 1
Changes in Net Position	(CHA)	Table 2
Fund Balances of Government Funds	(CHA)	Table 3
Changes in Fund Balances of Governmental Funds	(CHA)	Table 4

Revenue Capacity - These tables contain information to help the reader assess the government's most significant local revenue sources.

Principal Sources of Revenue	(CHA)	Table 5
Intergovernmental Revenue by Source	(CHA)	Table 6
Clinical and Dental Health Revenue From Fees for Services	(CHA)	Table 7

Demographic and Economic Information - These tables offer demographic and economic indicators to help the reader understand the environment within which the government's financial activities take place.

Demographic and Economic Statistics	(County)	Table 8
Principal Employers	(County)	Table 9

Operating Information - These tables contain service and infrastructure data to help the reader understand how the information in the government's financial report relates to the services the government provides and the activities it performs.

Full-time Equivalent Local Government Employees by Function	(CHA)	Table 10
Operating Indicators by Functional Area	(CHA)	Table 11
Capital Asset Statistics by Function	(CHA)	Table 12

Cabarrus Health Alliance, North Carolina Table 1
Net Position
Last Ten Fiscal Years
(accrual basis of accounting)

	Fiscal Year									
	2012	**2013**	**2014 ***	**2015**	**2016**	**2017 ***	**2018**	**2019**	**2020**	**2021**
Governmental activities										
Net invested in capital assets	$ 1,152,374	$ 959,140	$ 771,532	$ 698,177	$ 591,994	$ 415,038	$ 454,265	$ 332,666	$ 621,966	$ 481,291
Restricted	4,077,601	982,679	900,338	1,768,998	2,079,353	2,496,308	889,823	3,097,700	1,175,395	3,342,317
Unrestricted	2,587,525	5,305,575	5,782,236	4,312,657	4,819,120	5,157,603	5,904,428	3,509,305	3,860,514	3,397,185
Total governmental activities net position	$ 7,817,500	$ 7,247,394	$ 7,454,106	$ 6,779,832	$ 7,490,467	$ 8,068,949	$ 7,248,516	$ 6,939,671	$ 5,657,875	$ 7,220,793

* Amount at end of year 2014 was adjusted due to GASB 68 implementation.
* Amount at end of year 2017 was adjusted due to GASB 75 implementation.

Cabarrus Health Alliance, North Carolina
Changes in Net Position,
Last Ten Fiscal Years
(accrual basis of accounting)

	Fiscal Year									
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Expenses										
Governmental activities:										
Administrative Services	$ 12,426,418	$ 5,970,016	$ 5,898,932	$ 5,319,606	$ 5,195,621	$ 6,681,301	$ 7,324,315	$ 7,221,834	$ 4,985,699	$ 3,271,315
Environmental Health	677,122	720,909	785,703	879,761	898,265	1,164,693	1,144,787	1,177,326	1,250,930	1,295,261
Dental Health	1,954,068	2,279,009	2,490,669	2,839,574	2,929,599	3,200,294	3,717,865	3,989,916	4,183,756	3,170,702
Women, Infants, and Children	953,489	940,163	939,623	881,758	873,468	923,790	825,282	778,148	907,967	1,018,343
Communicable Disease	819,843	916,609	959,162	989,202	1,127,834	1,148,149	1,122,545	1,227,655	2,332,075	4,842,747
Clinical Services	3,215,255	3,431,642	2,774,493	2,622,297	2,865,430	3,458,530	3,539,216	3,351,255	3,551,599	3,962,634
Family Care Coordination	967,835	1,044,584	834,573	853,351	1,001,684	976,506	1,022,194	1,109,802	1,318,213	1,109,438
Health Initiatives	738,049	904,654	836,081	1,588,363	2,484,054	2,952,476	2,166,182	2,336,941	2,054,566	1,260,913
School Health	1,730,693	1,883,640	2,329,640	2,302,709	2,530,354	2,702,923	2,817,892	2,994,671	3,117,832	4,152,789
Total governmental activities	23,482,772	18,091,226	17,848,876	18,276,621	19,906,309	23,208,662	23,680,278	24,187,548	23,702,637	24,084,142
Program Revenues										
Governmental activities										
Charges for services:										
Administrative Services	27,775	249,689	100,575	2,116,259	2,374,735	3,796,299	4,582,349	4,111,300	1,340,902	3,110
Environmental Health	141,157	164,353	169,520	191,891	200,365	236,375	246,785	203,853	216,482	285,057
Dental Health	2,720,341	2,917,617	3,046,369	3,004,364	3,614,742	4,243,091	4,134,845	4,360,905	3,706,258	4,646,487
Communicable Disease	342,786	325,160	382,902	337,654	320,002	313,517	306,246	279,071	402,382	864,431
Clinical Services	1,906,278	2,285,443	2,382,962	2,029,671	2,540,478	1,972,953	2,081,804	1,848,825	2,095,620	2,972,260
Family Care Coordination	918,353	690,633	652,654	747,659	739,070	757,380	763,718	808,448	677,498	839,149
Health Initiatives	3,996	250	-	-	-	-	-	-	-	-
School Health	937,787	5,399	10,649	22,566	70,780	78,276	18,838	24,977	19,667	305,347
Total charges for services	6,998,473	6,638,544	6,745,631	8,450,064	9,860,172	11,397,891	12,134,585	11,637,379	8,458,809	9,915,841
Capital grants and contributions:										
Administrative services	8,220,193	87,418	-	-	-	-	-	-	-	-
Total capital grants and contributions	8,220,193	87,418	-	-	-	-	-	-	-	-
Operating grants and contributions:										
Administrative Services	2,504,682	3,975,759	4,077,734	3,276,664	2,538,893	2,199,560	2,635,180	2,697,556	2,801,229	2,956,020
Environmental Health	568,136	630,877	705,993	721,823	729,461	853,542	933,242	874,034	917,899	953,130
Dental Health	212,833	122,235	76,894	241,073	32,000	44,066	16,415	96,878	282,914	105,137
Women, Infants, and Children	932,991	932,182	940,372	863,562	857,157	846,912	737,292	711,948	770,077	837,558
Communicable Disease	558,375	662,049	643,538	661,518	735,926	758,224	753,143	872,417	1,587,388	4,315,936
Clinical Services	813,398	489,140	554,314	484,695	482,603	895,728	1,002,947	982,250	1,191,306	1,270,714
Family Care Coordination	466,182	401,406	278,830	230,540	329,266	299,185	307,706	291,955	332,421	364,881
Health Initiatives	751,946	875,179	885,885	1,534,880	2,530,597	3,056,789	2,230,852	2,504,272	1,835,042	1,299,935
School Health	766,973	1,851,310	2,328,117	2,204,597	2,454,824	3,340,532	2,832,120	2,983,554	3,149,445	3,604,181
Total operating grants and contributions	7,575,516	9,940,137	10,491,677	10,219,352	10,690,727	12,294,538	11,448,897	12,014,864	12,867,721	15,707,492
Total governmental activities program revenues	$ 22,794,182	$ 16,666,099	$ 17,237,308	$ 18,669,416	$ 20,550,899	$ 23,692,429	$ 23,583,482	$ 23,652,243	$ 21,326,530	$ 25,623,333

Cabarrus Health Alliance, North Carolina
Changes in Net Position,
Last Ten Fiscal Years
(accrual basis of accounting)

	Fiscal Year									
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Net (Expense)/Revenue										
Governmental activities	(688,590)	(1,425,127)	(611,568)	392,795	644,590	483,767	(96,796)	(535,305)	(2,376,107)	1,539,191
Total governmental activities net (expense)/revenue	(688,590)	(1,425,127)	(611,568)	392,795	644,590	483,767	(96,796)	(535,305)	(2,376,107)	1,539,191
General Revenues and Other Changes in Net Position										
Governmental activities:										
Unrestricted investment earnings	2,176	12,948	2,033	6,283	18,393	34,710	95,743	180,096	104,186	4,223
Miscellaneous	414,004	842,073	816,247	21,333	47,652	60,005	55,723	46,364	(9,875)	19,504
Special item (see Note V.4)	-	-	-	-	-	-	-	-	1,000,000	-
Total governmental activities	416,180	855,021	818,280	27,616	66,045	94,715	151,466	226,460	1,094,311	23,727
Change in Net Position										
Governmental activities:										
Changes in Net Position	(272,410)	(570,106)	206,712	420,411	710,635	578,482	54,670	(308,845)	(1,281,796)	1,562,918
Total governmental activities	$ (272,410)	$ (570,106)	$ 206,712	$ 420,411	$ 710,635	$ 578,482	$ 54,670	$ (308,845)	$ (1,281,796)	$ 1,562,918

Cabarrus Health Alliance, North Carolina Table 3
Fund Balances, Governmental Funds
Last Ten Fiscal Years
(modified accrual basis of accounting)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
General Fund										
Nonspendable:										
Prepaid items	$ 70,326	$ -	$ 91,092	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Restricted for:										
Stabilization by State Statute	3,757,601	982,679	900,338	1,768,998	2,079,353	2,496,308	889,823	3,097,700	1,175,395	3,342,317
Future Equipment Purchases	320,000	-	-	-	-	-	-	-	-	-
Total Restricted	4,077,601	982,679	900,338	1,768,998	2,079,353	2,496,308	889,823	3,097,700	1,175,395	3,342,317
Assigned:										
Subsequent year's expenditures	135,439	102,819	185,000	241,458	215,000	301,581	1,038,299	1,120,769	901,167	880,206
Unassigned:	2,943,640	5,750,707	6,043,880	5,210,004	5,491,388	6,130,852	7,128,914	4,850,671	6,286,999	6,480,139
Total General Fund	$ 7,227,006	$ 6,836,205	$ 7,220,310	$ 7,220,460	$ 7,785,741	$ 8,928,741	$ 9,057,036	$ 9,069,140	$ 8,363,561	$ 10,702,662

Cabarrus Health Alliance, North Carolina
Changes in Fund Balances, General Fund
Last Ten Fiscal Years
(modified accrual basis of accounting)

Table 4

	Fiscal Year									
	2012	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Revenues										
Intergovernmental	$ 13,152,433	$ 14,343,742	$ 14,560,281	$ 14,284,166	$ 16,549,263	$ 18,101,093	$ 16,966,106	$ 17,295,311	$ 17,817,152	$ 21,954,146
Permits and fees	141,150	164,353	170,490	191,891	200,365	236,375	246,785	203,853	216,482	285,057
Sales and services	2,372,292	2,370,785	2,623,359	3,792,167	3,611,864	4,980,099	6,011,996	5,511,051	2,851,704	1,513,964
Investment earnings	2,176	12,948	2,033	6,283	18,393	34,710	95,743	180,096	104,186	4,223
Miscellaneous	37,543	59,561	52,934	69,854	73,868	74,533	71,982	65,673	47,321	72,748
Donations/Contributions	478,343	373,321	545,289	379,325	109,097	421,282	422,891	646,041	614,285	1,207,696
Total Revenues	16,183,937	17,324,710	17,954,386	18,723,686	20,562,850	23,848,092	23,815,503	23,902,025	21,651,130	25,037,834
Expenditures										
Human Services:										
Environmental Health	658,206	717,627	804,581	853,500	863,211	1,016,611	1,023,662	940,537	942,173	1,124,681
Information Technology Systems	864,318	907,659	1,024,725	862,220	686,960	713,288	838,463	958,323	1,153,424	951,084
General Administration	2,782,339	4,746,977	4,661,955	4,930,589	4,989,222	6,245,407	7,112,525	6,881,284	4,055,399	2,779,339
Family Care Coordination	965,971	1,042,419	841,031	847,335	982,591	936,255	978,968	1,040,588	1,177,374	1,109,438
School Health	1,728,829	1,881,475	2,327,439	2,298,548	2,513,116	2,664,527	2,825,137	2,994,421	3,117,582	3,965,717
Health Initiatives	736,185	902,489	833,880	1,584,202	2,466,816	2,914,080	2,124,811	2,268,964	1,948,057	1,260,913
Dental Public Health	2,150,667	2,183,911	2,389,765	2,854,397	2,757,956	2,982,327	3,523,777	3,723,191	4,020,629	2,939,644
Vital Records	39,577	47,271	48,026	50,098	50,755	51,579	62,420	65,439	54,625	57,632
Communicable Disease	811,109	907,273	949,754	977,061	1,091,130	1,109,753	1,081,174	1,159,678	2,191,236	4,657,174
Clinical Services	3,207,090	3,406,339	2,756,106	2,592,151	2,756,821	3,224,268	3,373,731	3,147,325	3,129,082	3,220,341
Women, Infants, & Children	946,032	933,666	933,019	873,435	838,991	846,997	742,540	710,171	767,128	832,770
Total Expenditures	14,890,323	17,677,106	17,570,281	18,723,536	19,997,569	22,705,092	23,687,208	23,889,921	22,556,709	22,898,733
Excess of revenues over (under) expenditures before special item	1,293,614	(352,396)	384,105	150	565,281	1,143,000	128,295	12,104	(905,579)	2,139,101
Transfers to other funds	(740,371)	(38,405)	-	-	-	-	-	-	-	-
Special item (see Note V.4)	-	-	-	-	-	-	-	-	200,000	200,000
Net change in fund balances	$ 553,243	$ (390,801)	$ 384,105	$ 150	$ 565,281	$ 1,143,000	$ 128,295	$ 12,104	$ (705,579)	$ 2,339,101

Cabarrus Health Alliance, North Carolina Table 5
Principal Sources of Revenue
Last Ten Fiscal Years
(modified accrual basis of accounting)

Fiscal Year	Intergovernmental Revenue	Permits & Fees	Sales & Services	Investment Earnings	Miscellaneous	Contributions	Total Revenue
2012	13,152,433	141,150	2,372,292	2,176	37,543	478,343	16,183,937
2013	14,343,742	164,353	2,370,785	12,948	59,561	373,321	17,324,710
2014	14,560,281	170,490	2,623,359	2,033	52,934	545,289	17,954,386
2015	14,284,166	191,891	3,792,167	6,283	69,854	379,325	18,723,686
2016	16,549,263	200,365	3,611,864	18,393	73,868	109,097	20,562,850
2017	18,101,093	236,375	4,980,099	34,710	74,533	421,282	23,848,092
2018	16,966,106	246,785	6,011,996	95,743	71,982	422,891	23,815,503
2019	17,295,311	203,853	5,511,051	180,096	65,673	646,041	23,902,025
2020	17,817,152	216,482	3,051,704	104,186	47,321	614,285	21,851,130
2021	21,954,146	285,057	1,713,964	4,223	72,748	1,207,696	25,237,834

Cabarrus Health Alliance, North Carolina Table 6
Intergovernmental Revenue by Source
Last Ten Fiscal Years
(modified accrual basis of accounting)

Fiscal Year	State & Federal Grants	Medicaid & Medicare Revenue	Medicaid Settlement	Cabarrus County Contributions	Other Local Governmental Contributions	Total Revenue
2012	2,840,104	4,017,496	2,044,932	4,242,711	7,190	13,152,433
2013	3,997,405	4,020,473	1,072,270	5,249,177	4,417	14,343,742
2014	3,394,552	3,670,013	1,574,036	5,907,933	13,747	14,560,281
2015	3,499,698	4,257,245	793,072	5,713,868	20,283	14,284,166
2016	4,476,165	4,223,454	1,675,719	6,011,824	162,101	16,549,263
2017	5,076,783	4,913,410	1,231,391	6,343,345	536,164	18,101,093
2018	3,831,610	4,578,145	1,297,066	6,729,671	529,614	16,966,106
2019	3,953,382	4,029,767	1,599,316	7,035,312	677,534	17,295,311
2020	3,498,771	3,678,756	1,846,623	7,969,798	823,204	17,817,152
2021	5,076,539	4,487,222	2,693,197	9,299,592	397,596	21,954,146

Cabarrus Health Alliance, North Carolina Table 7
Clinical and Dental Health Revenue From Fees for Services
Last Ten Fiscal Years
(modified accrual basis of accounting)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Clinical Services										
Medicaid	$ 1,458,757	$ 1,302,977	$ 1,122,145	$ 1,106,085	$ 1,131,722	$ 1,280,059	$ 1,153,785	$ 989,180	$ 987,830	$ 1,059,019
Medicare	1,658	2,899	4,831	2,955	1,173	2,957	2,670	4,159	29,893	248,387
Private Insurance	210,997	238,099	252,271	251,760	264,710	233,585	226,692	275,792	323,919	559,640
Patient Fees	226,269	269,023	296,851	290,247	301,488	332,447	299,927	292,533	286,653	229,213
Total Clinical Services	**1,897,681**	**1,812,998**	**1,676,098**	**1,651,047**	**1,699,093**	**1,849,048**	**1,683,074**	**1,561,664**	**1,628,295**	**2,096,259**
Dental Services										
Medicaid	1,846,641	1,705,951	1,744,358	2,211,208	2,221,649	2,569,061	2,529,382	2,126,063	1,854,458	2,033,970
Private Insurance	430,212	447,610	433,045	396,609	511,239	582,438	684,298	690,539	647,087	500,045
Patient Fees	122,443	215,680	218,218	212,059	212,049	237,279	262,506	298,167	278,762	237,191
Total Dental Services	**2,399,296**	**2,369,241**	**2,395,621**	**2,819,876**	**2,944,937**	**3,388,778**	**3,476,186**	**3,114,769**	**2,780,307**	**2,771,206**
Total Fees for Services	**$ 4,296,977**	**$ 4,182,239**	**$ 4,071,719**	**$ 4,470,923**	**$ 4,644,030**	**$ 5,237,826**	**$ 5,159,260**	**$ 4,676,433**	**$ 4,408,602**	**$ 4,867,465**

Cabarrus Health Alliance, North Carolina Table 8
Cabarrus County Demographic and Economic Statistics
Last Ten Fiscal Years

Year	Population[(1)]	Personal Income[(2)]	Per Capita Personal Income[(2)]	Public School Enrollment[(3)]	Unemployment Rate[(4)]	Number of Building Inspections Performed[(5)]
2012	183,806	6,453,148	35,561	34,588	9.40%	26,565
2013	186,446	7,025,450	38,079	35,125	8.20%	30,780
2014	187,226	7,301,723	39,000	34,763	6.10%	42,541
2015	192,103	7,399,908	38,521	34,609	5.50%	46,267
2016	196,762	8,286,025	41,103	35,376	4.80%	55,741
2017	201,590	9,085,784	43,920	36,669	4.10%	57,485
2018	206,872	9,556,853	45,220	33,877	3.90%	61,400
2019	211,342	10,089,975	46,615	32,955	3.80%	64,131
2020	216,453	*	*	33,579	7.60%	71,036
2021	221,479	*	*	32,555	4.40%	72,520

* Information not yet available. Information for calendar year 2020 will be available November 16, 2021.

Notes:
(1) United States Census Bureau
(2) Bureau of Economic Analysis, U.S. Department of Commerce. Figures are for the prior calendar year
(3) Public Schools of North Carolina/State Board of Education reported the County Official Statements
(4) N.C. Employment Security Commission, Annual Average for prior calendar year.
(5) Total number of inspections performed by Cabarrus County Inspections Department. Does not include inspections by municipalities.

Cabarrus Health Alliance, North Carolina
Cabarrus County Principal Employers
Current Year and Nine Years Ago

Table 9

	2021			2012		
Employer	Employees	Rank	Percentage of Total County Employment	Employees	Rank	Percentage of Total County Employment
Cabarrus County Schools	4,264	1	4.23%	3,800	3	4.70%
Atrium Health (formerly Carolinas HealthCare)	4,131	2	4.10%	4,500	1	5.56%
Amazon	2,500	3	2.48%	-		-
Cabarrus County Government	1,220	4	1.21%	975	4	1.20%
Wal-Mart	1,200	5	1.19%	-		-
City of Concord	1,106	6	1.10%	936	5	1.16%
Shoe Show	1,000	7	0.99%	700	9	0.87%
Fedex Ground and Fedex Smartpost	807	8	0.80%	-		-
Kannapolis City Schools	751	9	0.74%	750	8	0.93%
Corning	650	10	0.64%	-		-
Concord Mills Mall	-	-	-	4,000	2	4.94%
State of North Carolina	-	-	-	771	7	0.95%
S&D Coffee and Tea	-	-	-	575	10	0.71%
Connextions	-	-	-	900	6	1.11%
Total	17,629		17.48%	17,907		22.13%

Source:
NC Employment Security Commission, Cabarrus County Economic Development Corporation and FY 2010 CAFR

Cabarrus Health Alliance, North Carolina Table 10
Full-time Equivalent Local Government Employees by Function
Last Ten Fiscal Years

	Full-time Equivalent Employees as of June 30									
Function/Program	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Administrative Services	31	43	46	46	27	30	29	26	25	30
Environmental Health	9	10	11	11	12	14	12	15	13	18
Dental Health	25	25	26	26	29	27	39	35	37	25
Women, Infants, and Children	22	19	18	18	16	15	13	11	14	14
Communicable Disease	9	12	10	10	10	14	9	9	14	31
Clinical Services	57	50	43	43	38	36	40	39	42	41
Family Care Coordination	15	13	13	13	12	13	14	13	14	12
Health Initiatives	9	13	21	21	19	23	21	18	16	15
School Health	50	49	49	49	48	49	53	53	60	55
Total	227	234	237	237	211	221	230	219	235	241

Source: Cabarrus Health Alliance Finance Department
Breakdown of Function/Program established 2004 by Local Government Commission.

Note: Vacant positions are included in the above numbers.
Full time personnel work 2,080 hours per year (less vacation and sick leave).

Cabarrus Health Alliance, North Carolina
Operating Indicators by Functional Area/Project
Last Ten Fiscal Years

Table 11

Functional Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Administrative Activities										
Human Resources - retention rate (% resignations)	10.5%	10.4%	8.2%	7.5%	8.6%	11.1%	7.4%	3.9%	9.0%	17.7%
Finance - accounts payable checks issued	2,492	2,839	3,084	3,057	3,185	4,001	3,624	3,762	3,081	2,360
Environmental Health										
Environmental health - permits and/or inspections	1,996	2,732	1,742	1,887	1,927	2,062	2,101	2,076	1,858	1,931
Food & Lodging - inspections and/or consultation	3,119	3,328	3,463	3,520	3,610	3,727	2,756	3,734	3,122	3,314
Dental Health										
Smart Start Dental - # of children served	3,187	3,419	3,663	2,612	20	10	11	18	6	5
Dental Clinic - # encounters	16,471	18,157	18,889	20,099	20,764	22,668	24,676	23,321	19,415	16,023
Women, Infants, and Children										
Avg participation of state assigned caseload/mo.	4,826	4,730	4,521	4,235	4,062	3,661	3,251	2,900	3,220	3,830
Communicable Disease										
STD - # of clients seen for STDs	1,397	1,067	1,046	929	973	1,087	916	1,707	1,377	1,009
AIDS Case Management - # case mgmt. clients	**25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
International Travel - # of clients seen	305	471	494	380	483	573	307	513	302	5
Flu/Pneumonia - # doses given	1,810	2,028	1,958	1,885	1,968	2,199	1,956	1,945	1,966	1,791
Tuberculosis - # of skin tests given	831	958	858	757	705	772	647	994	555	339
Clinical Services										
Maternal Health - # of client visits	5,747	5,416	4,616	3,395	4,006	4,188	4,481	4,183	3,147	2,924
BCCCP/WW - # of clients served	281	233	347	347	341	299	345	309	190	175
Family Planning - # of clients served	2,090	2,051	970	971	1,130	1,081	1,097	974	915	703
Child Health - # of clients served	2,270	2,362	2,071	2,398	2,460	2,550	2,947	2,972	3,147	2,589
Family Care Coordination										
Intensive Home Visiting - # of visits	1,008	1,085	850	-	250	235	105	102	111	79
Care Coordination for Children - # of direct patient centered interactions	3,878	7,381	7,902	4,248	5,170	4,382	4,398	6,393	1,718^	3,474^
Pregnancy Care Management - # of direct patient centered interactions	1,876	6,189	6,033	3,249	3,445	3,607	3,606	6,937	1,347^	2,053^
Health Initiatives										
TRAIL - # participants reached per year	n/a	n/a	n/a	n/a	77	1,684	1,131	1,200	n/a	n/a
Teen Tobacco Use Prevention & Cessation - # of middle school participants receiving Project TNT 10-day course	2,431	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TPPI - # participants reach per year	108	137	107	111	212	236	162	140	105	125
Triple P - # provider training slots filled	n/a	40	50	51	79	29	30	20	3	11
REACH - # participants reached per year	n/a	n/a	n/a	90,678	90,800	98,437	102,102	n/a	n/a	n/a
STARS - # participants reached per year	n/a	n/a	n/a	87	210	402	n/a	n/a	n/a	n/a
MDPP - # participants enrolled in the program	n/a	n/a	n/a	n/a	n/a	91	104	93	84	33
Syringe Service Program - # of Naloxone kits provided per year	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1,915	1,646	2,269
Healthy PALS - # participants reached per year	n/a	n/a	n/a	n/a	n/a	118,140	36,791	27,614	n/a	n/a
Other Services										
School Health - # of students seen by nurse	110,523	120,139	110,217	111,953	123,220	145,592	141,127	144,664	103,676	34,493

Source: Cabarrus Health Alliance Departments

Notes:

^Program reporting changed from #patient tasks to #centered interactions

n/a - program/project no longer needed or not budgeted for that particular year

**Program ended 2/29/2012

Cabarrus Health Alliance, North Carolina Table 12
Capital Asset Statistics by Function
Last Ten Fiscal Years

Function	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Administrative Services										
Furniture and Fixtures	9	9	9	10	11	11	12	12	13	13
Vehicles	12	11	11	10	10	8	7	6	6	5
Equipment	16	16	17	19	19	20	18	19	29	29
Land	-	-	-	-	-	-	-	-	-	-
Construction in Progress	-	-	-	-	-	-	-	-	-	-
Environmental Health										
Vehicles	9	9	11	10	15	10	14	14	12	15
Furniture and Fixtures	-	-	-	-	1	1	1	1	1	1
Dental Health										
Vehicles	1	1	1	2	2	2	2	1	2	2
Equipment	40	40	40	45	45	46	46	46	48	48
Leasehold Improvements	3	3	3	3	3	3	3	3	3	3
Communicable Disease										
Equipment	5	5	5	5	5	3	3	2	2	2
Clinical Services										
Equipment	10	10	10	10	10	10	10	10	10	10
Health Initiatives										
Equipment	-	-	-	-	-	-	-	-	4	-
Family Care Coordination										
Furniture and Fixtures	-	-	1	1	1	1	1	1	1	1
School Health										
Equipment	-	-	-	-	-	-	1	1	1	1
	105	104	107	114	121	114	118	116	132	130

Compliance Section

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

Report On Internal Control Over Financial Reporting And On Compliance and Other Matters Based On An Audit Of Financial Statements Performed In Accordance With *Government Auditing Standards*

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Cabarrus Health Alliance
Kannapolis, North Carolina

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to the financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the accompanying financial statements of the governmental activities and each major fund of the **Cabarrus Health Alliance**, a component unit of Cabarrus County, North Carolina, as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprises the Cabarrus Health Alliance's basic financial statements, and have issued our report thereon dated October 26, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the **Cabarrus Health Alliance**'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the **Cabarrus Health Alliance's** internal control. Accordingly, we do not express an opinion on the effectiveness of the Alliance's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the **Cabarrus Health Alliance's** financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do

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not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Potter & Company

October 26, 2021
Monroe, North Carolina

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; In Accordance With OMB Uniform Guidance and the State Single Audit Implementation Act

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Cabarrus Health Alliance
Concord, North Carolina

Report on Compliance for Each Major Federal Program

We have audited the **Cabarrus Health Alliance's**, a component unit of Cabarrus County, North Carolina, compliance with the types of compliance requirements described in the OMB *Compliance Supplement* and the *Audit Manual for Governmental Auditors in North Carolina*, issued by the Local Government Commission, that could have a direct and material effect on each of the **Cabarrus Health Alliance's** major federal programs for the year ended June 30, 2021. The **Cabarrus Health Alliance's** major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with Federal and State statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the **Cabarrus Health Alliance's** major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and the State Single Audit Implementation Act. Those standards, the Uniform Guidance, and the State Single Audit Implementation Act require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the **Cabarrus Health Alliance's** compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the **Cabarrus Health Alliance's** compliance.

Opinion on Each Major Federal Program

In our opinion, the **Cabarrus Health Alliance** complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

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Report on Internal Control Over Compliance

Management of the **Cabarrus Health Alliance** is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the **Cabarrus Health Alliance's** internal control over compliance with the types of requirements that could have a direct and material effect on a major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Alliance's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

October 26, 2021
Monroe, North Carolina

Potter & Company

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance for Each Major State Program; Report on Internal Control Over Compliance; In Accordance With OMB Uniform Guidance; and the State Single Audit Implementation Act

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Cabarrus Health Alliance
Concord, North Carolina

Report on Compliance for Each Major State Program

We have audited the **Cabarrus Health Alliance's**, a component unit of Cabarrus County, North Carolina, compliance with the types of compliance requirements described in the *Audit Manual for Governmental Auditors in North Carolina*, issued by the Local Government Commission, that could have a direct and material effect on each of the **Cabarrus Health Alliance's** major state programs for the year ended June 30, 2021. The **Cabarrus Health Alliance's** major state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with state statutes, regulations, and the terms and conditions of its state awards applicable to its state programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the **Cabarrus Health Alliance's** major state programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and applicable sections of Title 2 *US Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), as described in the *Audit Manual for Governmental Auditors in North Carolina*, and the State Single Audit Implementation Act. Those standards, the Uniform Guidance, and the State Single Audit Implementation Act require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major state program occurred. An audit includes examining, on a test basis, evidence about the **Cabarrus Health Alliance's** compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major state program. However, our audit does not provide a legal determination of the **Cabarrus Health Alliance's** compliance.

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Opinion on Each Major State Program

In our opinion, the **Cabarrus Health Alliance** complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major state programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of the **Cabarrus Health Alliance** is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the **Cabarrus Health Alliance's** internal control over compliance with the types of requirements that could have a direct and material effect on a major state program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major state program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Alliance's internal control over compliance.

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Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

October 26, 2021
Monroe, North Carolina

Potter & Company

Section I. Summary of Auditors' Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance to GAAP:			Unmodified
Internal control over financial reporting:			
• Material weakness(es) identified?	____ yes	X no	
• Significant deficiency(s) identified that are not considered to be material weaknesses	____ yes	X none reported	
Noncompliance material to financial statements noted	____ yes	X no	

Federal Awards

Internal control over major federal programs:			
• Material weakness(es) identified?	____ yes	X no	
• Significant deficiency(s) identified that are not considered to be material weaknesses	____ yes	X none reported	
Noncompliance material to federal awards	____ yes	X no	

Type of auditors' report issued on compliance for major federal programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)	____ yes	X no

Identification of major federal programs:

CFDA Numbers	Name of Federal Program
93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

Dollar threshold used to distinguish between Type A and Type B Programs	$ 750,000	
Auditee qualified as low-risk auditee?	X yes	____ no

State Awards

Internal control over major State programs:		
• Material weakness(es) identified?	____ yes	X no

- Significant deficiency(s) identified that are not considered to be material weaknesses _____ yes X none reported

Noncompliance material to State awards _____ yes X no

Type of auditors' report issued on compliance for major State programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with the State Single Audit Implementation Act _____ yes X no

Identification of major State programs:

Program Name
TPPI – Adolescent Pregnancy Prevention Program
Minority Diabetes Prevention Program

Section II - Financial Statement Findings

None reported.

Section III - Federal Award Findings and Questioned Costs

None reported.

Section IV - State Awards Findings and Questioned Costs

None reported.

Section V - Corrective Action Plan

None reported.

Section VI - Summary Schedule of Prior Year Findings

None reported.

Cabarrus Health Alliance
Schedule of Expenditures of Federal and State Awards
Public Health Programs
June 30, 2021

		Federal Expenditures	State Expenditures
Federal Awards:			
U.S Department of Agriculture			
passed through NC Dept. of Health and Human Services			
Divison of Public Health			
Special Supplemental Nutrition Program for Women Infant and Children	10.557	709,883	n/a
Total U.S. Department of Agriculture		709,883	n/a
U.S. Department of Transportation			
passed through NC Dept. of Transportation			
National Highway Traffic Safety Administration			
Government highway safety program	20.600	30,702	n/a
Total U.S. Department of Transportation		30,702	n/a
U.S. Department of Treasury			
Passed-through the Office of State Budget and Management:			
NC Pandemic Recovery Office			
passed through NC Dept. of Health and Human Services			
Divison of Public Health			
Coronavirus Relief Fund 4	21.019	475,612	n/a
Total U.S. Department of Treasury		475,612	n/a
U.S. Department of Health and Human Services			
passed through NC Dept. of Health and Human Services			
Divison of Public Health			
Public Health Emergency Preparedness	93.069	64,434	n/a
Maternal and Child Health Federal Consolidated Programs	93.110	7,500	n/a
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	50	n/a
Injury Prevention and Control Research and State and Community Based Programs	93.136	99,955	n/a

Family Planning Services	93.217	77,363	n/a
Immunization Cooperation Agreements	93.268	162,531	n/a
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	655,447	n/a
Temporary Assistance for Needy Families	93.558	16,476	n/a
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	26,050	n/a
HIV Prevention Activities Health Department Based	93.940	28,000	n/a
Preventive Health and Health Services Block Grant	93.991	30,607	n/a
Maternal and Child Health Services Block Grant	93.994	342,352	12,324
Office of Adolescent Health			
passed through NC Dept. of Health and Human Services			
Office of Adolescent Health			
Teen Pregnancy Prevention Program	93.297	51,725	n/a
Total U.S. Department of Health & Human Services		1,562,490	12,324

State Awards:

N.C. Department of Health and Human Services		
Division of Public Health		
Other Reciepts / State Supported Expenditures		
Food and Lodging Fees	n/a	47,511
Aid-to-Counties	n/a	125,791
General Communicable Disease Control	n/a	10,734
Healthy Communities	n/a	3,747
Minority Diabetes Prevention Program	n/a	230,099
Triple P	n/a	2,232
Child Health	n/a	6,581
STD Drugs	n/a	3,558
Breast and Cervical Cancer	n/a	26,975
TPPI - Adolescent Pregency Prevention Program	n/a	175,000
School Nursing Funding Initiative	n/a	50,000
Pregnancy Care Management	n/a	39,269
Family Plannning - State	n/a	24,095
Maternal Health	n/a	71,190
High Risk Maternity Clinics	n/a	26,413
Women Health Service Fund	n/a	14,200
Tuberculosis Control	n/a	5,144
Total N.C. Department of Health and Human Services	-	862,539
Total Federal and State awards	2,778,687	874,863

Notes to the Schedule of Expenditures of Federal and State Awards:

Note 1: Basis of Presentation

The accompanying schedule of expenditures of federal and State awards (SEFSA) includes the federal and State grant activity of the Cabarrus Health Alliance under the programs of the federal government and the State of North Carolina for the year ended June 30, 2021. The information in this SEFSA is presented in accordance with the requirements of Title 2 US Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and the State Single Audit Implementation Act. Because the Schedule presents only a selected portion of the operations of Cabarrus Health Alliance, it is not intended to and does not present the financial position, changes in net position or cash flows of Cabarrus Health Alliance.

Note 2: Summary of Significant Accounting Policies

Expenditures reported in the SEFSA are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Cabarrus Health Alliance has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

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CABARRUS HEALTH ALLIANCE

For Information:

Cabarrus Health Alliance
300 Mooresville Road
Kannapolis, NC 28081
704-920-1212

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

October 26, 2021

Board of Directors
Cabarrus Health Alliance
Kannapolis, North Carolina

In planning and performing our audit of the financial statements of Cabarrus Health Alliance as of and for the year ended June 30, 2021 and 2020, in accordance with auditing standards generally accepted in the United States of America, we considered the Cabarrus Health Alliance's internal control over financial reporting (internal control) as a basis for designing our auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of the Board of Directors, management, and others within the Organization, and is not intended to be and should not be used by anyone other than these specified parties.

Potter & Company PA

Potter & Company, P.A.
Monroe, North Carolina

POTTER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

October 26, 2021

To the Board of Directors
Cabarrus Health Alliance
Kannapolis, North Carolina

We have audited the financial statements of the governmental activities and each major fund of the **Cabarrus Health Alliance,** a component unit of Cabarrus County, North Carolina, for the year ended June 30, 2021, and have issued our report thereon dated October 19, 2021. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated August 24, 2021. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the **Cabarrus Health Alliance** are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended June 30, 2021. We noted no transactions entered into by the **Cabarrus Health Alliance** during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the **Cabarrus Health Alliance's** financial statements were:

1. Accounts receivable
2. Accounts payable

Management's estimate of accounts receivable is based on the amounts management expects to collect on funds due at fiscal year end. Management's estimate of accounts payable is based on invoices received related to the fiscal year under audit but not yet paid as of fiscal year end. We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has determined that their effects are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. In addition, none of the misstatements detected as a result of audit procedures were material, either individually or in the aggregate, to the opinion unit's financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter date October 26, 2021.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Alliance's financial statements or determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the government unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to Management's Discussion and Analysis, the Schedule of Changes in the Total OPEB Liability and Related Ratios, and the Local Government Employees' Retirement System's Schedules of the Proportionate Share of the Net Pension Asset (Liability) and Contributions, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on budgetary schedules and the schedule of expenditures of federal and state awards, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

We were not engaged to report on the introductory and statistical sections, which accompany the financial statements but are not RSI. We did not audit or perform other procedures on this other information and we do not express an opinion or provide any assurance on it.

Restriction on Use

This information is intended solely for the use of the Board and management of the **Cabarrus Health Alliance**, and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Potter & Company PA

Potter & Company, P.A.
Monroe, North Carolina

CABARRUS HEALTH ALLIANCE

COVID Performance Measures

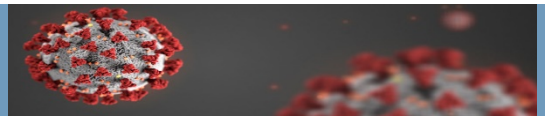
COVID: Scorecard Metrics

Weekly Changes in Case Counts

- Decrease over spring/summer 2021
- Increase started in July 2021 and continued with drastic inclines
- Peak was in mid August 2021
- Recent plateau

Case Investigation

- Of cases prioritized for investigation 75% has been goal
- Drastic decrease in completion of interviews in tandem with increases in cases.



CABARRUS HEALTH ALLIANCE

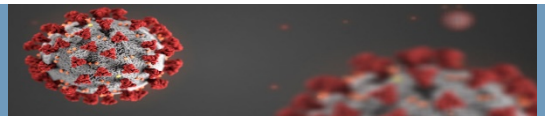
COVID: Scorecard Metrics

Vaccines

- Mass clinics ended at the beginning of summer 2021
- Implemented multiple clinics for school aged kids during the summer of 2021
- Implemented booster clinics
- Preparing for 5-11 year old focused clinics

Regional Infection Prevention Support Team (RIPS)

- Decrease in regional outbreaks over the summer 2021
- Increase in outbreaks as cases increases aligning with the increases in individual cases.
- Recent plateau in outbreaks

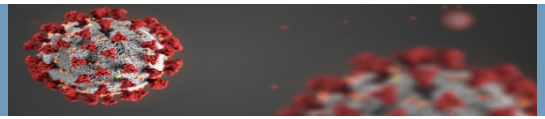


CABARRUS HEALTH ALLIANCE

COVID: Scorecard Metrics

Future Initiatives

- Clinics geared towards 5-11 year olds.
- Increase capacity for education and outreach in the areas of mitigation
- Increase capacity for education and outreach on vaccine hesitancy, especially in 5-11 year olds.
- Enhance testing program to identify community needs/gaps
- Develop a plan to move towards recovery versus response



CABARRUS HEALTH ALLIANCE

Cabarrus County Communicable (STDs) (2020-2021)

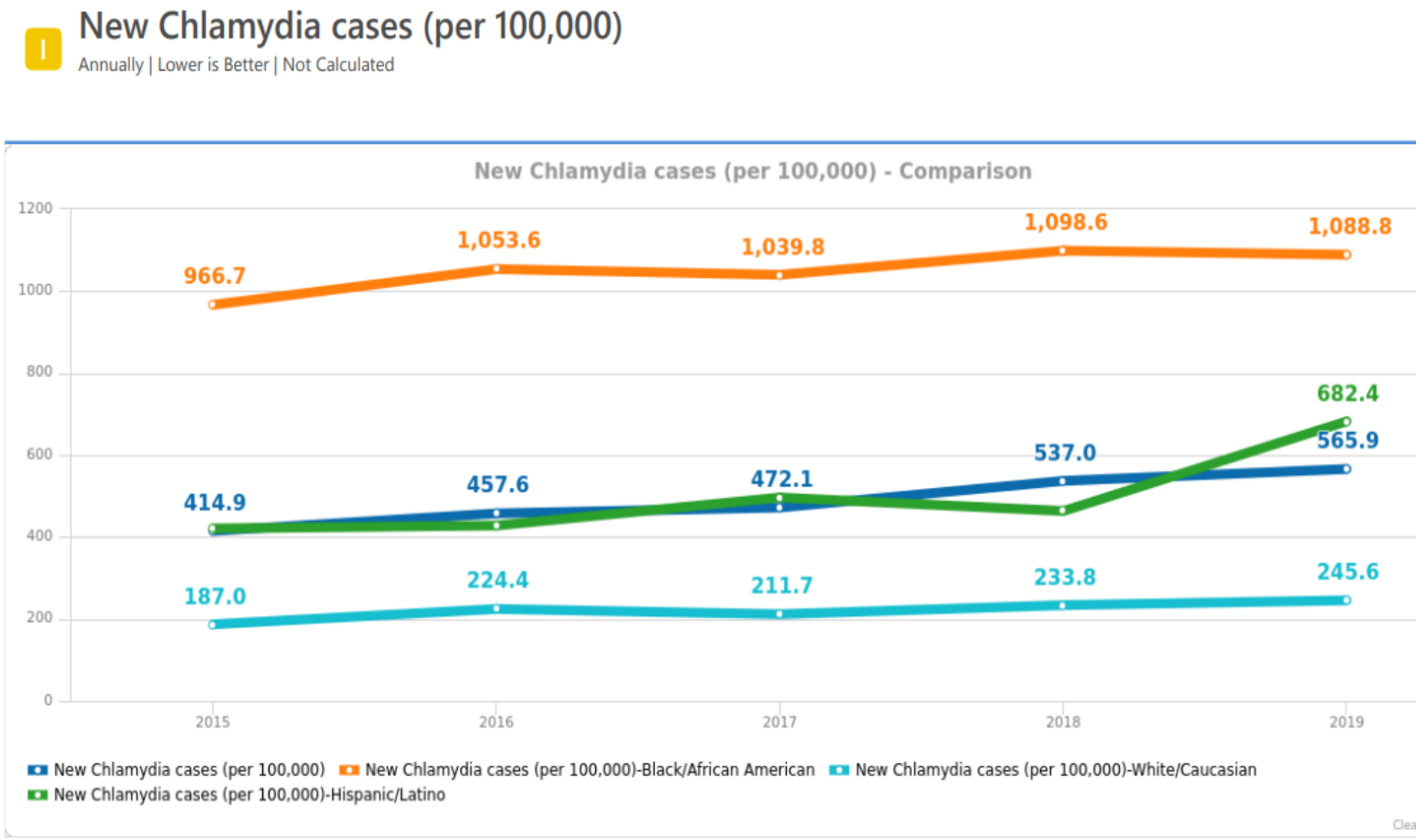
Source: North Carolina Electronic Diseases Surveillance System (NC EDSS)

Top five Communicable Diseases 2020

Cabarrus County (2020)	North Carolina (2018*)	United States
Chlamydia	Chlamydia	Chlamydia
Gonorrhea	Gonorrhea	Gonorrhea
Hepatitis C, Chronic	Hepatitis C, Chronic	Syphilis
Syphilis	Salmonellosis	Campy
Salmonellosis	Campy	Salmonellosis

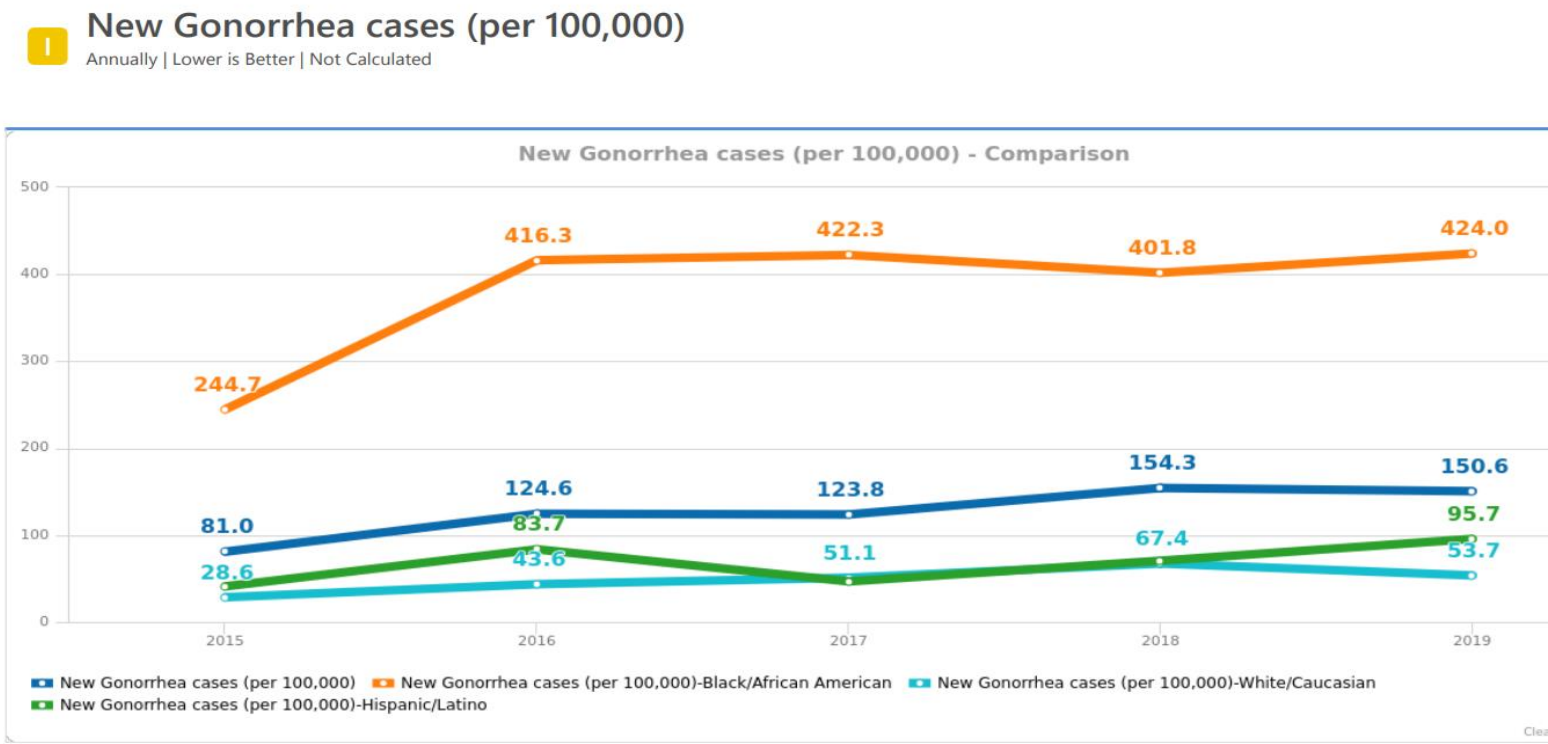
2020 Cabarrus County Chlamydia Cases Highlight

- Higher cases among African Americans;
- Residents younger than age 30 account for nearly 90% of new cases;
- Chlamydia cases are 2X higher among females than males.



2020 Cabarrus County Gonorrhea Cases Highlight

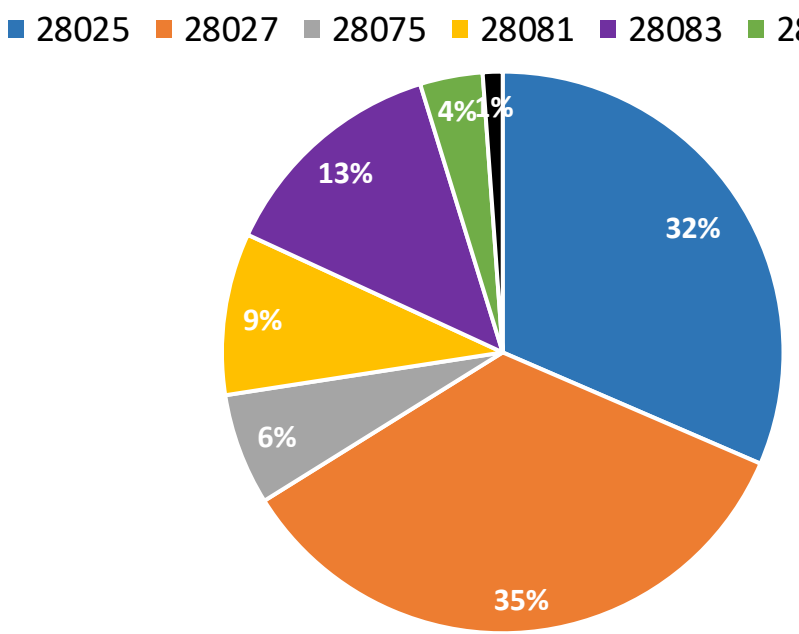
- African Americans account for majority of new cases;
- Younger residents (15 to 29 years) account for nearly 80% of new cases.
- Cases are evenly distributed among males and females



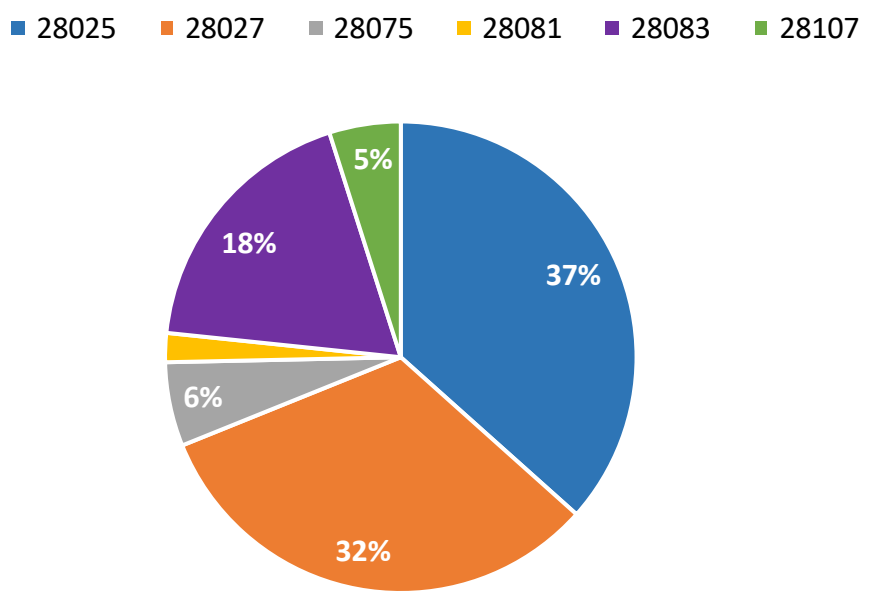
2020 Zip Codes Breakdown

- Concord (28025 & 28027) higher cases

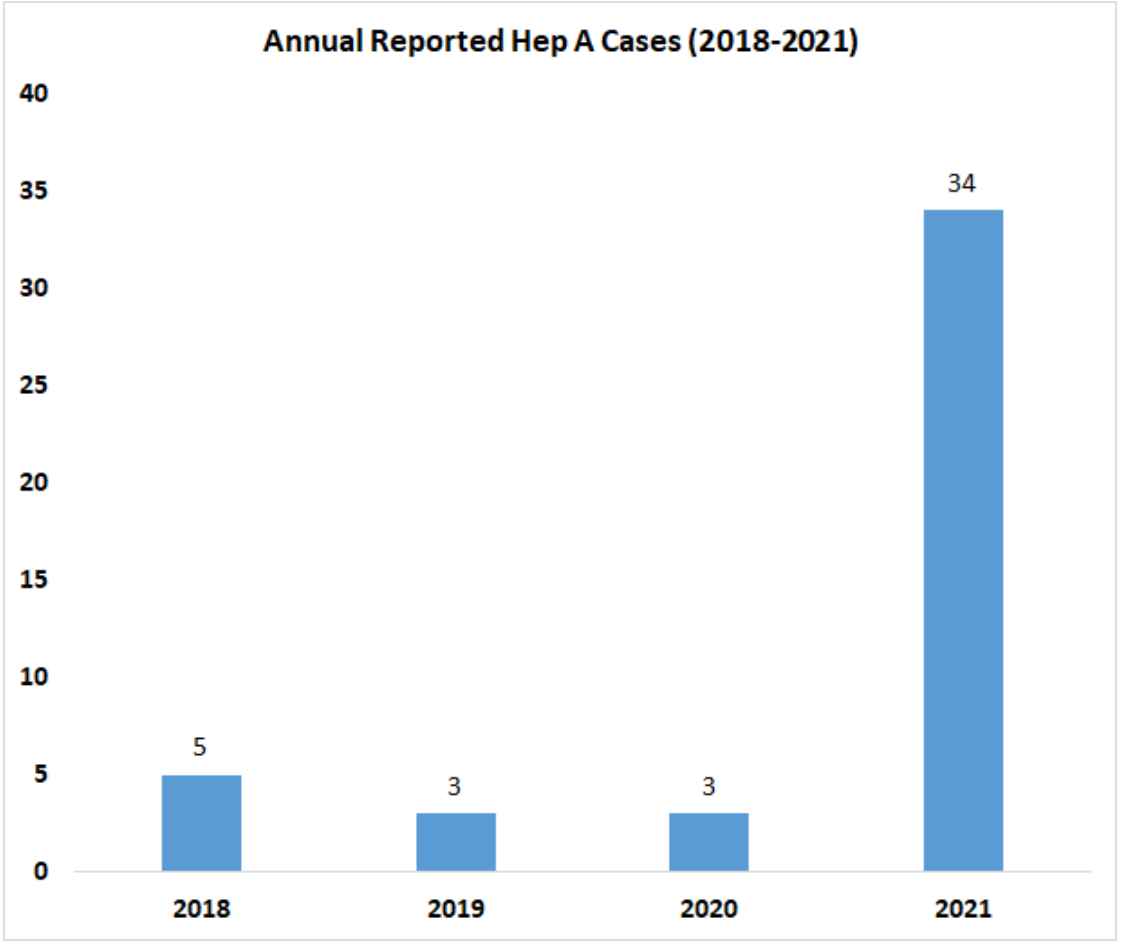
Chlamydia (2020)



Gonorrhea (2020)

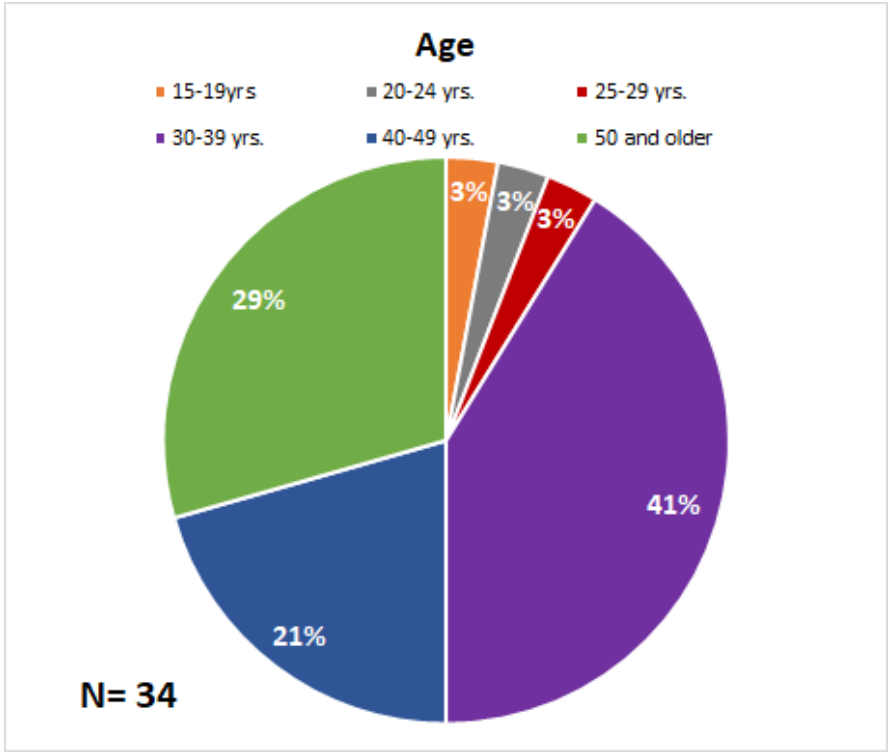


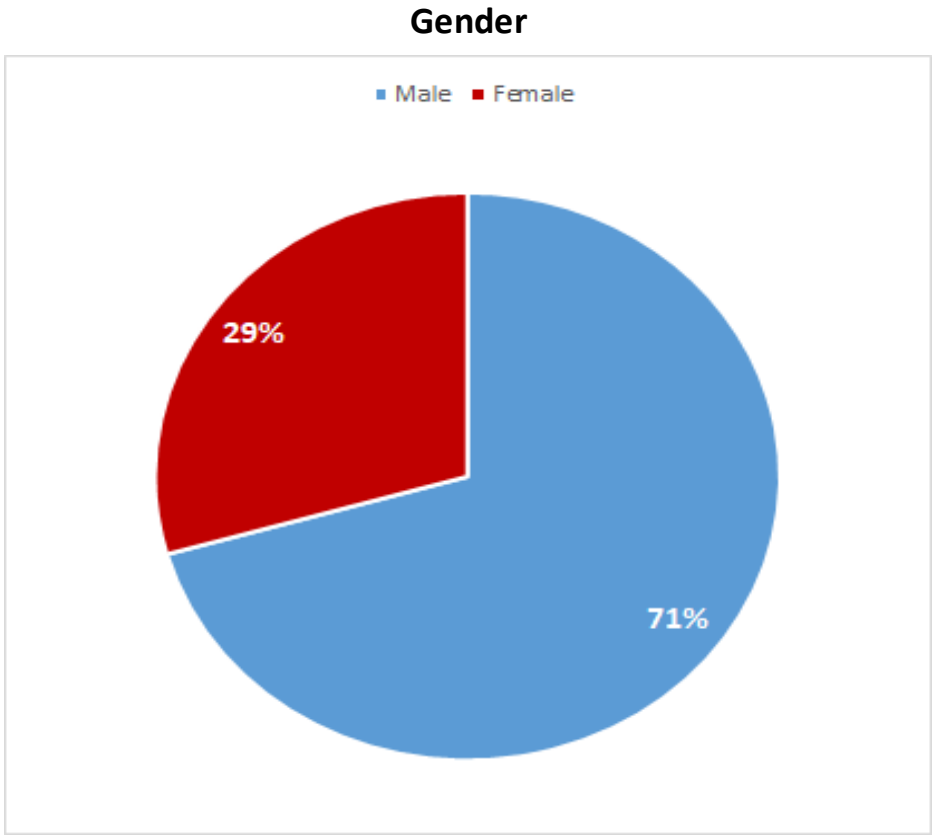
2021 Cabarrus County Hepatitis A Cases



2021 Cabarrus County Hepatitis A Cases

- Majority of new cases among
  - White MALE patients
  - Age 30-39 years
  - White Males Hep A cases are 2x more likely for Hep A compared to females





Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 11/09/21

Name of Item: CD Dashboard Highlights

Submitted by: Marcus Misenheimer

Expected Length of Presentation: 5-7 minutes

Brief Summary:
Summary of critical communicable diseases in Cabarrus County, CY 2020

Requested Action:
Presentation of PowerPoint to BOH by Marcus Misenheimer, Communicable Disease Nurse Supervisor

Previous Action/Discussion on this item? If yes, explain
None
Items reviewed by:
Medjie Kuyateh, Dr. Coyle

Selected *Confirmed* Reportable Diseases for Cabarrus County

Disease	2016	2017	2018	2019	2020
Campylobacter	7	9	17	6	11
Carbapenem-resistant Enterobacteriaceae (CRE)	n/a	0	0	3	6
Chlamydia	919	976	1134	1226	1193
Cryptosporidiosis	3	0	1	1	0
E. Coli, Shiga Toxin	0	1	2	0	0
Covid - 19	0	0	0	0	12129
Gonorrhea	249	259	321	329	426
Hemophilus Influenza	4	3	1	2	2
Hepatitis A	0	0	3	3	1
Hepatitis B, acute	1	2	6	5	3
Hepatitis B, carrier	2	11	4	10	10
Hepatitis C, acute	2	0	1	2	1
Hepatitis C, chronic	n/a	n/a	124	107	75
HIV (newly diagnosed)	26	16	15	21	14
AIDS (newly diagnosed)	12	4	2	3	0
Influenza, adult death	0	4	7	8	3
Influenza, pediatric death	1	0	0	0	0
Legionellosis	0	3	3	0	0
Listeriosis	0	0	2	1	0
Lyme Disease	0	3	0	2	1
Malaria	1	1	2	1	1
NGU	8	16	9	18	13
Pneumococcal Meningitis	1	0	1	1	0
PID	0	0	1	0	0
Salmonellosis	45	42	52	37	44
Shigellosis	0	2	13	2	3
Streptococcal Infection Group A	8	8	9	8	13
Syphilis	15	20	40	51	53
Tuberculosis	3	10	2	3	3
Typhoid Fever	0	0	0	1	0
Vibrio	0	0	1	0	1
Whooping Cough (Pertussis)	0	1	0	2	1
Zika	2	0	1	0	0
Total Cases	**1301**	**1390**	**1774**	**1853**	**14007**

CABARRUS HEALTH ALLIANCE

Regional Funding Updates
November 9, 2021

NC DHHS Regional Funding Opportunities

ARPA COVID-19 Public Health Regional Workforce
The COVID-19 PH Workforce Grant supports regional efforts to recruit, hire, and train personnel to address projected COVID-19 response needs in the 10 NCALHD regions, including strengthening the Public Health Foundational Capabilities to address local public health priorities deriving from COVID-19.
11- county region
Upon approval – June 2023
$3,238,591.24

Hepatitis C – Bridge Counselor
Recruit and hire a 1.0 FTE Hepatitis C (HCV) Bridge Counselor, which can be either one full-time position or two part-time positions
Serve as a coordinator to link persons infected with HCV to clinical providers for Viral Hepatitis care and treatment.
Facilitate a rapid disease intervention by quickly engaging patients and serving as the first point of contact for persons who are newly diagnosed or not linked to care.
11- county region
$36,080 – year 1 (1/2 year) $72,160 – year 2

CHA Public Health Director's Report

Human Resources

- All supervisors activated and enrolled in initial trainings to familiarize themselves with NEOGov LMS.
- Target date to for all staff to be activated and enrolled in initial training to familiarize themselves with NEOGov LMS by 11/30/2021.

Finance

- Audit for FY21 is complete – there are no audit findings.
- Our Financial Statements and audit report have been reviewed and approved by the State Treasurer.

Grants

- CHA was awarded one grant in Environmental Health for $17,000 for equipment.
- Four (4) grants are currently awaiting award determination for a total of $943,499 for Lifestyle Medicine with PrEP patients, Medication-Assisted Treatment (MAT), holiday food baskets, and improved access to septic system mapping.
- Two (2) grants are in development to improve health equity in overdose prevention and to advance conformance with the Voluntary National Retail Food Regulatory Program Standards.

IT

Several projects are nearing completion:

- Concord data center generator installation;
- Upgrade of our accounting, timesheet, and employee self-service system;
- New technology to support ultrasound services;
- System interface to support Upstream family planning initiative;
- Upgrade of all school nurse computer equipment to facilitate mobility, better documentation, and other places of service (like COVID testing locations).

Clinical Services

- Dental Health
    - Recruiting for a full-time dentist
    - Oral health screenings have been completed for all Kindergarten students in KCS system
    - On-site dental services scheduled to begin in KCS on Tuesday, Nov 8th. Response rate from families needing care is high.
- Women's Health
    - Comprehensive audit completed by NC DHHS for all five clinical programs, with only minor non-programmatic corrective actions made. This audit was completed completely remotely, and required transferring hundreds of documents, days of virtual interviewing, and remote viewing of services
- Communicable Disease/PrEP Program
    - Collaborating with a team from NCCU at NCRC to offer a modified Lifestyle Medicine program to participants in PrEP program and their partners

School Health

- ELC Grant funds continue to be utilized to provide support to school nurses allowing a return to pre-pandemic activities such as conducting mass vision screenings, providing health education, and coordinating care for students with chronic health conditions.
- Seventeen more support staff were on boarded last week enabling us to have a support staff assigned full-time to most schools in both districts.
- Laura Dytrt will be joining the School Health team this week as a COVID-19 Testing Program Manager.
- All school nurses and support staff have now been trained to complete rapid antigen and PCR testing. COVID-19 PCR testing will be provided through a partnership with Meta Labs and is expected to go live next week.
- One ELC funded school nurse position has been hired and HR is in the process of offering positions to two other candidates. These positions will allow for increased nursing services at some of the alternative school sites.
- The School Health Admin Team and six school nurses attended a 2-day training for SNAP. Plans for implementation of the new EMR are currently being developed.
- In preparation for Barbara Sheppard's retirement, the School Health Director position was posted.

COVID Response

- Metrics continue to level/improve
- Team has mobilized to vaccinate the 5-11 age population
- Team continues to support all schools with mitigation strategies including contact tracing and student exclusions

- CHA was asked to participate in a state vaccine incentive program ($100 gift cards for 1st doses for those 18 and up)

Cabarrus Public Health Interest

No report submitted

Healthy Living Programs

- CHA Healthy Living and Clinic staff will be trained by UNC Chapel Hill in Med South Lifestyle, an evidence-based behavior change intervention. The offering will be a service offered to CHA staff, patients, and participants.
- Brett Niermeier (CDC PHAP) has joined the Worksite Wellness team and will focus on tobacco cessation efforts.

Environmental Health

- One intern in FLI is now fully authorized; leaving 2 more in training
- Childcare, pools and restaurants are struggling with maintaining minimum staff and therefore inspections are taking longer to complete

Healthy Cabarrus/Marketing

- Community Linkages to Care grant, which supports the Syringe Service Program has been extended by the state for an additional year.
- Healthy Cabarrus hosted the second Housing Collaborative Meeting among municipal, non-profit and other community partners. The groups plans to formalize their collaborative efforts through the development of a Housing Continuum Framework – example: https://pharva.com/framework/about-the-framework/
- Mental Health Task Force – Data and Assessment has met with 4 community based programs or service providers to establish specific metrics/measures of program impact and success to be shared with Cabarrus County's Mental Health Advisory Board quarterly. The group is moving towards most results and data driven successes.

Performance/Quality Improvement and Accreditation:

- **Epidemiology**
  - Data Analyst will start on 11/19 to assist with COVID-19 data
  - Agency-wide REALL Framework training in the works to contribute to our efforts around health equity

- **Population Health**
    - 5 population health indicators voted on by leadership selected
- **Performance Management**
    - Currently conducting quality assurance on scorecards
    - Performance scorecard website will be organized by topics

- **Quality Improvement**
    - QI project a collaboration between IT and the PMQI team. We will be migrating from the intranet to SharePoint!
    - Standards of works created for BOH documentation
- **Accreditation**
    - Currently uploading documentation for NC Accreditation
    - PHAB Annual report accepted
- **Strategic Planning**
    - Equity and Cultural Responsiveness will have its own strategic plan
    - FCC strategic plan will be updated to incorporate Community Health- SDOH

BOH activities

- BOH approved Employee Appreciation Bonus for efforts throughout the pandemic. Will be distributed in December.
- Committee to be formed for board member recruitment.

National/State/Local Updates

- Congressional Build Back Better Act proposes $7 billion for various public health efforts, including public health infrastructure and workforce development. State health departments receiving funding would need to allocate at least 25% to local health departments.

Cabarrus Health Alliance Board Agenda

Meeting Date: November 9, 2021

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Brief Summary: Budget revisions are being requested due changes in revenues and expenses. These changes are due to either an increase or decrease in a funding source, new source of funding, or realignment of revenues and/or expenses.

Requested Action: Approval of budget revisions

1. To budget for increased Dream Center Cost for FY22. - $14,746
2. To align budget with actuals and budget for additional revenue for General Administration. - $5,996
3. To budget for Mecklenburg PrEP funding. - $14,250
4. To budget additional funding for the Walmart Grant. - $1,000
5. To budget for additional funding received from FEMA and Medicare for COVID. - $36,250
6. To budget for funds received from Cabarrus County for the Behavioral Health Grant. - $405,972
7. To budget for funds received from UNC for Med South Lifestyle training. - $11,750
8. To budget for increase in Temporary Food Establishment Fees and align budget with actuals. - $12,576

Previous Action/Discussion on Item: _____Yes X No

If yes, explain

Items Reviewed by:

Bonnie Coyle, MD, Health Director
Sue K. Yates, Chief Financial Officer

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#1

Date: 11/9/2021 Amount: $ 14,746

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for increased Dream Center Cost for FY22.

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6250-307	DHHS-NC Div of SS-DreamCtr	$ 4,648	$ 14,746	$ -	$ 19,394
00295815-9101-307	Salaries & Wages-Dream Center	$ -	$ 8,386	$ -	$ 8,386
00295815-9201-307	Social Security-Dream Center	$ -	$ 1,094	$ -	$ 1,094
00295815-9202-307	Medicare-Dream Center	$ -	$ 256	$ -	$ 256
00295815-9205-307	Group Hospital Ins-DreamCenter	$ -	$ 2,470	$ -	$ 2,470
00295815-9206-307	HRA - Dream Center	$ -	$ 470	$ -	$ 470
00295815-9210-307	Retirement-Dream Center	$ -	$ 1,344	$ -	$ 1,344
00295815-9230-307	Workers' Comp-Dream Center	$ -	$ 50	$ -	$ 50
00295815-9640-307	Insurance & Bonds-Dream Center	$ -	$ 222	$ -	$ 222
00295815-9447-307	Contracted Serv-Dream Center	$ 7,246	$ 454	$ -	$ 7,700

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#2

Date: 11/9/2021 Amount: $ 5,996

Health Director: Dr. Bonnie Coyle

Purpose of Request: To align budget with actuals and budget for additional revenue for General Administration.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6692-280A	Admin Fees Collected-NCTN II	$ 200,000	$ 158	$ -	$ 200,158
00265815-6803-41100	Miscellaneous Revenue	$ 500	$ 1,543	$ -	$ 2,043
00265815-6805-41100	Contributions & Private Donat	$ -	$ 2,000	$ -	$ 2,000
00265815-6806-41100	Sale of Assets-Gen Ad	$ 55	$ 2,295	$ -	$ 2,350
00295815-9355-41100	Other Oper Costs-Administration	$ 50,000	$ 46,751	$ -	$ 96,751
00295815-9401-41100	Building & Equipment Rental	$ -	$ 39,876	$ -	$ 39,876
00295815-9102-41100	Part Time > 1000 Hours - Adm A	$ -	$ 21,800	$ -	$ 21,800
00295815-9331-41100	Minor Office Equip&Furn-Admin	$ 2,668	$ 14,752	$ -	$ 17,420
00295815-9309-41100	QA/QI-Administration	$ 126	$ 8,334	$ -	$ 8,460
00295815-9356-311	SpecProgSup-Cooking	$ 50	$ 2,500	$ -	$ 2,550
00295815-9447-311	Contracted Svcs-CookingClass	$ 50	$ 1,950	$ -	$ 2,000
00295815-9501-41100	Building & Ground Maintenance	$ -	$ 1,415	$ -	$ 1,415
00295815-9640-41100	Insurance & Bonds-Admin	$ 8,139	$ 719	$ -	$ 8,858
00295815-9445-41100	Purchased Svcs-Admin	$ -	$ 691	$ -	$ 691
00295815-9356-315	Special Prgm Sup-Safety	$ -	$ 374	$ -	$ 374
00295815-9692-41100	Public Relations-Gen Admin	$ -	$ 190	$ -	$ 190
00295815-9625-41100	Board Travel/Meetings	$ 1,200	$ 90	$ -	$ 1,290
00295815-9360-41100	Medical Supplies	$ -	$ 50	$ -	$ 50
00295815-9301-250	Office Supplies-Wellness	$ -	$ 250	$ -	$ 250
00295815-9320-250	Printing & Binding-Wellness	$ -	$ 500	$ -	$ 500
00295815-9335-250	Food-Wellness	$ -	$ 1,000	$ -	$ 1,000
00295815-9611-250	Mileage-Wellness	$ -	$ 500	$ -	$ 500
00295815-9635-250	Training & Ed-Wellness	$ -	$ 1,250	$ -	$ 1,250
00295815-9331-250	Minor Office Equip&Furn-Wellness	$ -	$ 3,500	$ -	$ 3,500
00295815-9365-41100	Pharmacy	$ 50	$ -	$ 50	$ -
00295815-9325-41100	Postage-Admin Aid	$ 4,847	$ -	$ 275	$ 4,572
00295815-9330-41100	Tools & Minor Equip-GenAd	$ 493	$ -	$ 493	$ -
00295815-9301-41100	Office Supplies-Admin Aid	$ 12,589	$ -	$ 1,120	$ 11,469
00295815-9630-41100	Dues & Subscript-Admin	$ 15,000	$ -	$ 4,000	$ 11,000
00295815-9306-41100	Employee Recognition-Admin Aid	$ 6,000	$ -	$ 5,800	$ 200
00295815-9570-41100	Service Contracts-Admin	$ 48,970	$ -	$ 18,000	$ 30,970
00295815-9635-41100	Training & Ed-Admin	$ 53,134	$ -	$ 15,282	$ 37,852
00295815-9412-41100	Lights&Power-Admin	$ 170,000	$ -	$ 18,909	$ 151,091
00295815-9101-41100	Salaries & Wages - Admin Aid	$ 402,212	$ -	$ 49,739	$ 352,473
00295815-9103-41100	Part Time < 1000 Hours - Adm A	$ 31,434	$ -	$ 26,828	$ 4,606

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#3

Date: 11/9/2021 Amount: $ 14,250

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for Mecklenburg PrEP funding.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6448-235	Mecklenburg County	$ -	$ 14,250	$ -	$ 14,250
00295865-9447-235	Outsourced Services	$ -	$ 10,000	$ -	$ 10,000
00295865-9445-235	Purchased Services-PrEP Clinic	$ 1,200	$ 2,250	$ -	$ 3,450
00295865-9304-235	Lab Supplies-PrEP Clinic	$ 50	$ 1,000	$ -	$ 1,050
00295865-9355-235	Other Operation Costs-PREP	$ -	$ 1,000	$ -	$ 1,000

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#4

Date: 11/9/2021 Amount: $ 1,000

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for additional funding received for the Walmart Grant.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6851-223	Wake Forest School of Medicine	$ 24,000	$ 1,000	$ -	$ 25,000
00295845-9301-223	Office Supplies	$ -	$ 200	$ -	$ 200
00295845-9320-223	Printing & Binding	$ 100	$ 1,941	$ -	$ 2,041
00295845-9447-223	Contracted Services-NCBHEI	$ 2,500	$ 2,000	$ -	$ 4,500
00295845-9611-223	Mileage-NCBHEI	$ 300	$ 36	$ -	$ 336
00295845-9630-223	Dues & Subscriptions	$ -	$ 763	$ -	$ 763
00295845-9635-223	Training & Education-NCBHEI	$ 213	$ 267	$ -	$ 480
00295845-9355-223A	Other Operation Costs-NCBHEIIn	$ 2,196	$ 91	$ -	$ 2,287
00295845-9102-223	Part Time > 1000 Hrs-NCBHEI	$ 12,106	$ -	$ 2,058	$ 10,048
00295845-9355-223	Other Operation Costs	$ 4,000	$ -	$ 2,240	$ 1,760

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#5

Date: 11/9/2021 Amount: $ 36,250

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for additional funding received from FEMA and Medicare for COVID.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6411-50619	Federal Emergency Mgmt Agency	$ -	$ 22,195	$ -	$ 22,195
00265865-6664-50619	Medicare Reimb-Covid19	$ 25,000	$ 14,055	$ -	$ 39,055
00295865-9101-50619	Salaries & Wages-C19CR	$ 109,000	$ 10,000	$ -	$ 119,000
00295865-9201-50619	Social Security-C19CR	$ 6,758	$ 2,000	$ -	$ 8,758
00295865-9202-50619	Medicare-C19CR	$ 1,581	$ 2,000	$ -	$ 3,581
00295865-9205-50619	Group Hospital Insur-C19CR	$ 27,612	$ 3,000	$ -	$ 30,612
00295865-9206-50619	HRA-C19CR	$ 5,574	$ 2,500	$ -	$ 8,074
00295865-9210-50619	Retirement-C19CR	$ 12,404	$ 2,750	$ -	$ 15,154
00295865-9211-50619	401K Match-C19CR	$ 2,180	$ 1,000	$ -	$ 3,180
00295865-9230-50619	Workers' Compensation-C19CR	$ 327	$ 500	$ -	$ 827
00295865-9301-50619	Office Supplies-C19CR	$ -	$ 1,000	$ -	$ 1,000
00295865-9320-50619	Printing & Binding-C19CR	$ -	$ 500	$ -	$ 500
00295865-9335-50619	Food	$ 492	$ 500	$ -	$ 992
00295865-9355-50619	Other Operation Costs-C19CR	$ 9,000	$ 5,000	$ -	$ 14,000
00295865-9447-50619	Contracted Services	$ 18,000	$ 5,000	$ -	$ 23,000
00295865-9640-50619	Insurance & Bonds	$ 654	$ 500	$ -	$ 1,154

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#6

Date: 11/9/2021 Amount: $ 405,972

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for funds received from Cabarrus County for the Behavioral Health Grant.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265875-6903-399	Cabarrus County ARP Funding-BH	$ -	$ 405,972	$ -	$ 405,972
00295875-9101-399	Salaries & Wages-BH	$ -	$ 213,420	$ -	$ 213,420
00295875-9201-399	Social Security-BH	$ -	$ 10,967	$ -	$ 10,967
00295875-9202-399	Medicare-BH	$ -	$ 2,545	$ -	$ 2,545
00295875-9205-399	Group Hospital Insurance-BH	$ -	$ 20,817	$ -	$ 20,817
00295875-9206-399	HRA-BH	$ -	$ 3,960	$ -	$ 3,960
00295875-9210-399	Retirement-BH	$ -	$ 24,287	$ -	$ 24,287
00295875-9211-399	401K Match-BH	$ -	$ 3,510	$ -	$ 3,510
00295875-9230-399	Workers' Compensation-BH	$ -	$ 640	$ -	$ 640
00295875-9640-399	Insurance & Bonds-BH	$ -	$ 2,668	$ -	$ 2,668
00295875-9659-399	Unemployment Comp-BH	$ -	$ 450	$ -	$ 450
00295875-9301-399	Office Supplies-BH	$ -	$ 23,876	$ -	$ 23,876
00295875-9447-399	Outsourced Services-BH	$ -	$ 25,000	$ -	$ 25,000
00295875-9570-399	Service Contracts-BH	$ -	$ 29,700	$ -	$ 29,700
00295875-9611-399	Mileage-BH	$ -	$ 3,226	$ -	$ 3,226
00295875-9635-399	Training & Education-BH	$ -	$ 4,000	$ -	$ 4,000
00295875-9635-399	Indirect-BH	$ -	$ 36,906	$ -	$ 36,906

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#7

Date: 11/9/2021 Amount: $ 11,750

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for funds received from UNC for Med South Lifestyle training.

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6346-347	UNC - Med South Lifestyle Training	$ -	$ 11,750	$ -	$ 11,750
00295845-9101-347	Salaries & Wages-LifestyleMed	$ -	$ 5,000	$ -	$ 5,000
00295845-9201-347	Social Security-LifestyleMed	$ -	$ 310	$ -	$ 310
00295845-9202-347	Medicare-LifestyleMed	$ -	$ 73	$ -	$ 73
00295845-9205-347	GrpHospIns-LifestyleMed	$ -	$ 1,263	$ -	$ 1,263
00295845-9206-347	HRA - Lifestyle Med	$ -	$ 592	$ -	$ 592
00295845-9210-347	Retirement-LifestyleMed	$ -	$ 569	$ -	$ 569
00295845-9211-347	401K Match	$ -	$ 100	$ -	$ 100
00295845-9230-347	Workers' Comp-LifestyleMed	$ -	$ 15	$ -	$ 15
00295845-9640-347	Ins&Bonds-LifestyleMed	$ -	$ 63	$ -	$ 63
00295845-9659-347	UnemplComp-LifestyleMed	$ -	$ 15	$ -	$ 15
00295845-9301-347	Office Supplies-LifestyleMe	$ -	$ 100	$ -	$ 100
00295845-9320-347	Printing-LifestyleMe	$ -	$ 150	$ -	$ 150
00295845-9355-347	Other Operational-LifestyleMe	$ -	$ 1,200	$ -	$ 1,200
00295845-9356-347	SpProgSupplies-LifestyleMed	$ -	$ 900	$ -	$ 900
00295845-9447-347	Contracted Svcs-LifestyleMed	$ -	$ 300	$ -	$ 300
00295845-9611-347	Mileage-LifestyleMed	$ -	$ 100	$ -	$ 100
00295845-9635-347	Training & Ed-LifestyleMed	$ -	$ 1,000	$ -	$ 1,000

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE
Budget Revision/Amendment Request

#8

Date: 11/9/2021 Amount: $ 12,576

Health Director: Dr. Bonnie Coyle

Purpose of Request: To budget for increase in Temporary Food Establishment fees and align budget with actuals.

Type of Adjustment:
___ Internal Transfer Within Program
___ Transfer Between Programs
_X_ Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6510-47520	Temp Food Est Fees-F&L	$ 6,000	$ 12,576	$ -	$ 18,576
00295805-9447-47520	Outsourced Services	$ -	$ 250	$ -	$ 250
00295805-9570-47520	Service Contracts-F&L	$ 9,245	$ 500	$ -	$ 9,745
00295805-9230-47520	Workers'Comp F&L	$ 1,944	$ 8,700	$ -	$ 10,644
00295805-9331-47520	Minor Office Equipment & Furn	$ 1,977	$ 11,190	$ -	$ 13,167
00295805-9103-47520	PartTime<1000 Hrs-F&L	$ -	$ 18,000	$ -	$ 18,000
00295805-9301-47510	Office Supplies-Env Hlth	$ 603	$ 250	$ -	$ 853
00295805-9320-47510	Printing & Binding	$ -	$ 500	$ -	$ 500
00295805-9230-47510	Workers' Comp-Env Hlth	$ 1,058	$ 5,000	$ -	$ 6,058
00295805-9103-47510	Part Time < 1000 Hours Env Hlt	$ -	$ 49,700	$ -	$ 49,700
00295805-9104-47520	Temporary - Part & Full Time	$ 59,455	$ -	$ 24,000	$ 35,455
00295805-9104-47510	Temp-Part & Full Time Env Hlth	$ 40,168	$ -	$ 40,168	$ -
00295805-9109-47510	Salary Adjustments-EH	$ 17,346	$ -	$ 17,346	$ -

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____

Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

County American Rescue Plan Act Funds for CHA

Approved Projects 11/1/21 to 10/31/26

- Behavioral Health Program - $1,585,443.55
- Concord Facility - $2,000,000
- Community Health Workers – 4 FTE - $300,000
- IT Equipment - $325,000
- Mobile Health Clinic Vehicle - $350,000
- Learning Management System - $60,000
- Kannapolis Facility Renovations - $200,000
- School Health Electronic Records Management - $40,000
- Total allocated - $4,860,443.55

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: November 9, 2021

Name of Item: Annual Finance Policy Review

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

Brief Summary:
Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary.

Requested Action:
To approve the following reviewed and revised policies: - Public Health Primary Care Services Debt Management Policy (revisions based on feedback from WH audit) - Public Health & Primary Care Services Fee Policy (revisions based on feedback from WH audit) - Public Health & Primary Care Services Eligibility Policy (revisions to maintain compliance with AA)

Previous Action/Discussion on this item? If yes, explain
Yes - The reviewed/revised policies were approved at a prior Board Meeting(s).

Items reviewed by:
Sue Yates, Chief Finance Officer Pam Simpson, Finance Program Manager

SUBJECT: **PUBLIC HEALTH & PRIMARY CARE SERVICES FEE POLICY**

EFFECTIVE DATE: July, 1999

REVISION DATE(S): June, 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 26, 2010; December 20, 2011; September 27, 2013; September 26, 2014; May 9, 2017; October 26, 2017; August 1, 2018; September 29, 2021

DATE OF LAST REVIEW: June, 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 14, 2013; September 27, 2013; September 26, 2014; December 30, 2015; December 30, 2016; May 9, 2017; October 26, 2017; August 1, 2018; August 1, 2019; July 30, 2020; July 26, 2021; September 29, 2021

POLICY STATEMENT: This policy is being written to define and implement charges for public health and primary care services rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy does not include dental services. This policy may be revised at any time if necessary and will be reviewed at least annually.

Fees for the CHA services are authorized in accordance with a plan recommended by the CHA Board of Directors when they are not otherwise prohibited by law.

FEES

A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. (1)

Fees will be determined by studying the cost of providing the service and also a Geographic Adjustment Factor (GAF) and/or Customized Fee Analyzer may be used to determine charges.

SLIDING FEE SCALES

Sliding fee scales received from the state will be utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines from the CHA Eligibility Policy) will be applied to determine individual's charges. Primary care services not covered by state and/or federal grant funds will have fees and copays assessed.

PRIMARY CARE

For non-mandated services, flat rate fees will be established.

PROGRAM SERVICES

When a client has been assessed according to eligibility guidelines for public health program services, the following NC Administrative Code requirements will be followed:

(1) See CHA Corporate Resolution, Section No. Admin. 015, Subject: Fee Policy, change approved by CHA Board 05/16/00.

a. No one will be denied services based solely on the **inability** to pay. (2)
b. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.
c. Clients whose documented income is at or below 100% of the Federal Poverty level are not charged for services, neither are they denied services nor subject to variation in services due to the inability to pay if state/federal dollars are budgeted to support the program.
d. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
e. Donations can be accepted from any patient regardless of income status as long as they are voluntary. There cannot be any "schedule of donations", bills for donations or implied or overt coercion. Approved policy billing requirements are not waived because of client donations.
f. CHA must continue to use an acceptable accounts receivable system which reflects total charge, adjustment, balance, and amount collected. The system of choice must balance.
g. According to General Statues, there cannot be a charge imposed on the patient for Communicable Disease activity.
h. Esuperbills will be created in the Electric Medical Record system by providers at the time of a visit for the services received for that day. In the event a procedure was omitted that was performed, the appropriate party will be billed.
i. Title X funds may be used to provide non-title X patient services (i.e., thyroid test) as long as adequate title X funds are available to provide contraceptive care, if approved by the Clinical Director.

Account collections and bad debt write-off activities are addressed in the CHA Debt Management Policy.

340B

Programs utilizing 340B purchased medication at CHA include, Family Planning (Title X), STD, and Tuberculosis.

IUDs, Nexplanons, and Depo that are billed through the Family Planning Clinic process must bill Medicaid the actual (or acquisition) cost which was paid for the method/device, and no dispensing fee is allowed.

Other Family Planning contraceptives that are dispensed and billed through the Family Planning Clinic process (health departments that fill contraceptive prescriptions only for clients seen at CHA) must bill Medicaid the actual (or acquisition) cost which was paid for the method/device and no dispensing fee is allowed.

Utilizing the UD-modifier when billing Medicaid for family planning methods and devices purchased at the 340B rate will let Medicaid know this method did not qualify for the rebate process. This modifier does not alert Medicaid to the actual (acquisition) cost that you paid to purchase the device. Note that the FP-modifier must be used in addition to the UD-modifier for

(2) The inability to pay is defined as a 0% assessed eligible client with no third party payer.

the claim in order for Be Smart and Regular Medicaid to cover the method/device.

Fees for drugs and devices billed to private insurance or billed to self-pay patients can be based on usual and customary charges.

Cabarrus Health Alliance Board Chairman Date

SUBJECT: **PUBLIC HEALTH & PRIMARY CARE SERVICES DEBT MANAGEMENT POLICY**

EFFECTIVE DATE: July 1999

REVISION DATE(S): February 2000; June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; September 13, 2011; January 30, 2013; September 26, 2014; April 6, 2016; December 30, 2016; December 30, 2017; May 18, 2018; April 30, 2020; October 6, 2021

DATE OF LAST REVIEW: February 2000; June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; September 13, 2011; January 30, 2013; September 27, 2013; September 26, 2014; December 30, 2015; April 6, 2016; December 30, 2016; December 30, 2017; May 18, 2018; April 30, 2020; March 24, 2021; October 6, 2021

POLICY STATEMENT: To implement policies and procedures ensuring collection of debts by providing necessary follow-up actions on delinquent debts resulting from billings initiated by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA).

Debt management follows a logical path or series of events, beginning from the time the service is provided to the point when it is determined that a debt is uncollectible and should be written off.

All staff members involved in fee services shall consistently follow the established guidelines for fee collection through the policy and procedure statements addressed in this document, and shall hold all client information confidential.

1. FEE COLLECTION

1.1. At the time of services are received, the patient will be informed of the cost of the service for that visit and of the balance of their account. Payment is due and expected at the time services are rendered. Fees may be paid by cash, check, money order, credit card, debit card or on-line payments. An itemized receipt will be provided to individuals at time of payment showing charges less any allowable discounts. Medicaid and third party payment plans will be billed showing total charges without applying any discount. However, all chargeable fees are the responsibility of the patient. Clients presenting with third party insurance coverage where co-payments are required, shall be subject to collection of the required co-payment at the time of service. For Family Planning (Title X) clients, the co-payment must not exceed the amount they would have paid for services on a sliding scale fee. Failure to pay a charge for services when rendered constitutes a debt for collection and we will endeavor to collect the unpaid balance.

1.2. Each self-pay family planning client including zero pay clients will be given a receipt showing the total charges for their services, the discounted amount due to where they fall on the sliding fee scale, any amount paid on the account and the outstanding balance.

1.3. Fees will be collected prior to the provision of environmental health services unless prior authorization has been granted.

1.4. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.

1.5. Payment for services provided are due on the day of service, however, when the patient is unable to pay in full at the time services are rendered; a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment plan with agency personnel. **When a patient requests "confidential contact" status,** discussion of payment of outstanding debts shall occur at the time service is rendered. No statements will be mailed. Client is reminded every visit of their account balance and their responsibility for the balance.

1.6. If the debtor doesn't pay on the service date or has a balance over $200.00 a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. Medical Records staff, Supervisors, Clinic Directors, and Finance staff have the authority to discuss payment arrangements with clients. In the event the client fails to pay their debts as set forth in their installment agreement, the CHA has the ability to deny any future services to the debtor that is not statutorily required, until he/she pays the delinquent debt.

1.7. Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for services received from the CHA and also a copy of the benefits summary received from the payment source.

1.8. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Accounts Receivable Supervisor or designee to reduce collection costs. Prompt pay discounts should not be applied to balances due after insurance payments, deductibles, or co-pays. Payments must be made within thirty (30) days of the patient's being informed of the discount offer.

2. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS

2.1. Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" (1) to pay unless restricted by State or Federal regulations. (2) Any exceptions will require approval of the Medical Director AND CFO, or their designee(s), on a case by case basis. Family Planning services will not be denied because the client has a delinquent account balance. Clients presenting for emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA

(1) Good Faith Effort – payment of 10% of total bill per month or adherence to established patient payment plan.
(2) See CHA policy for protocol regarding dismissing client from services.

financial services department. Services will not be denied until after a clinic visit during which the purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff.

3. RETURN CHECK FEE

3.1. A service charge fee will be applied to a patient's ledger for a returned check. The client will be notified and the fee and check must be paid in full with cash or credit card before the client receives a future appointment unless restricted by State or Federal regulations.

4. PATIENT STATEMENTS

4.1. A patient statement will be sent monthly from the date of service reminding patient of account balances of $3.00 or more. Patient statements will continue to be sent monthly until the balance is paid in full. Accounts, with the exception of Family Planning, will be turned over to a collection agency or collection attempt to be made by the CHA Finance Department. The patient will be given a patient service ledger for balance information at the time services are rendered.

5. COLLECTION OF UNPAID DEBTS

5.1. A Family Planning patient, with a past due account of any amount, will never be required to meet with the Health Director/Chief Executive Officer (CEO) as an attempt to collect the past due amount.

5.2. A collection attempt will be made by the CHA Finance Department on accounts that have no activity after three months. If there is no response after this attempt, outstanding accounts may either be submitted to the North Carolina Debt Setoff Collection Clearinghouse, pursuant to which qualifying debts may be automatically deducted from any State tax refund or lottery winnings that is owed or turned over to a collection agency unless restricted by State or Federal regulations. Family Planning patients will not be sent to a Collection Agency for collecting past due amounts. Family Planning patients that are confidential contacts will not be sent to the North Carolina Debt Setoff Collection Clearinghouse.

6. DEBT WRITE-OFFS

6.1. When it is determined that the debt is basically uncollectible and no activity has been reported during the preceding 12 months or if a notification of client bankruptcy or deceased status is received the account will be considered uncollectible. An itemized list of uncollectible outstanding patient balances will be prepared at least annually for the Health Director/CEO's and CFO's review and approval.

6.2. Staff members may take request to have fees waived to the Clinical Director or designee for patients unable to pay and do not qualify for the schedule of discounts (SFS). Fees of individuals may be waived once determination is made and if good cause is found. Documentation of waived fees will be placed in a patient note in the patient management system along with name of authorizing person and date. Patient will be notified of determination in person if here for an appointment or by phone.

6.3. The patient should never be informed that a debt has been written off with the exception of a Title X who has fees waived.

6.4. A patient that returns to the CHA within 60 months (5 years) after a bad debt has been determined uncollectible shall have the bad debt write-off reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.

6.5. The Accounts Receivable system shall indicate the recording of the bill as uncollectible and evidence shall be on file to document required billings. The system will also apply a consistent method of "aging" accounts.

6.6. Any balances less than $1.00 will be written off when accounts are reviewed for collection letters or when bad debt write-offs are done.

6.7. Any balances written off for minors will not be reinstated if they return for services as an adult.

7. BANKRUPTCY

7.1. A legal notification must be received from the Bankruptcy Court. Once received, the patient's account will be flagged to indicate that bankruptcy has been filed and the patient is no longer obligated for his/her outstanding debt. No further attempts will be made to collect the outstanding account. The account may be written off as an uncollectible debt. If the patient returns for services, the patient will not be responsible for any debt prior to filing bankruptcy.

8. REFUNDS

8.1. Refunds on patients' accounts will be processed for amounts exceeding $1.00 by the Finance Department unless otherwise requested by patient or third party payer. Any credits found on accounts will be used when possible before refunding. Credits can be used on any account patient has responsibility for, including any previous bad debt write offs. Only credit amount will be added back to account.

9. FOSTER PARENT OBLIGATION

9.1. Foster parents are not responsible for any debts incurred before child was placed in their care. Any previous debts are the responsibility of parent or guardian at that time.

9.2. The Debt Management Policy may be revised at any time if necessary and will be reviewed at least annually. This policy does not include dental services.

Cabarrus Health Alliance Board Chairman Date

SUBJECT: **PUBLIC HEALTH & PRIMARY CARE SERVICES ELIGIBILITY POLICY**

EFFECTIVE DATE: July 1999

REVISION DATE(S): June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 30, 2013; June 10, 2013; September 27, 2013; September 26, 2014; April 6, 2016; May 9, 2017; April 18, 2018; March 11, 2019; April 30, 2020; November 8, 2021

DATE OF LAST REVIEW: June 2000; September 2002; January 2004; August 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 30, 2013; June 10, 2013; September 27, 2013; September 26, 2014; December 30, 2015; April 6, 2016; May 9, 2017; April 18, 2018; March 11, 2019; April 30, 2020; March 24, 2021; November 8, 2021

POLICY STATEMENT: The purpose of this policy is to determine the financial and residency requirements for patients requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers all public health services, pediatric primary care services and extensive maternal health services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs **are not** part of this policy. Those guidelines can be found online at https://publichealth.nc.gov/lhd/pomcs.htm. The WIC program has specific eligibility guidelines, which are partially incorporated in this policy. The complete WIC eligibility guidelines are documented in the NC WIC Interim Program Manual, which can be found online at http://www.nutritionnc.com/wic/crossroads.htm. Eligibility guidelines for dental health services are not part of this policy.

CHA shall assure that no person, on the grounds of race, color, age, religion, sex, marital status, immigration status, national origin or otherwise qualified handicapped individual, solely by reason of his/her handicap (unless otherwise medically indicated), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

1. FINANCIAL REQUIREMENTS:

The following public health programs: Family Planning, Maternal Health and Child Health, are mandated to see patients at 100% of poverty and below, and Medicaid patients. Primary care services not covered by state and/or federal grant funds will have fees and copays assessed.

CHA will see patients for all public health services, regardless of income status, except for WIC.(1) Applicants are eligible for WIC if their gross family income is no more than 185% of the Federal Poverty

(1) Patients who have HMO and/or PPO insurance will be encouraged, but cannot be required, to see their primary care physician for public health services.

Income Guidelines. The income scales for public health services will be updated according to state guidelines (usually annually) per program, and patients will be placed on the sliding scale according to their income and family size. The Family Planning Program utilizes the 101-250% sliding fee scale. The Maternal Health and Child Health Programs utilize the 100-200% sliding fee scale. The Breast and Cervical Cancer Program utilizes the recommended program's poverty level scale. Charges for Primary Care services **will not** be adjusted on a sliding scale. Patients who receive only primary care services, regardless of income, will be charged in full; therefore, income will not be assessed. Patients who have an HMO or PPO insurance plan listing another agency as their primary care provider and are requesting primary care services from CHA will be referred to their primary care physician for services.

2. RESIDENCY REQUIREMENTS:

Public Health:
Due to Federal/State program rules, patients who apply for Family Planning, STD, and Immunization public health program services must be seen regardless of income or residency status. Only NC residents may apply for the NC WIC program. Persons requesting program services are not required to apply for Medicaid.

Maternity services will be available for individuals who choose CHA. CHA will give priority to Cabarrus County or Kannapolis City residents and the Clinic Director or designee can deny or restrict services to out of county residents based on demand for services, capacity and caseload of clinic. The Clinic Director or designee must approve any exceptions for clients requesting services in the Maternal Health Clinic. Patients may be seen in the Maternal Health Clinic if they have current Carolina Access III from a county with a Carolina Access contract (Rowan, Stanly, Mecklenburg) (this does not include Presumptive Medicaid). Members with one of our contracted health plans can be seen in Maternal Health regardless of county due to contract guidelines.

Child Health and Pediatric Primary Care services will be available for individuals who choose CHA from birth to age 21. CHA will give priority to Cabarrus County or Kannapolis City residents and the Clinic Director or designee can deny or restrict services to out of county residents at any time based on demand for services, capacity and caseload of clinic. The Clinic Director or designee must approve any exceptions for clients requesting services. Patients will be seen for Child Health or Pediatric Primary Care if they have current Carolina Access III from a county with a Carolina Access contract (Rowan, Stanly, Mecklenburg) (this does not include Presumptive Medicaid). Members with one of our contracted health plans will be seen regardless of county due to contract guidelines. Established Child Health patients no longer residing in county will be seen regardless of payor source if they choose.

Proof of Residency:
Proof of residency (with patient's name, parent or guardian if minor) will be required at time of eligibility process for Child Health and/or Maternal Health services. Patients and or additional family members may be requested to provide proof of residency. The following sources may be used:

- Current utility bill (current – within past two months) with their name and address (bills printed off the internet are not acceptable); or
- Driver's license; or
- Official ID issued by NCDMV; or

- Current rent receipt or rental agreement on official company form with address (current – within past two months); or
- Official Cabarrus County school enrollment/registration form with child(ren)'s address; or
- Matricula Consular may be used for proof of address
- DSS correspondence

3. ASSESSMENT OF FAMILY SIZE & INCOME:

Determining family size (economic unit):
To use the Poverty Income Guidelines, the family size must be calculated. A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income. For example, a pregnant teenager with no income must be considered part of a larger economic unit that provides her support. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, two sisters and their respective children who live in the same house are separate economic units if each sister supports herself and her children.

If an unemancipated minor, (2) requesting Family Planning services, does not request confidential contact, the parents' income and insurance information should be taken if a parent is available to provide this information. If a parent is not available, the patient is considered a family of one and only her income is assessed.

Any participant requesting confidential services should be treated as a "family of one" and considered on the basis of the patient's resources alone.

A pregnant woman is counted as two in determining family size for the maternal health program. This increased family size may be used to certify her or any other categorically eligible family members. If multiple births are expected, family size should be increased by the number of expected births. Proof of multiple births is not required.

In some cases, counting a fetus in determining family size conflicts with the client's cultural, religious, or personal beliefs. In these situations, this policy can be waived and the family size would not be increased.

Other examples of economic units are:

- a foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.

- a student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family or be considered a family

(2) Unemancipated minor – A minor, (under the age of 18), who *is* under a parent or guardian's care and responsibility. A minor, who is married and living with his/her spouse, is not an unemancipated minor.

of one according to the income of the student for the family planning program because this group is extremely high-risk for unintended pregnancy. A self-supporting student maintaining a separate residence would be a separate economic unit.

- an individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

Determining Income:
In determining income, it is important to remember that a person's income must be counted if he/she is counted as a family member.

Income information reported during the financial eligibility screening for one program can be used for other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report.

When necessary to determine income, telephone confirmation of past employment termination dates may be required for clients stating they are no longer employed or recent job termination. The Employment Security Commission and other databases may be used to verify income of applicants or members of their household unit. We reserve the right to verify by telephone any information needed to help in determining eligibility such as employment, verification of household members and income information without compromising confidentiality for those that seek confidential services. Medical release and assignment of benefits form will be given to patients to sign when presenting for services.

Documentation of Income:
Documentation of income will not be required for mandated services such as Sexually Transmitted Diseases, Tuberculosis, Communicable Diseases and Immunizations.

Documentation of income is required for all sliding fee scale services except for Family planning services Family Planning clients must be informed of the need to bring income information at time of appointment. If a Family Planning client's income cannot be verified after reasonable attempts to do so, eligibility for sliding fee will be based on the client's self-reported income. . Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources listed in this section.

An applicant will be required and told to bring income/address information on the date of service or they will be certified at 100% on the sliding scale fee and expected to pay at time of services with the exception of Family Planning services.(3) Applicants have the option to be rescheduled if not able to bring in proof of income. Eligibility will not be retroactive if income information is brought in at a later date for all programs. All patients must present their health insurance or Medicaid card at each visit and those who receive Medicaid may be exempt from income eligibility determinations for some services.

(3) If a patient refuses to be certified or does not bring appropriate information to complete certification, this will be noted in our patient management system for documentation of refusal/lack of appropriate information.

SOURCES OF INCOME:
Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony payments
- Child support payments (cannot consider as income for Family Planning)
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds (annual – not quarterly)
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Bank statements (only use for SSI benefits)
- Cash earnings, contributions received
- Disability
- Dividends

Income from the following should not be counted:

- Irregular income that a child earns from babysitting, lawn mowing, or other tasks
- Proceeds from the sale of an asset
- Withdrawals from a bank account
- Gifts
- Inheritances
- Life insurance proceeds or one time settlements
- Military housing benefits (on base or off)
- Payments under the Low Income Energy Assistance Act
- Assistance to child or families for Free Lunch and Food Stamps
- Payments received under the Job Training Partnership Act
- Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973

TIME FRAME:
To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the

family's status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. The six month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.
Following are some examples in which annual income must be used rather than the six month formula:

- self-employed persons, including any business or seasonally employed persons whose income fluctuates throughout the year.
- patients that provide services or goods for cash would be considered self-employed and would need to provide proof of current taxes.
- a family member on temporary leave of absence (maternal, paternal, family leave, or extended vacation).
- teachers paid on a 10-month basis, who are temporarily on leave during the summer months.

COMPUTING INCOME:
To determine annual or monthly income when you have hourly wages, weekly wages, or bi-weekly wages, use the following approach.

(hourly wage)	x	(hours worked/**weekly**)	x	(52)	=	(Annual Income)
(hourly wage)	x	(hours worked/**biweekly**)	x	(26)	=	(Annual Income)
(hourly wage)	x	(hours worked/**bimonthly)**	x	(24)	=	(Annual Income)
(hourly wage)	x	(hours worked/**weekly**)	x	(4.3)	=	(Average Monthly Income)
(hourly wage)	x	(hours worked/**biweekly**)	x	(2.15)	=	(Average Monthly Income)
(hourly wage)	x	(hours worked/**bimonthly**)	x	(2)	=	(Average Monthly Income)

To convert net income to gross income multiply by 1.25. Multiply gross income by .25 and deduct amount to obtain net income.

When computing income, amounts will not be rounded until data is entered in the computer system.

ZERO INCOME:
If the applicant reports zero or very little income, the application must include an explanation of what the family is actually living on. In most cases, a statement of zero income would be acceptable only when the applicant lives on income from sources not counted (see Source of Income List).

Applicant's reporting no income must have a Third-Party Confirmation Letter completed by a reliable third party knowledgeable of the applicant's family income. Reliable third parties are limited to staff of a social service agency, church, relief organization, shelter, legal aid society, school counselor or nurse. Relatives of the applicant or members of the economic unit or CHA employees cannot be third party verifiers. The Third-Party Confirmation Letter must be signed, dated, include a telephone number and on official letterhead. This letter will be scanned into the patient management system. If a Family Planning client who is reporting no income, is unable to provide a Third-Party Confirmation Letter at the time of their appointment, a statement of their income will be accepted.

When necessary to determine income, telephone confirmation of past employment termination dates may be required for clients stating no employment or recent job termination.

INSURANCE:
The patient management system should include the following information about the patient's health insurance coverage:

- Insurance company name
- Policy number
- Insurance company address and telephone number
- Whether or not the patient is covered by the policy
- Whether or not the coverage is an HMO or prepaid plan
- Any known waiting period requirements or benefits exclusions
- Whether or not there are any out-of-network benefits with their HMO plan

The accompanying parent/guardian of an unemancipated minor or a patient requesting confidential services with appropriate insurance benefits for requested public health services would be given the opportunity to choose whether or not to have the insurance filed. This is to avoid breaching the patient's confidentiality in the home via notification from insurance company (EOB) of services received at CHA. The insured party may not be aware of the patient's request for services.

Patients who receive public health services, will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable copays. Copays are the patients' responsibility and will not be placed on the sliding scale fee. (4)(5) Family Planning clients who have insurance that is being filed, will not be charged more than their sliding fee discount.

Patients who have an HMO or PPO insurance plan listing another agency as their primary care provider and are requesting primary care services from CHA will be referred to their assigned primary care physician for services.

VERIFICATION OF INCOME:
An applicant's reported income can be verified several ways by looking at the applicant's:

- W-2 Form (if represents total income)
- Income Tax Form (If annual income is used they must be validated by a stamp of the tax preparer or an email confirmation for an on-line verification if prepared electronically.)
- Earnings Statement (pay stub)

An applicant's income will be reported in our patient management system for public health services.

An Income Statement should be completed at the annual income screening, or whenever a change has

(4) Patients who request public health services and have an HMO or PPO insurance plan listing another agency as their primary care provider will be encouraged, but cannot be required, to see their primary care provider for services. The patient will be given the opportunity to choose to have their income assessed to determine charges or to see their primary care physician; however the patient will not be refused services. Patients are responsible for any visit copays.
(5) All charges (deductible, denied amounts, etc.) will be billed to the client at their eligibility percentage rate for that program service.

occurred in the income status of the family/household unit. This statement also includes an authorization giving CHA the right to verify this information. The eligibility screening will be good for one year unless there has been a change in the income status and confirmation will be required at each visit.
Since program services are based upon current federal poverty income guidelines anyone found giving false information will be recertified for services and changes noted on eligibility worksheet. If the eligibility is completed electronically, then the patient will sign the income statement at the time eligibility is completed or at their first appointment. If the eligibility is completed in person, then the income statement will be signed at the time of the eligibility appointment. This will be signed by the interviewer as well. The Income Statement will become part of the patient record in our patient management system.

Cabarrus Health Alliance Board Chairman Date

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: November 9, 2021

Name of Item: Adoption of Resolution

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

Brief Summary:
Resolutions are made when necessary to adhere to regulatory requirements and improve process workflow.

Requested Action:
To approve the following new Resolution: Resolution to Authorize the Use of Electronic Advertisement for Contracts Subject to G.S. 143-129

Previous Action/Discussion on this item? If yes, explain
N/A

Items reviewed by:
Sue Yates, Chief Finance Officer

Public Health Authority of Cabarrus County
dba Cabarrus Health Alliance

Resolution to Authorize the Use of Electronic Advertisement
for Contracts Subject to G.S. 143-129

WHEREAS, contracts for construction or repair work, and for the purchase of apparatus, supplies, materials, and equipment that meet the monetary threshold established in G.S. 143-129 must be publicly advertised; and

WHEREAS, G.S. 143-129(b) authorizes the governing board to allow the use of electronic advertisement as an alternative to advertisement in a newspaper of general circulation; and

WHEREAS, in some cases, advertisement in the newspaper may be the most effective method of obtaining competition, but in other cases, advertisement by electronic means may be a more effective and efficient method of reaching prospective bidders; and

WHEREAS, it is in all cases important to provide citizens an opportunity to obtain information about major contracts to be awarded by this entity;

THEREFORE, the Board of Commissioners of Public Health Authority of Cabarrus County dba Cabarrus Health Alliance resolves:

The Contract and Procurement Specialist or his or her designee is authorized to advertise solicitations for bid using electronic means in lieu of placing an advertisement in a newspaper of general circulation whenever he or she determines it to be the most effective and efficient method of obtaining competition for a contract.

Advertisement by newspaper and electronic means may be used together or in the alternative, and the requirements of G.S. 143-129(b) shall be met as long as one of the methods used meets the specific requirements and minimum time for advertisement under that statute.

Adopted this 9th day of November, 2021.

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Cabarrus Health Alliance Board Chairman Date

ATTEST:

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Clerk to the Board