

RESOLUTION NO. 88- 261

Whereas, Ordinance No. 82-2 authorizes the Board of County Commissioners to set resonable fees to be collected by the St. Johns County Health Department for certain services rendered; and

Whereas, said ordinance provides for adoption of a fee schedule by Resolution; and

Whereas, the Health Director for the St. Johns County Health Department has recommended certain changes in the existing fee schedule

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida as follows:

The Board of County Commissioners of St. Johns County hereby adopts the fee schedule attached hereto as Schedule "A".

Passed and Adopted By the Board of County Commissioners of St. Johns County, FLorida this 27th day of September, 1988.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

BY: Lawrence O. Hartley
Its Chairman

ATTEST: Carl "Bud" Markel, Clerk

BY: Spencer M. McDonald
Deputy Clerk

Ordinance 82-2

effective 2/20/82 authorizes to collect fees.

Resolution 82-48

1. Adopts schedule "A" Fees (Env. Health)
2. Only one fee when multiple services are provided at one time to the same parcel of real estate. eff. 5/1/82

Resolution 82-59

1. Authorize collections of fee on 7/1/82
2. Adopts addition schedule of fees (Medical)

Resolution 82-126

1. Not charge Gov't agencies in St. Johns County
2. No charge for private well test.

Resolution 82-127

1. Fee due by 10/1
2. Service's to expire 9/30
3. Fees collected within 60 days prior to 9/30 are valid thru 9/30 of next year.

Ordinance 83-17

1. Fees due within 30 days of service
2. Penalties for non-payment.

Resolution 85-141

1. Change fee on Birth Certificates to \$4.00

Resolution 85-190

1. Change fee on Premarital Blood test to \$8.00.

Resolution 87-229

1. Change fee schedules "A" and "B".

Consent Agenda 1/12/88

1. Accept sliding fee schedule for self-pay IPO Program.



ST. JOHNS COUNTY PUBLIC HEALTH UNIT

September 21, 1988

TO: St. Johns County Commission
FROM: W.W. O'Connell, M.D.
Health Director
SUBJECT: Summary of Proposed Fee Changes (Effective 10/1/88)

	Current	New
Private Well Permit	25.00	30.00
Private Water Testing	0	2.00
Rat Poison	.50	1.00
Food Outlet (Annual)	40.00	50.00
Public Water Service Fee	50.00	75.00
Cardiovascular Screening	15.00	25.00 -
Blood Pressure Screening	.50	1.00
Chest X-ray	-	25.00
Certification for Employment	-	10.00
Immigration Clearance	-	30.00

- A. The County Health Director/or designee shall have the right to make contracts and agreements with other official agencies, civic groups and associations, and similar bodies for reimbursement for services and goods at reasonable cost.
- B. The County Health Director/or designee shall have the right to establish a sliding scale based upon established official State and other criteria for determination of fee on medically indigent patients.

See attached comprehensive fee schedule and sliding scale.

GENERAL POLICIES AND PROCEDURES CONCERNING FEES AND SCHEDULE

EFFECTIVE DATE: October 1, 1988 Resolution No. 88 -

1. No patient currently under the immediate care of a private physician will be eligible for services of the St. Johns County Health Primary Care Unit unless he has a written doctor's referral.
2. The basic level for admission of strictly indigent and medically indigent patients is a family income of \$11,650 gross pay for a family of four (4). Refer to Sliding Scale for family size and income. It shall be the policy of this Unit to require proof of income in order to establish eligibility of any patient accepted for Health Unit programs. Burden of proof of eligibility shall rest with the patient to show that their income level makes them eligible. Such eligibility shall be determined by self declaration or by reviewing the following information provided by the patient when requested, which shall include, but not be limited to: Proof of where you live (rent receipt; mortgage book with landlord's phone number, address); or last four (4) pay stubs, or proof of no income; or everyone's social security cards; or Medicaid card; or employer statements; or unemployment compensation award letter; or student grants and scholarship proof; or such other relevant information as shall be deemed acceptable by the Unit. Strict financial guidelines may be modified when the above criteria are met and there is a heavy financial load for medical, dental, and hospital bills, due to the rising number of medically indigent individuals within the County population and their need for medical care.
3. For the following items, the exceptions from the basic procedure outlined above will be followed after approval by a Supervisory Level Nurse:
 - A. The Health Unit currently does not charge fees for the following services:
 1. CLINIC SERVICES
 - a. Communicable Disease Control
 - b. Tuberculosis
 - c. Infant and School Immunizations
 - d. Sexually Transmitted Diseases
 - e. Epilepsy/Rheumatic Fever (By written prescription of referring physician)

2. ENVIRONMENTAL HEALTH SERVICES

- a. Animal bite investigations with the exception of the fee for shipping of animal heads to laboratories at actual cost.
- b. Nuisance investigations
- c. Official general community Environmental Health investigations of conditions which might endanger the Public Health.

3. HEALTH EDUCATION

- a. When educational materials are provided at no cost and in sufficient quantity to the St. Johns County Health Unit, no fees will be charged. However, fees may be charged for re-production of special educational materials.

4. For all other activities, you are directed to refer to the attached Fee Schedule approved by the St. Johns County Board of County Commissioners on September , 1988. Familiarize yourself with this schedule and adhere strictly to its contents.

5. In Addition:

- A. The County Health Director/or designee shall have the right to make contracts and agreements with other official agencies, civic groups and associations, and similar bodies for reimbursement for services and goods at reasonable cost.
- B. The County Health Director/or designee shall have the right to establish a sliding scale based established official State and other criteria for determination of fee on medically indigent patients.
- C. The County Health Director/or designee shall have the right to waive a fee for clinical services if there is a demonstrated medical need deemed to be great enough to warrant such waiver.

ST. JOHNS COUNTY PUBLIC HEALTH UNIT FEE SCHEDULE

SECTION I

SJCPHU SERVICE

CURRENT FEE EXPLANATION OF SERVICES PROVIDED

1. Dental Examination, Screening and Treatment Medicaid Base Rate Charges based on extent and amount of professional time involved; amount and type of laboratory tests, reports, etc.

2. EPSDT - AFDC Medical Diagnostic (Medicaid) tests and treatment - also medically indigent \$30.00 Through history and physical examination; hearing and vision test; laboratory tests; referral and follow up for corrections of physical defects to appropriate agencies. Non-Medicaid patients pay according to sliding fee schedule.

Relative value Schedule of State. As rates and availability of funds change, County Health Director may automatically adjust according to latest State scale.

ADULT Health Screening \$35.00 (Medicaid rate)

3. Cardiovascular Screening -EKG \$25.00 Includes Blood Profile

The heart screening program is designed for detecting heart or blood pressure problems which our clients may not be aware of. Services offered are: history, weight, blood pressure, urine testing for sugar and protein, and an electro cardiogram (EKG). Also offer counseling on nutrition, diet, exercise and individual life style. Anyone may avail themselves of this service, but they must have a doctor's referral if they have a known heart problem or high blood pressure and/or are under immediate care of a private physician. Full blood profile includes; cholesterol, sugar, triglycerides, and uric acid.

SECTION I

STJCPHU SERVICECURRENT FEEEXPLANATION OF SERVICES PROVIDED

4. Blood Pressure Screening \$ 1.00

Taking of blood pressure and referral and/or counseling by professional staff as indicated, i.e. RN, CHN, Health Educator, Nutritionist, etc.

5. Pharmaceutical Services

Pending Contract Arrangements

6. Primary Care Fees

A. Physician Visit - Initial

\$0-45 Sliding Scale

Experience has shown that the average clinic encounter for a Primary Care patient utilizes physician time, nursing time, and Physician Assistant time in varying percentages. We have determined this fee to be appropriate for services rendered.

B. Physician Visit - Follow-up
(limited office visit)

\$0-35 Sliding Scale

C. X-ray procedure

Medicaid Rate

While this department has had no experience in the x-ray of the upper and lower extremities, considering the equipment, staff time involved, and the average cost at local area hospitals, we feel the amount indicated in the fee column should be utilized in this schedule.

7. Laboratory Services

Medicaid Fee Base

Or cost plus handling (\$2.00)
for outside laboratories.

All laboratory services used as a diagnostic tool, performed either in house or by contract.

SECTION I.

<u>STJCPHU SERVICE</u>	<u>CURRENT FEE</u>	<u>EXPLANATION OF SERVICES PROVIDED</u>
8. Initial Chest X-ray (Routine and Diagnostic)	\$25.00	Taking, processing, and diagnostic evaluation. Appropriate record retention and processing. Notification of physician/patients, referral of patients, follow up of disease as indicated.
(No charge to T.B. patients, contacts, and clinical suspects.)		
9. Tuberculin Skin Test - Routine (No charge to Primary and Secondary school students or Tuberculosis cases and family contacts.)	\$ 5.00	Professional administration of Tuberculin Skin tests, reading evaluation of test. Reports to physician, patients, parents or other parties with consent of patient and with intent of protecting Public Health.
10. Health Clearance		
A. Certification for Employment	\$10.00	Stool, PPD, VDRL, and reports of condition of health and/or freedom of communicable disease with consent of patient.
B. Immigration Clearance	\$30.00	Chest x-ray, VDRL
C. Collection Container (stool)	No Charge	For patients of private sector physicians who come in to pick up a collection container with a referral.
11. Flu Shots	\$ 5.00	
12. Pregnancy Test	\$10.00	Professional testing, evaluation, counseling, appropriate reporting.

SECTION I

STJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

13. Maternity Services - Full Prenatal Care	\$400.00 Medicaid Rate plus sliding scale for self pay. Up to \$800.00	Height, weight, PPD, blood pressure, pulse, hemoglobin, RBC count, blood type, RH, Rubella Titer, G6PD and sickle cell (if black), GC culture, VDRL, Pap Smear, complete urinalysis, baccult of UA in indicated, screening for diabetes and RH negative antibody titer if indicated, breast examination, complete pelvic examination, heart and lung auscultation, counseling, clerical record work, general health education services and any other professional services deemed necessary by professional staff.
14. Pharmaceuticals/Vaccines not furnished by DHRS - STJCPHU cost	\$ 5.00	Injection by medical staff of those drugs/vaccines furnished to this Department for administration to the patient.
15. Diabetic Screening (non-relative testing)	\$ 5.00	Clinical blood testing and consultation for non-relatives.
16. Family Planning Services	Sliding Fee (State)	All inclusive, exam, lab work, education, and supplies

SECTION I

STJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

14. STD

A. Initial Visit

No Charge

This fee covers clinical blood testing, consultation, interview, and counseling services by St. Johns County Health Unit staff for STD patients.

B. Follow-up Visit

No Charge

17. A. AIDS Screening

No Charge

These blood tests are to determine if the individual being tested has antibodies to the virus that causes Aids.

B. Western Blot

No Charge

Current testing now done at St. Johns County Blood Bank. Patient pays Blood Banks \$5.00 fee which does not apply to OB, Family Planning, and STD Clinic patients.

18. Nutrition Services - Nutrition consultation to private patients upon physician referral and other referral sources.

Medicaid Reimbursement Rate

A variety of specific dietary information related to various acute and chronic diseases for patients referred by private physician and other agencies according to ability to pay.

19. Certification of Immunizations

No Charge

Medical staff review of immunizations given by STJCPHU or private physicians; give advice re: contagious diseases which may occur en route; co-sign and stamp official documents.

20. School Physical Exam

\$10.00

School and pre-school Physical Exams.

SECTION I

<u>STJCPHU SERVICE</u>	<u>CURRENT FEE</u>	<u>EXPLANATION OF SERVICES PROVIDED</u>
21. Well Baby Exam	\$ 5.00	Waived under Federal Poverty Income Guidelines.
22. General Clinic		
A. Nursing Assessments	\$ 1.00 (Individual or family)	Head lice, Rash, etc.
B. Pap Smear	\$10.00	
23. Vital Statistics		
A. Death Certificates	\$ 4.00	Certified copies of such records for personal use for insurance, legal matters, school entrance, etc.
B. Birth Certificates	\$ 7.00 for first copy 4.00 for additional copies	
C. Non-laminated copies of birth certificate for personal use (miniature size)	\$ 7.00 for first copy	Copy of essential information from birth certificate, non-laminated.
24. Research of Vital Statistics Records	\$ 3.00 - \$ 8.00	Depending upon amount of time in research by Vital Statistics staff.
25. Copies of Medical Records	\$15.00 (Insurance Company request) Routine	Depending upon amount of time in research of records and cost of reproduction, postage, clerical time, etc. With patient consent.

SECTION I

STJCPHU SERVICES

EXPLANATION OF SERVICES PROVIDED

CURRENT FEE

26. Copies of Public Records

\$1.00 per sheet

For those with legal right to receive copies - cost of reproduction, clerical time, research, etc.

SLIDING FEE SCALE
MONTHLY INCOME RANGES

1988 FAMILY SIZE	FEE GROUPS:						
	A	B	C	D	E	F	G
1 ≤	480	481 - 576	577 - 672	673 - 769	770 - 865	866 - 961	962 +
2 ≤	644	645 - 773	774 - 902	903 - 1,032	1,033 - 1,160	1,161 - 1,289	1,290 +
3 ≤	807	808 - 969	970 - 1,130	1,131 - 1,293	1,294 - 1,454	1,455 - 1,616	1,617 +
4 ≤	970	971 - 1,164	1,165 - 1,358	1,359 - 1,553	1,554 - 1,747	1,748 - 1,941	1,942 +
5 ≤	1,134	1,135 - 1,361	1,362 - 1,588	1,589 - 1,816	1,817 - 2,042	2,043 - 2,269	2,270 +
6 ≤	1,297	1,298 - 1,557	1,558 - 1,816	1,817 - 2,077	2,078 - 2,336	2,337 - 2,596	2,597 +
7 ≤	1,460	1,461 - 1,752	1,753 - 2,044	2,045 - 2,337	2,338 - 2,629	2,630 - 2,921	2,922 +
8 ≤	1,624	1,625 - 1,949	1,950 - 2,274	2,275 - 2,600	2,601 - 2,924	2,925 - 3,249	3,250 +
9 ≤	1,787	1,788 - 2,145	2,146 - 2,502	2,503 - 2,861	2,862 - 3,218	3,219 - 3,576	3,577 +
10 ≤	1,950	1,951 - 2,340	2,341 - 2,730	2,731 - 3,121	3,122 - 3,511	3,512 - 3,901	3,902 +
PERCENT POVERTY	< 100	100-120	121-140	141-160	161-180	181-200	> 200
PERCENT OF FULL FEE:	0	17%	33%	50%	67%	83%	100%

NOTE: For families with more than ten members, add \$163 for each additional member to fee group A. For fee groups B-G, multiply the group A amount by the maximum percentage of poverty for each group.

**SLIDING FEE SCALE
ANNUAL INCOME RANGES**

1988 FAMILY SIZE	FEE GROUPS:						
	A	B	C	D	E	F	G
1 ≤	5,769	5,770 - 6,923	6,924 - 8,077	8,078 - 9,231	9,232 - 10,385	10,386 - 11,539	11,540 *
2 ≤	7,729	7,730 - 9,275	9,276 - 10,821	10,822 - 12,367	12,368 - 13,913	13,914 - 15,459	15,460 *
3 ≤	9,689	9,690 - 11,627	11,628 - 13,565	13,566 - 15,503	15,504 - 17,441	17,442 - 19,379	19,380 *
4 ≤	11,649	11,650 - 13,979	13,980 - 16,309	16,310 - 18,639	18,640 - 20,969	20,970 - 23,299	23,300 *
5 ≤	13,609	13,610 - 16,331	16,332 - 19,053	19,054 - 21,775	21,776 - 24,497	24,498 - 27,219	27,220 *
6 ≤	15,569	15,570 - 18,683	18,684 - 21,797	21,798 - 24,911	24,912 - 28,025	28,026 - 31,139	31,140 *
7 ≤	17,529	17,530 - 21,035	21,036 - 24,541	24,542 - 28,047	28,048 - 31,553	31,554 - 35,059	35,060 *
8 ≤	19,489	19,490 - 23,387	23,388 - 27,285	27,286 - 31,183	31,184 - 35,081	35,082 - 38,979	38,980 *
9 ≤	21,449	21,450 - 25,739	25,740 - 30,029	30,030 - 34,319	34,320 - 38,609	38,610 - 42,899	42,900 *
10 ≤	23,409	23,410 - 28,091	28,092 - 32,773	32,774 - 37,455	37,456 - 42,137	42,138 - 46,819	46,820 *
PERCENT POVERTY	< 100	100-120	121-140	141-160	161-180	181-200	> 200
PERCENT OF FULL FEE:	0	17%	33%	50%	67%	83%	100%

NOTE: For families with more than ten members, add \$1,960 for each additional member to fee group A. For fee groups B-G, multiply the group A amount by the maximum percentage of poverty for each group.

SECTION II

ENVIRONMENTAL HEALTH

1. When multiple services are provided at one time to the same parcel of real estate then only one fee shall be the highest fee applicable.
2. All permits expire one year from day of issue, unless construction has begun.
3. Annual services fees are due and payable within 30 days of billing, at the St. Johns County Health Unit, 180 Marine St., St. Augustine, Fl. 32084.
4. Annual service fees shall be prorated for new facilities as follows:
 1. If approved for opening and/or operation between October and March 31 at 100%.
 2. If approved for opening and/or operation between April 1 and July 31 at 100%.
 3. Fees collected from August 1 thru September 30, are valid thru September of the next year.
5. All annual service fees expire on September 30 of each year, regardless of when purchased.
6. No County fee shall be charged to governmental agencies located within St. Johns County.

STJCOPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

<u>STJCOPHU SERVICE</u>	<u>CURRENT FEE</u>	<u>EXPLANATION OF SERVICES PROVIDED</u>
1. Public Swimming Pools		
A. Inspection and Permits	State Code	Due to changes in the structure of the Administrative Code, this Department will collect fees under this category as set by the State of Florida.
B. Each Additional Pool (Same location and management)	State Code	

SECTION II

ENVIRONMENTAL HEALTH

STJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

2. Water Testing

- A. Specialist Collected Water Sample Membrane Filter Technique
- B. Self (Public) Collected Sample Membrane Filter Technique
- C. Most Probable Number Technique.

\$2.00

As requested by individuals.

\$2.00

No Charge

D. Miscellaneous Tests

\$2.00

Includes choice of chloride, nitrate, pH, chlorine, iron, calcium hardness, total alkalinity, conductivity, hydrogen sulfide.

3. Public Systems Service Fee

\$75.00

Quarterly inspections. Collection and Bacteriological lab examinations as required by Florida Statute and DER-HPS Interagency.

4. Well Permits (County Ordinance)

\$30.00

Process applications, perform site evaluations when needed, approve and issue county permits under County Ordinance 76-18.1.

SECTION II

ENVIRONMENTAL HEALTH

STJCPHIL SERVICE

EXPLANATION OF SERVICES PROVIDED

CURRENT FEE

5. Food Services		
A. Food Services Establishments and Inspections, Approval, and Permit.	Seating: 1 - 50 \$50.00 51-99 75.00 100-over 100.00	For compliance with Florida Administrative Code. Involves inspections, completion of reports, follow up.
B. Catering Service: Mobile Food Unit Take Out Service Bar and Lounge	Same as above.	Based on four (4) inspections a year. Includes water bacteriological examinations where required. Collection of soft ice cream samples - transported to the Jacksonville lab.
C. Ice Plants	\$50.00	
D. Food Processing Plant	\$50.00	Commercial building or establishment in which food is processed or otherwise prepared and packaged for human consumption.
E. Temporary Food Service Operations for Profit (not to exceed 15 days)	Sponsor of event \$50.00 per each 4 day.	
F. Temporary Food Service Operations for non-profit raising for community projects.	Same as Above	Inspections for food service to make sure that the public is protected and for compliance with Florida Administrative Code.
6. Food Outlets	\$50.00	Minimum of four inspections per year, inspections to be done in compliance with State program policy.

SECTION II

ENVIRONMENTAL HEALTH

STJCPHU SERVICE

EXPLANATION OF SERVICES PROVIDED

CURRENT FEE

7. Food Management Training Course

No fee for Health Unit

As required by Florida Administrative code, four-hour course, mandatory attendance every three (3) years by food management. H.U. assists Vo.-Tech with course.

8. Beverage Inspection

\$25.00 (If not inspected within past 60 days.)

As required for establishment to receive beverage license. For establishment under Department of Business Regulation control only.

9. Mobile Home Parks - Recreation at Vehicle Campgrounds.

State Code

10. Preliminary STJCPHU Review of architectural engineering plans, new construction and/or renovations

No Fee

Office interview, record-keeping, on-site survey as required. Reports to other governmental agencies.

11. V.A., F.H.A. and Fm H.A. Inspections and Approval

State Fee

Travel to site for inspection of septic tank and/or individual water supply. Approximately one hour per inspection.

12. Child Care Inspections and annual permit.

No Fee

STJCPHU inspections, visits, consultation by PHN's, Sanitation staff, Nutritionist, Physician consultation and screening of children. Four (4) visits by PHN and Sanitarian as a team or separately or more as needed.

SECTION II

ENVIRONMENTAL HEALTH

STJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

13.	Family Day Care Home Inspections	No Fee	This Department inspects these private homes at the request of a private organization, United Child Care Inc. After our approval, these homes are eligible for federal child care monies.
14.	Nursing Home Inspections	\$50.00	Travel to Nursing Home, inspection which includes Food Service facilities. Four (4) visits by Sanitarian or more as needed.
15.	Adult Congregate Living Facilities Inspections	\$50.00	Travel to site, inspection which includes Food Service facilities. Minimum of four (4) visits per year by Sanitarian.
16.	Individual Sewage Disposal	State Code	Travel to site, on-site evaluation soil and water table. Review of on-site sketch application, consultation, final inspection.
17.	Septic Tank Reinspection	State Code	In case of improper installation; reinspection.
18.	Septic Tank Pumping Companies and Chemical Toilet Equipment Companies	State Code	Inspection of the truck(s) and related equipment and chemical toilets and disposal sites. Issuance of Permit.
19.	Holding Tank Permit	State Code	Minimum of two (2) inspections. May require one site inspection.

SECTION II

ENVIRONMENTAL HEALTH

<u>STJCPHU</u>	<u>CURRENT FEE</u>	<u>EXPLANATION OF SERVICES PROVIDED</u>
20. Public sewage Treatment Plants	\$ 50.00	
21. Formaldehyde Testing	No Fee	As provided for under the State Administrative Code. Per Public request, etc.
22. Rat Poison	\$ 1.00 1 lb. bag.	Investigate infestations and distribute rat poison at a nominal cost.
23. Abattoir	\$ 30.00	Inspection of any establishment in which animals are slaughtered or where meat processing, canning, curing, smoking, salting, rendering, or other similar operations take place.
24. Copies Of Public Documents	\$ 1.00 per page	