

A RESOLUTION OF ST. JOHNS COUNTY, FLORIDA, IDENTIFYING SPECIFIC SERVICES FOR WHICH THE ST. JOHNS COUNTY PUBLIC HEALTH UNIT MAY CHARGE FEES AND SETTING SUCH FEES.

WHEREAS, St. Johns County Ordinance #82-2 as amended, authorizes the St. Johns County Public Health Unit to collect reasonable fees, contributions and donations for certain services performed by the Health Unit upon approval of such fee by Resolution of the Board of County Commissioners, and,

WHEREAS, the Board of County Commissioners of St. Johns County, Florida considered the fee and services set forth in the attached fee schedule and determined that they are fair and reasonable;

NOW, THEREFORE, BE IT RESOLVED this 24th day of September, 1991, by the Board of County Commissioners of St. Johns County, Florida that commencing October 1, 1991, the St. Johns County Public Health Unit shall charge pursuant to St. Johns County Ordinance #82-2, as amended, the fees set forth in the attached fee schedule for the services indicated therein.

BE IT FURTHER RESOLVED, that the St. Johns County Public Health Unit shall cause the funds derived from such fees to be deposited promptly into the special revenue fund described in St. Johns County Ordinance #82-2, and said funds shall be used as provided in said Ordinance, but only after the expenditures have been approved by the Board of County Commissioners when such prior approval is required by law.

BE IT FURTHER RESOLVED that all prior resolutions establishing fees under and pursuant to Ordinance #82-2, as amended are hereby terminated.

BE IT FURTHER RESOLVED, that the Clerk is requested to file a copy of this Resolution and copy of St. Johns County Ordinance #82-2, as amended, with the Department of Health and Rehabilitative Services.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

BY: *Ronald R. Reed*
Its Chairman

ATTEST: CARL "BUD" MARKEL, CLERK

By: *Wenae Carter*
Deputy Clerk



ST. JOHNS COUNTY PUBLIC HEALTH UNIT

September 12, 1991

TO: Board of County Commission
St. Johns County

FROM: W.W. O'Connell, M.D.
Medical Director

SUBJECT: Changes To Fee Schedule

The following changes are reflected in the attached fee schedule for the St. Johns County Public Health Unit. If approved, these fees will be effective October 1, 1991.

- Page 1 FPG income increased from \$12,798 to \$13,400 per Federal Office of Management and Budget.
- Page 3 "D" added - allows the CPHU Director to adjust a county fee to the Medicaid rate if the Medicaid rate increases during the year. Notice to the Board will be by Memorandum rather than formal amendment.
3. Cardiovascular Screening - Fee increased from \$25.00 to \$30.00.
- Page 5 8. Chest X-ray - Fee changed from \$25.00 to Medicaid Rate.
- Page 6 11. Flu Shot - Fee increased from \$5.00 to \$6.00. Pneumonia Shot added at cost plus \$2.00, this year \$6.00.
12. Maternity Services - Incomplete Care added to allow adjustment to a per visit charge.
Sonograms added, cost will be at the Medicaid rate.
- Page 8 25. Copies of Medical Records - Fee changed from \$15.00 to \$1.00 for first page and \$.25 per page thereafter.
26. Insurance, Disability Forms - Fee added at \$100.00 per hour for physician time to close clinic to give legal depositions, fill out disability forms, and insurance forms.

District Four • 180 Marine Street • St. Augustine, FL 32084 • (904) 825-5055

LAWTON CHILES, Governor

SECTION II - ENVIRONMENTAL HEALTH

Page 9

1. Statement changed to include all fees applicable to a parcel of real estate will be charged and payable.

4. Statement changed to allow quarterly proration of annual service fees for new facilities.

6. Statement changed from governmental agencies exempted from county fees to county agencies exempted if under the jurisdiction of the Board of County Commission.

1. Water Testing - Public Water Systems Compliance Bacteriological Testing deleted. Now a State mandated program with a State fee.

Page 10

3.-C Well Construction Permit - Public Well Program now a State Program.

4. Food Service - All Food Service is now a State Program with the exception of Temporary Food Service.

5. Plan Review - Food service deleted. Fee increased from \$25.00 to \$75.00 for new facility. Plan Review - Remodeling added with a \$25.00 charge.

Page 11

6. Group Care - Facilities with Food Service deleted.

Onsite Sewage Disposal Systems have been deleted from the fee schedule. This program is now a State Program.

Many changes this year are due to legislation requiring State mandated programs. Although the programs still have fees assessed, they are collected according to rule and apply to the State of Florida for use in the County Public Health Unit.

Ordinance: 82-2

GENERAL POLICIES AND PROCEDURES CONCERNING FEES AND SCHEDULE

EFFECTIVE DATE: October 1, 1991 Resolution No. 91-

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. Admission to receive services at no cost to the patient, is based on current FPG as established yearly by the Federal Office of Management and Budget. Admission is strictly limited to indigent and medically indigent patients. The basic level of income for a family of four is \$13,400.00. Refer to Sliding Scale for family size and income. (Attachment I) 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 reproduction 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 in September of every year.
5. In Addition:
- A. The County Health Director or designee shall have the authority 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 on 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.

D. The County Health Director or designee shall have the authority to adjust fees listed in this instrument to at least the Medicaid rate without formal amendment. A memorandum of notification will be used to inform the Board of County Commission.

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, transportation, 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 \$30.00
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

SECTION I

SJCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
3. continued		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, tri-glycerides, and uric acid.
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	By Contract Arrangements	Indigent, registered primary care patients only and only those medicines on an approved formulary.
6. Primary Care Fees		
A. Physician Visit - Initial	Sliding Scale \$0-50	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 services rendered.
Established Pt. Follow-up to same illness	\$0-45 \$0-35	
B. X-ray procedure	Medicaid Rate	

SECTION I

SJCPCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
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.
8. Initial Chest X-Ray (Routine and Diagnostic)	Medicaid Rate	Not available at this time except thru State of Florida. 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. Adult Physicals	\$35.00	See Adult Screening (item 2)
B. Certification for Employment	\$10.00	Stool, PPD, VDRL, and reports of condition of health and/or freedom of communicable disease with consent of patient and with intent of protecting Public Health.
C. Immigration Clearance	\$30.00	Chest X-ray, VDRL
D. Collection Container (stool)	No charge	For patients of private sector physicians who come in to pick up a collection container with a referral.

SECTION I

SJCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
11. Flu & Pneumonia Shots	\$6.00	Adjusted yearly to reflect cost of vaccine plus \$2.00 administration fee rounded to nearest dollar. (No less than \$5.00)
Cost of Vaccine & \$2.00	\$2.00	
12. Maternity Services - Full Prenatal Care	\$400.00-800.00	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, bacteriuria of UA if indicated, screening for diabetes and RH negative antibody titer if indicated, complete pelvic exam by obstetrician, counseling, clerical record work, general health and education services deemed necessary by professional staff. Monthly and weekly physician visits.
Incomplete Care	Medicaid Rate or sliding scale for self pay up to \$800	
Sonograms	Medicaid Rate	
13. Pharmaceuticals/Vaccines not furnished by DHRS - SJCPHU cost	\$5.00	Variable based on cost of vaccine plus \$2.00 administration fee or no less than \$5.00. Injection by medical staff of those drugs/vaccines furnished to this Department for administration to the patient.
14. Diabetic Screening (non-relative testing)	\$5.00	Clinical blood testing and consultation for non-relatives.
15. Family Planning Services	Sliding Fee	All inclusive, exam, lab work, education, and supplies.
A. Initial Exam	\$0-92	
B. Annual Exam	\$0-69	
C. Medical Problem	\$0-46	
D. Supply/Counseling/	\$0-23	May include pregnancy test.

SECTION I

SJCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
16 STD		
A. Initial Visit	No Charge	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. AIDS		
A. HIV Testing	No Charge	These blood tests are to determine if the individual being tested has antibodies to the virus that causes Aids. State Lab absorbs costs.
18. Nutrition Services - Medicaid Reimbursement		
consultation to private patients upon physician referral and other referral sources.	No Charge	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 SJCPHU 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.
21. Well Baby Exam	\$30.00 (Medicaid rate or sliding scale)	Waived under Federal Poverty Income Guidelines.
22. General Clinic		
A. Nursing Assessments	\$1.00 (Individual or family)	Head lice, Rash, worms, etc.

SECTION I

SJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

23. Vital Statistics			
A. Death Certificates	\$5.00	(\$9.00)	Certified copies of such records for personal use for insurance, legal matters, school entrance, etc.
B. Birth Certificates	\$5.00	(\$9.00)	First Copy has State Surcharge of \$4.00. Additional copies have no surcharge.
C. Non-laminated copies of birth certificate for personal use (miniature size)	\$5.00	(9.00)	Plus \$4.00 State Surcharge. Copy of essential information from birth certificate, non-laminated.
D. Out of County Births	\$6.00	(\$12.00)	Computer generated through St. Johns Vital Statistics office. \$4.00 surcharge added to first copy and \$2.00 access fee for each additional copy.
24. Research of Vital Statistics Records			Depending upon amount of time in search by Vital Statistics staff.
25. Copies of Medical Records			Depending upon amount of time in research of records and cost of reproduction, postage, clerical time, etc. With patient consent. No charge to patients.
26. Insurance, disability forms filled out by physicians, legal depositions by physicians.			Time required to close clinics, review records, fill out forms, prepare legal response, etc.

SECTION II
ENVIRONMENTAL HEALTH

1. When multiple annual County service fees are applicable to the same parcel of real estate, then all fees will apply.
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 Street, St. Augustine, Florida 32084.
4. Annual service fees shall be prorated for new facilities on a quarterly basis.
5. All annual service fees expire on September 30 of each year, regardless of when purchased.
6. No County fee shall be charged to county agencies under the jurisdiction of the Board of County Commission.

SECTION II

SJCPHU SERVICE

CURRENT FEE

EXPLANATION OF SERVICES PROVIDED

- | | | |
|---|--------------------------|--|
| <ol style="list-style-type: none"> 1. Water Testing <ol style="list-style-type: none"> A. Private Well
Bacteriological
Testing | <p>\$10.00/4 samples</p> | <p>Up to 4 samples accepted per request or until clear sample is received. This fee applies until superseded by a State fee.</p> |
|---|--------------------------|--|

- | | | |
|---|-----------------------------|---|
| <ol style="list-style-type: none"> 2. Public Water Systems Service <ol style="list-style-type: none"> A. Community/Non-Community
Water Systems | <p>\$75.00 (Annual Fee)</p> | <p>Per DER Interagency agreement requiring inspection and collection of one set of bact. water samples per F.A.C. 17.550. Provide appropriate monitoring and complaint investigation.</p> |
|---|-----------------------------|---|

SECTION II

SJCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
3. Well Construction Permit A. Potable Well Permits (Private Water Well)	\$50.00	Review site plan, record keeping, onsite survey as required, reports to other governmental agencies. Inspection of installation as required. Bacteriological sampling kit provided for compliance.
B. Non-Potable Well Permit (Irrigation, heat pump etc.)	\$30.00	Review site plan, record keeping, onsite survey as required, reporting to other government agencies, inspection of installation as required.
4. Food Service Establishments (All Food Service Fees are assessed by the Sate except Temporary Food)		
A. Temporary Food Ser. Operations	Sponsor of event \$50.00 per each 4 days.	Inspection per regulations Show, carnival, circus with Food Service operations.
5. Plan Review - for new facility (food outlets, food processing, mobile home and RV parks, child care, migrant camps, group care, facilities, etc.)	\$75.00	Office interview, record-keeping, on-site survey as required. Reports to other governmental agencies.
Plan Review - Remodeling	\$25.00	

SECTION II

SJCPHU SERVICE	CURRENT FEE	EXPLANATION OF SERVICES PROVIDED
6. Group Care Facilities, excluding Foster Homes & without Food Service	\$75.00 (W/O Food Service) Facilities with Food will pay State Fees	Requires four inspections per year including reinspections and complaints.
7. Public Sewage Treatment Plants	\$75.00	Inspection for operation monitoring and on complaints.
8. Rat Poison	\$1.00 Per 1 lb. bag	Investigate infestations and distribute rat poison at a nominal cost.
9. Copies of Public Documents	\$1.00 per page	

HRS COUNTY PUBLIC HEALTH UNIT

July 1, 1991

SLIDING FEE SCALE
ANNUAL INCOME RANGES

1991 FAMILY SIZE	- FEE GROUPS:							PRESUMPTIVE MEDICAID ELIGIBILITY	WIC- ELIGIBILITY	TARGET GROUP PRIORITY (< 133%)
	A	B	C	D	E	F	G			
1	< \$6,620	\$6,621 - \$7,944	\$7,945 - \$9,268	\$9,269 - \$10,593	\$10,594 - \$11,917	\$11,918 - \$13,241	\$13,242 +	< \$9,936	< \$12,247	\$8,808
2	< \$8,880	\$8,881 - \$10,656	\$10,657 - \$12,432	\$12,433 - \$14,209	\$14,210 - \$15,985	\$15,986 - \$17,761	\$17,762 +	< \$13,320	< \$16,428	\$11,820
3	< \$11,140	\$11,141 - \$13,368	\$13,369 - \$15,596	\$15,597 - \$17,825	\$17,826 - \$20,053	\$20,054 - \$22,281	\$22,282 +	< \$16,728	< \$20,609	\$14,820
4	< \$13,400	\$13,401 - \$16,080	\$16,081 - \$18,760	\$18,761 - \$21,441	\$21,442 - \$24,121	\$24,122 - \$26,801	\$26,802 +	< \$20,112	< \$24,790	\$17,832
5	< \$15,660	\$15,661 - \$18,792	\$18,793 - \$21,924	\$21,925 - \$25,057	\$25,058 - \$28,189	\$28,190 - \$31,321	\$31,322 +	< \$23,496	< \$28,971	\$20,832
6	< \$17,920	\$17,921 - \$21,504	\$21,505 - \$25,088	\$25,089 - \$28,673	\$28,674 - \$32,257	\$32,258 - \$35,841	\$35,842 +	< \$26,892	< \$33,152	\$23,844
7	< \$20,180	\$20,181 - \$24,216	\$24,217 - \$28,252	\$28,253 - \$32,289	\$32,290 - \$36,325	\$36,326 - \$40,361	\$40,362 +	< \$30,276	< \$37,333	\$26,844
8	< \$22,440	\$22,441 - \$26,928	\$26,929 - \$31,416	\$31,417 - \$35,905	\$35,906 - \$40,393	\$40,394 - \$44,881	\$44,882 +	< \$33,660	< \$41,514	\$29,856
9	< \$24,700	\$24,701 - \$29,640	\$29,641 - \$34,580	\$34,581 - \$39,521	\$39,522 - \$44,461	\$44,462 - \$49,401	\$49,402 +	< \$37,044	< \$45,695	\$32,856
10	< \$26,960	\$26,961 - \$32,352	\$32,353 - \$37,744	\$37,745 - \$43,137	\$43,138 - \$48,529	\$48,530 - \$53,921	\$53,922 +	< \$40,428	< \$49,876	\$35,868
Percent Poverty	< 100%	101% - 120%	121% - 140%	141% - 160%	161% - 180%	181% - 200%	> 200%	< 150%	< 185%	< 133%
Full Fee:	0%	17%	33%	50%	67%	83%	100%			

• WIC eligibility is based on GROSS INCOME. The fee schedule is based on NET INCOME.
\$3,384

NOTE: For families with more than ten members: add \$2,260 for each additional member to fee group A; to compute fee groups B-G, multiply the group A amount by the maximum percentage of poverty for each group.
For Presumptive Medicaid eligibility, families with more than ten members, add \$3,384 for each additional person.
For WIC, families with more than ten members, add \$4,181 for each additional member.
WIC requires that a pregnant woman be counted as only one person.
For Target Group priorities (133%), add \$3,012 for each additional member in families with more than ten members.