

RESOLUTION NO. 2010-205

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AGREEMENT BETWEEN THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, AND STATE OF FLORIDA DEPARTMENT OF HEALTH/ST. JOHNS COUNTY HEALTH DEPARTMENT, AUTHORIZING THE CHAIR TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY

WHEREAS, the Board of County Commissioners of St. Johns County (the "Board") is providing funds to the State of Florida Department of Health/St. Johns County Health Department (the "Provider") for the purpose of providing environmental health services, communicable disease control services and child primary care services to St. Johns County residents; and,

WHEREAS, both the Board and the Provider have agreed to the contract to include the assurance of delivery of said services; and,

WHEREAS, both the Board and the Provider have agreed to compensation for this year, in the amount of the contract not to exceed Three Hundred Fourteen Thousand Eight Hundred Eighty dollars (\$314,880.00), for environmental health services, communicable disease control and child primary care services for St. Johns County residents thru September 30, 2011; and

WHEREAS, the Board has determined that accepting the terms of the Agreement, and entering into said amendment to the Agreement will serve the interests of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Agreement between the Board of County

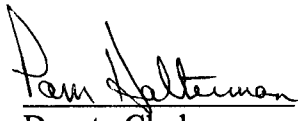
Commissioners of St. Johns County and the State of Florida Department of Health/St. Johns County Health Department and. authorizing the Chair of Board of County Commissioners to execute the Agreement on behalf of the County.

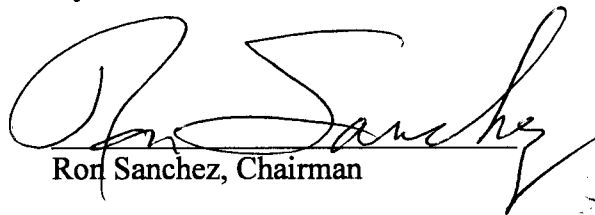
PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 21st day of September, 2010.

**BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA**

Attest: Cheryl Strickland, Clerk

By:


Deputy Clerk


Ron Sanchez, Chairman



RENDITION DATE 9/23/10

**CONTRACT BETWEEN
ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE ST. JOHNS COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2010-2011**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the St. Johns County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2010.

RECITALS

A. Pursuant to Chapter 154, F.S., the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. St. Johns County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **RECITALS.** The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.
2. **TERM.** The parties mutually agree that this Agreement shall be effective from October 1, 2010, through September 30, 2011, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.
3. **SERVICES MAINTAINED BY THE CHD.** The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:
 - a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities

in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. FUNDING. The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,113,406 (*State General Revenue, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 314,880 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund
St. Johns County
1955 US 1 South, Suite 100
St. Augustine, FL 32086

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Health Management System compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing

procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i.* The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii.* The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii.* Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in St. Johns County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and

county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated April 2005, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;

ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2011 for the report period October 1, 2010 through December 31, 2010;
- ii. June 1, 2011 for the report period October 1, 2010 through March 31, 2011;
- iii. September 1, 2011 for the report period October 1, 2010 through June 30, 2011; and
- iv. December 1, 2011 for the report period October 1, 2010 through September 30, 2011.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment IV to this contract and the county shall own the facilities used by the CHD unless otherwise provided in Attachment IV.

b. The county shall assure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall assure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2011, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

For the County:

Kathy J. Smith
Name

Michael D. Wanchick
Name

Finance & Accounting Dir
Title

County Administrator
Title

1955 US 1 South, Suite 100

4020 Lewis Speedway

St. Augustine, FL 32086
Address

St. Augustine, FL 32084
Address

(904) 825-5055 x 1067
Telephone

(904) 209-0530
Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 25 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2010.

**BOARD OF COUNTY COMMISSIONERS
FOR ST. JOHNS COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Ron Sanchez

TITLE: Chair

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Cheryl Strickland

TITLE: Clerk of Court

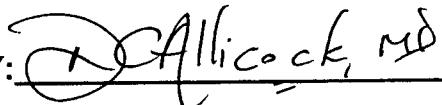
DATE: _____

SIGNED BY: _____

NAME: Ana M. Viamonte Ros, M.D., M.P.H.

TITLE: State Surgeon General

DATE: _____

SIGNED BY: 

NAME: Dawn C. Allicock, M.D., M.P.H.

TITLE: CHD Director/Administrator

DATE: 09/07/10

ATTACHMENT I

ST. JOHNS COUNTY HEALTH DEPARTMENT

PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

	<u>Service</u>	<u>Requirement</u>
1.	Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook.
2.	Dental Health	Monthly reporting on DH Form 1008*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3.	Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6.	Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
7.	Chronic Disease Program	Requirements as specified in the Healthy Communities, Healthy People Guidebook.
8.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 or Post-Test Counseling DH Form 1628C. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

10. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).

11. Tuberculosis

Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law Implemented 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 383.06, 384.23, 384.25, 385.202, 392.53 FS.381 and CHD Guidebook.*

12. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in the CHD Guide to Surveillance and Investigations.

*or the subsequent replacement if adopted during the contract period.

ATTACHMENT II

ST. JOHNS COUNTY HEALTH DEPARTMENT

PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/10	Estimated County Share of CHD Trust Fund Balance as of 09/30/10	Total
1. CHD Trust Fund Ending Balance 09/30/10	607,860	197,724	805,584
2. Drawdown for Contract Year October 1, 2010 to September 30, 2011	325,388	0	325,388
3. Special Capital Project use for Contract Year October 1, 2010 to September 30, 2011	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2010 to September 30, 2011	282,472	197,724	480,196

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans. Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II
SAINT JOHNS COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

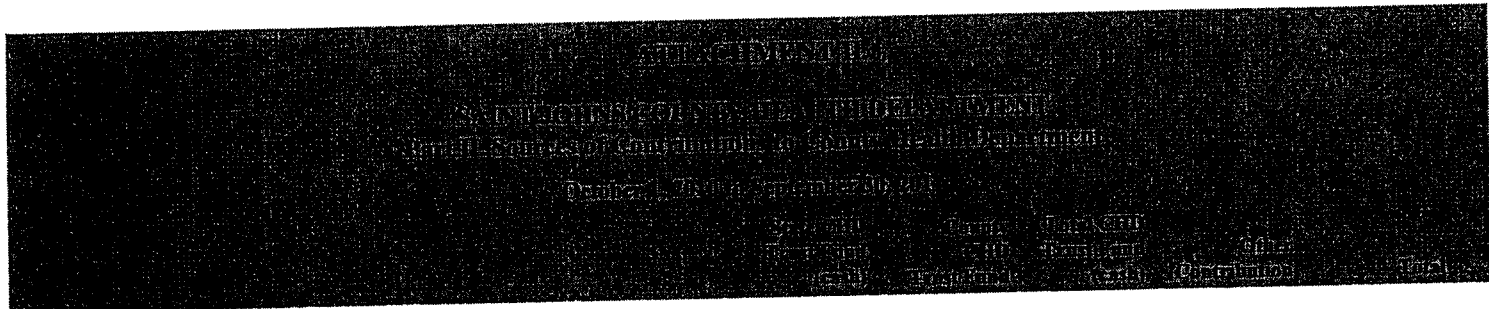
October 1, 2010 to September 30, 2011

	FTE (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	5.88	4,745	11,804	91,769	78,659	91,769	78,659	257,624	83,232	340,856
STD (102)	4.31	534	2,683	68,226	58,480	68,226	58,480	220,721	32,691	253,412
A.I.D.S. (103)	4.96	227	1,119	156,804	134,404	156,804	134,405	120,236	462,181	582,417
TB CONTROL SERVICES (104)	2.58	535	1,265	41,365	35,456	41,365	35,457	139,760	13,883	153,643
COMM. DISEASE SURV. (106)	4.03	0	1,991	78,023	66,876	78,023	66,876	270,446	19,352	289,798
HEPATITIS PREVENTION (109)	0.05	196	329	953	817	953	816	3,303	236	3,539
PUBLIC HEALTH PREP AND RESP (116)	1.24	0	331	31,587	27,075	31,587	27,075	109,246	8,078	117,324
VITAL STATISTICS (180)	1.31	4,290	10,487	20,496	17,569	20,496	17,569	0	76,130	76,130
COMMUNICABLE DISEASE SUBTOTAL	24.36	10,527	30,009	489,223	419,336	489,223	419,337	1,121,336	695,783	1,817,119
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	0.11	514	83	1,462	1,253	1,462	1,253	5,430	0	5,430
TOBACCO PREVENTION (212)	3.29	0	337	54,687	46,875	54,687	46,874	203,123	0	203,123
W.I.C. (221)	18.25	8,510	73,070	283,939	243,377	283,939	243,377	1,044,632	10,000	1,054,632
FAMILY PLANNING (223)	12.51	1,389	8,162	180,333	154,572	180,333	154,572	617,186	52,624	669,810
IMPROVED PREGNANCY OUTCOME (225)	2.19	517	1,233	31,979	27,411	31,979	27,411	45,683	73,097	118,780
HEALTHY START PRENATAL (227)	5.83	795	10,979	95,079	81,496	95,079	81,497	127,718	225,433	353,151
COMPREHENSIVE CHILD HEALTH (229)	16.35	2,980	14,232	261,157	223,849	261,157	223,848	342,492	627,519	970,011
HEALTHY START INFANT (231)	1.86	184	2,745	30,330	25,997	30,330	25,998	37,511	75,144	112,655
SCHOOL HEALTH (234)	0.80	0	204,225	56,675	48,579	56,674	48,579	210,507	0	210,507
COMPREHENSIVE ADULT HEALTH (237)	0.10	82	175	1,513	1,297	1,513	1,298	5,575	46	5,621
DENTAL HEALTH (240)	13.55	2,843	20,151	224,074	192,063	224,074	192,063	316,748	515,526	832,274
PRIMARY CARE SUBTOTAL	74.84	17,814	335,392	1,221,228	1,046,769	1,221,227	1,046,770	2,956,605	1,579,389	4,535,994
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.22	560	560	8,829	7,567	8,829	7,567	25,827	6,965	32,792
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.48	35	915	7,857	6,734	7,857	6,734	7,992	21,190	29,182
PUBLIC WATER SYSTEM (358)	0.59	51	578	10,265	8,798	10,265	8,798	29,972	8,154	38,126
PRIVATE WATER SYSTEM (359)	0.83	120	708	12,553	10,760	12,552	10,760	35,962	10,663	46,625
INDIVIDUAL SEWAGE DISP. (361)	6.09	622	2,202	100,429	86,082	100,429	86,083	180,529	192,494	373,023
Group Total	8.21	1,388	4,963	139,933	119,941	139,932	119,942	280,282	239,466	519,748
Facility Programs										
FOOD HYGIENE (348)	0.97	110	482	16,978	14,552	16,978	14,553	18,230	44,831	63,061
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.60	218	353	10,123	8,676	10,123	8,676	0	37,598	37,598
MIGRANT LABOR CAMP (352)	0.18	21	121	3,155	2,704	3,155	2,704	1,994	9,724	11,718
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	22	19	22	18	0	81	81
MOBILE HOME AND PARKS SERVICES (354)	0.16	49	111	2,606	2,234	2,606	2,235	9,681	0	9,681
SWIMMING POOLS/BATHING (360)	1.66	624	3,491	29,652	15,326	24,456	28,779	98,213	0	98,213
BIOMEDICAL WASTE SERVICES (364)	0.00	0	0	3	3	3	3	0	12	12
TANNING FACILITY SERVICES (369)	0.08	15	33	1,231	1,900	516	772	0	4,419	4,419
Group Total	3.65	1,037	4,591	63,770	45,414	57,859	57,740	128,118	96,665	224,783

**ATTACHMENT II
SAINT JOHNS COUNTY HEALTH DEPARTMENT**

**Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service
October 1, 2010 to September 30, 2011**

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.43	419	2,700	32,573	27,919	32,573	27,919	120,984	0	120,984
SUPER ACT SERVICE (356)	0.17	18	103	2,758	2,364	2,758	2,365	4,995	5,250	10,245
Group Total	1.60	437	2,803	35,331	30,283	35,331	30,284	125,979	5,250	131,229
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.05	0	72	876	751	876	751	0	3,254	3,254
CONSUMER PRODUCT SAFETY (345)	0.07	0	78	1,266	1,086	1,266	1,086	0	4,704	4,704
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	6	5	6	6	0	23	23
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL (363)	0.00	0	0	48	41	48	42	0	179	179
SANITARY NUISANCE (365)	0.37	60	165	2,152	7,974	7,540	5,009	0	22,675	22,675
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.01	0	0	146	125	146	125	0	542	542
ARBOVIRUS SURVEILLANCE (367)	0.01	0	0	100	85	100	85	0	370	370
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	14	12	14	11	0	51	51
AIR POLLUTION (371)	0.00	0	0	46	40	46	40	0	172	172
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	2	2	2	2	0	8	8
Group Total	0.51	60	315	4,656	10,121	10,044	7,157	0	31,978	31,978
ENVIRONMENTAL HEALTH SUBTOTAL	13.97	2,922	12,672	243,690	205,759	243,166	215,123	534,379	373,359	907,738
D. SPECIAL CONTRACTS:										
SPECIAL CONTRACTS (599)	0.00	0	0	2,862	2,453	2,862	2,454	10,631	0	10,631
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	2,862	2,453	2,862	2,454	10,631	0	10,631
TOTAL CONTRACT	113.17	31,263	378,073	1,957,003	1,674,317	1,956,478	1,683,684	4,622,951	2,648,531	7,271,482



1. GENERAL REVENUE - STATE

015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	30,948	0	30,948	0	30,948
015040	ALG/CONTR TO CHDS-DENTAL PROGRAM	17,907	0	17,907	0	17,907
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	1,996	0	1,996	0	1,996
015040	MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	6,924	0	6,924	0	6,924
015040	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	STD GENERAL REVENUE	0	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	5,180	0	5,180	0	5,180
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DENTAL SPECIAL INITIATIVES	3,295	0	3,295	0	3,295
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	13,639	0	13,639	0	13,639
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/PRIMARY CARE	205,844	0	205,844	0	205,844
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040	CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040	COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	25,195	0	25,195	0	25,195
015040	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	7,212	0	7,212	0	7,212
015040	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	0	0	0	0	0
015040	ALG/FAMILY PLANNING	30,222	0	30,222	0	30,222
015040	ALG/CONTR TO CHDS	1,471,536	0	1,471,536	0	1,471,536
015050	ALG/CONTR TO CHDS	0	0	0	0	0
	GENERAL REVENUE TOTAL	1,919,898	0	1,919,898	0	1,919,898

2. NON GENERAL REVENUE - STATE

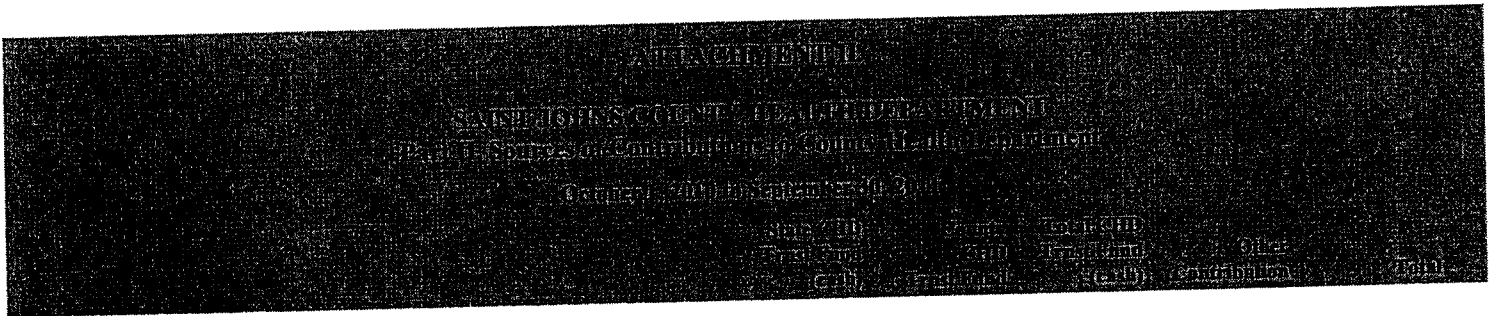
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
015010	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	101,486	0	101,486	0	101,486
015010	CHD PROGRAM SUPPORT	0	0	0	0	0
015010	ROBERT WOODS JOHNSON LEARNING COLLABORATIVE	2,000	0	2,000	0	2,000
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	83,005	0	83,005	0	83,005

2. NON GENERAL REVENUE - STATE

015010	IMMUNIZATION SPECIAL PROJECT	5,041	0	5,041	0	5,041
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	TOBACCO COMMUNITY INTERVENTION	167,707	0	167,707	0	167,707
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020	TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060	ALG/CONTR TO CHDS-REBASING TOBACCO TF	27,131	0	27,131	0	27,131
NON GENERAL REVENUE TOTAL		386,370	0	386,370	0	386,370

3. FEDERAL FUNDS - State

007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	23,578	0	23,578	0	23,578
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	12,198	0	12,198	0	12,198
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	591,011	0	591,011	0	591,011
007000	WIC BREASTFEEDING PEER COUNSELING	42,250	0	42,250	0	42,250
007000	STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TITLE X MALE PROJECT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE PART B SUPPLEMENTAL	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES 2010-2011	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	42,685	0	42,685	0	42,685
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	54,248	0	54,248	0	54,248
007000	FGTF/IMMUNIZATION ACTION PLAN	24,014	0	24,014	0	24,014
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	25,541	0	25,541	0	25,541



3. FEDERAL FUNDS - State

007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0	0
007000	FAMILY PLANNING - TITLE X	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	5,000
015009	SUPER ACT SERVICE	5,000	0	5,000	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
007055	ARRA Federal Grant - Schedule C	0	0	0	0	0
015075	Inspections of Summer Feeding Program	0	0	0	0	0
FEDERAL FUNDS TOTAL		820,525	0	820,525	0	820,525

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001020	TANNING FACILITIES	0	0	0	0	0
001020	BODY PIERCING	0	0	0	0	0
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	11,000	0	11,000	0	11,000
001020	FOOD HYGIENE PERMIT	18,247	0	18,247	0	18,247
001020	BIOHAZARD WASTE PERMIT	0	0	0	0	0
001020	PRIVATE WATER SYSTEM	36,000	0	36,000	0	36,000
001020	PUBLIC WATER ANNUAL OPER PERMIT	30,000	0	30,000	0	30,000
001020	LIMITED USE PUBLIC WATER SYSTEMS	8,000	0	8,000	0	8,000
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001020	SWIMMING POOLS	140,000	0	140,000	0	140,000
001092	OSDS PERMIT FEE	0	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ONSITE SEWAGE TREATMENT & DISP	123,690	0	123,690	0	123,690
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
001206	Central Office Surcharge	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		366,937	0	366,937	0	366,937

5. OTHER CASH CONTRIBUTIONS - STATE

010304	STATIONARY POLLUTANT STORAGE TANKS	122,621	0	122,621	0	122,621
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	325,388	0	325,388	0	325,388
OTHER CASH CONTRIBUTIONS TOTAL		448,009	0	448,009	0	448,009

ATTACHMENT III

SAN JOAQUIN COUNTY HEALTH DEPARTMENT
 Budget Schedule of Contributions to County Health Department

January 2011 to September 30, 2011

APPLICABLE	GRANT	FEDERAL	STATE	TOTAL
(USD)	(USD)	(USD)	(USD)	(USD)

6. MEDICAID - STATE/COUNTY

001056	MEDICAID PHARMACY	0	0	0	0	0
001076	MEDICAID TB	0	0	0	0	0
001078	MEDICAID ADMINISTRATION OF VACCINE	6,608	6,608	13,215	0	13,215
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	0
001081	MEDICAID CHILD HEALTH CHECK UP	73,342	117,355	190,697	0	190,697
001082	MEDICAID DENTAL	317,970	508,786	826,756	0	826,756
001083	MEDICAID FAMILY PLANNING	2,722	24,494	27,215	0	27,215
001087	MEDICAID STD	3,480	5,569	9,049	0	9,049
001089	MEDICAID AIDS	0	0	0	0	0
001147	Medicaid HMO Capitation	0	0	0	0	0
001191	MEDICAID MATERNITY	73,283	117,260	190,543	0	190,543
001192	MEDICAID COMPREHENSIVE CHILD	183,117	293,006	476,123	0	476,123
001193	MEDICAID COMPREHENSIVE ADULT	0	0	0	0	0
001194	MEDICAID LABORATORY	0	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	20,691	20,691	41,381	0	41,381
001059	Medicaid Low Income Pool	0	0	0	0	0
001051	Emergency Medicaid	0	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0	0
001148	Medicaid HMO Non-Capitation	0	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0	0
MEDICAID TOTAL		681,212	1,093,767	1,774,979	0	1,774,979

7. ALLOCABLE REVENUE - STATE

018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL		0	0	0	0	0

8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE

	PHARMACY SERVICES	0	0	0	41,060	41,060
	LABORATORY SERVICES	0	0	0	86,805	86,805
	TB SERVICES	0	0	0	0	0
	IMMUNIZATION SERVICES	0	0	0	661,386	661,386
	STD SERVICES	0	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0	0
	WIC FOOD	0	0	0	1,898,807	1,898,807
	ADAP	0	0	0	341,192	341,192
	DENTAL SERVICES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	3,029,250	3,029,250

ATTACHED SHEET

SAN JUAN COUNTY HEALTH DEPARTMENT
 Department of Health and Human Services
 County Health Department
 January 2010 - September 2011

9. DIRECT LOCAL CONTRIBUTIONS - COUNTY

Code	Description	01/10	02/10	03/10	04/10	05/10	06/10	07/10	08/10	09/10	10/10	11/10	12/10	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	Total	
008030	Contribution from Health Care Tax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008034	BCC Contribution from General Fund	0	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880	314,880

DIRECT COUNTY CONTRIBUTION TOTAL

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001060	CHD SUPPORT POSITION	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001077	RABIES VACCINE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001077	CHILD CAR SEAT PROG	0	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908	112,908
001077	PERSONAL HEALTH FEES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001077	AIDS CO-PAYS	0	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250	5,250
001094	GROUP CARE FACILITY FEES	0	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810	75,810
001094	ONSITE SEWAGE TREATMENT & DISP	0	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899	58,899
001114	NEW BIRTH CERTIFICATES	0	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970	89,970
001115	Vital Statistics - Death Certificate	0	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508	2,508
001117	VITAL STATS-ADM. FEE 50 CENTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001073	Co-Pay for the AIDS Care Program	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001040	Cell Phone Administrative Fee	0	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345	345,345

FEES AUTHORIZED BY COUNTY TOTAL

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001009	RETURNED CHECK ITEM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618	65,618
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001054	MEDICARE PART D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001077	RYAN WHITE TITLE II	0	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897
001090	MEDICARE PART B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
001190	Health Maintenance Organization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
005040	INTEREST EARNED	0	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449	453,449
007010	U.S. GRANTS DIRECT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008010	Contribution from City Government	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008050	School Board Contribution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
008060	Special Project Contribution	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577	300,577
011001	HEALTHY START COALITION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
011007	CASH DONATIONS PRIVATE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
012020	FINES AND FORFEITURES	0	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
012021	RETURN CHECK CHARGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908	64,908
011000	GRANT-DIRECT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

APPENDIX II

SOUTH CAROLINA GOVERNMENT HEALTH DEPARTMENT
 HEALTH SERVICES AND COMMUNITY CARE DIVISION

September 30, 2011

TRUST FUND	GRANT	TRUST FUND	OTHER	TOTAL
(FD)	(G)	(TF)	(O)	(T)
Contribution	Contribution	Contribution	Contribution	Contribution

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0	0
011000	GRANT DIRECT-ARROW	0	0	0	0	0
010402	Recycled Material Sales	0	0	0	0	0
010303	FDLE Fingerprinting	0	0	0	0	0
007050	ARRA Federal Grant	0	0	0	0	0
001010	Recovery of Bad Checks	0	0	0	0	0
008065	FCO Contribution	0	0	0	0	0
011006	Restricted Cash Donation	0	0	0	0	0
028000	Insurance Recoveries	0	0	0	0	0
001033	CMS Management Fee - PMPMPC	0	0	0	0	0
010400	Sale of Goods Outside State Government	0	0	0	0	0
010500	Refugee Health	0	0	0	0	0
005045	Interest Earned-Third Party Provider	0	0	0	0	0
005043	Interest Earned-Contract/Grant	0	0	0	0	0
010306	DOH/DOC Interagency Agreement	0	0	0	0	0
008040	BCC Grant/Contract	0	0	0	0	0
011002	ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
	OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	894,539	894,539	0	894,539

12. ALLOCABLE REVENUE - COUNTY

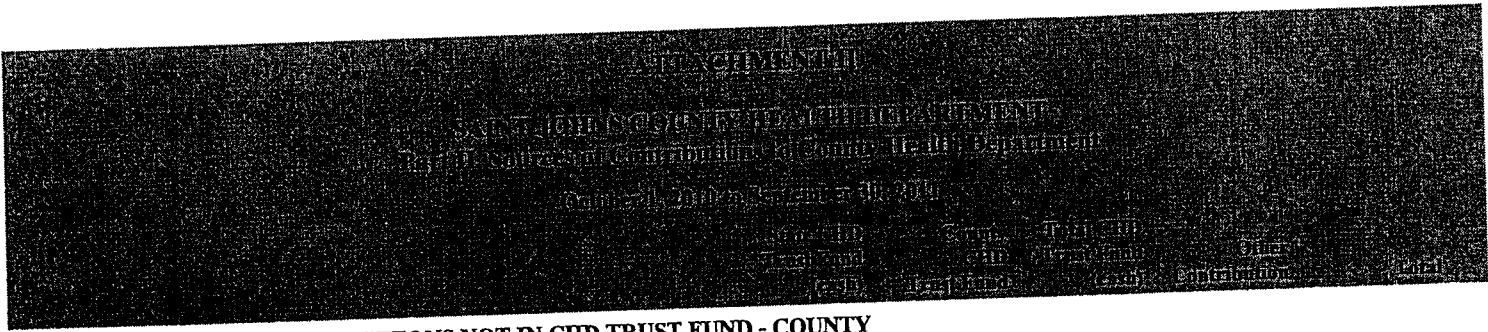
018000	REFUNDS	0	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
	COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0

13. BUILDINGS - COUNTY

	ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	667,022	667,022
	GROUNDS MAINTENANCE	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0	0
	INSURANCE	0	0	0	0	0
	UTILITIES	0	0	0	0	0
	OTHER (SPECIFY)	0	0	0	65,000	65,000
	BUILDING MAINTENANCE	0	0	0	732,022	732,022
	BUILDINGS TOTAL	0	0	0	732,022	732,022

14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

	EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
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14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY

	2011	2012	2013	2014	2015
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	4,622,951	2,648,531	7,271,482	3,761,272	11,032,754

ATTACHMENT III

ST. JOHNS COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

ATTACHMENT IV

ST. JOHNS COUNTY HEALTH DEPARTMENT

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
St. Johns County Health & Human Services Center 42,500 sq. ft.	1955 U.S. 1 South St. Augustine, FL (Suite 100)	St. Johns County
St. Johns County Permitting Building	4040 Lewis Speedway St. Augustine, FL	St. Johns County

ATTACHMENT VI

ST. JOHNS COUNTY HEALTH DEPARTMENT

PRIMARY CARE

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015040) is defined as:

"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- Family Planning (223/23)
- Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- Other Medical Treatment Program (please identify) STD (102)

Describe the target population to be served with categorical Primary Care funds.

- (229) Qualified children in the St. Johns area.
- (102 & 223) Qualified citizens in the St. Johns area.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015040) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HMS.

No.

**St. Johns County Health Department
County Fees – FY 2011**

Primary Care Services / Dental Services

Primary Care and Dental fees are derived yearly from the Medicaid Cost-based reimbursement rate. The Medicaid cost-based reimbursement rate is calculated on the previous fiscal year and becomes effective on July 1 of each year. There are 7 Sliding Fee Categories, which are based on a percent in relation to the poverty rate. Client financials are conducted for clients not eligible for Medicaid, which determines the appropriate category to place the client. This income based sliding fee scale is applied to the Medicaid cost-based fees.

Services are not denied on the basis of client's inability to pay.

Environmental Health Fees

The following County fees will be applied to existing state fees for the following services.

Environmental Health Fees	FY '11
Water Testing	
A. Private Well Testing – per sample	\$25.00
B. Private Well Testing – re-sample	\$25.00
C. Sample processing/shipping fee (limited use water systems)	\$15.00
Public Water Systems Service	\$100.00 annual fee
Well Construction Permits:	
A. Potable Well Permits	\$75.00
B. Non-potable Well Permit	\$50.00
C. Well Abandonment Permit (includes inspection)	\$50.00
D. Well Variance Application	\$50.00
E. Public Supply Wells	\$150.00
Food Service Establishments	
A. Temporary Food Service Operations (per each three days)	
1-3 vendors	\$50.00
4-6 vendors	\$50.00
over 6 vendors	\$75.00
Temp Food Service Application Review	\$25.00
Application Review	\$25.00/application
Group Care Facilities, excluding foster homes & without food service	\$100.00
Foster Homes	\$100.00
Adult Family Care Center	\$100.00
Child Care Center	\$150.00
Child Care Center with food service and DCF license	\$235.00
School	\$100.00
Assisted Living Facility	\$100.00
Residential Group Home	\$100.00
Other Residential Facility	\$100.00
Onsite Sewage Disposal System	\$175.00/permit
Swimming Pools	\$100.00

Vital Statistics

Death Certificates	\$10.00
Birth Certificates	\$15.00
Expedite Fee (rush orders)	\$10.00