

ORDINANCE NO 9558 (NEW SERIES)

AN ORDINANCE AMENDING THE
COUNTY OF SAN DIEGO ADMINISTRATIVE CODE
RELATING TO PUBLIC HEALTH FEES

The Board of Supervisors of the County of San Diego ordains as follows:

Section 1: ARTICLE XV-B of the County of San Diego Administrative Code is hereby amended to read as follows:

SEC. 239. RATES OF CHARGE TO BE ESTABLISHED BY DIRECTOR AND APPROVED BY BOARD.

Except as otherwise specified in Section 240 through Section 248 of this Administrative Code, the rates of charge for health care to be rendered by public health programs listed in Section 233 of this Administrative Code shall be set by the Director of the Health and Human Services Agency, referred to hereafter in this Article as Director, subject to approval by the Board of Supervisors, in accordance with the current Medi-Cal schedule and shall be revised by the Director as the Medi-Cal schedule changes. At least once each twenty-four (24) months, the rates of charge set by the Director shall be reviewed by the Health and Human Services Agency to assure that such charges do not exceed actual costs. In the event said review determines that any specific charge(s) exceed actual costs, the Director shall revise the rates of charge to reduce the applicable charge(s) to the level of actual costs

SEC. 240. PATIENTS' ECONOMIC STATUS TO BE DETERMINED.

Except for those persons who pay the established rates of charge in full, the economic status of all patients who seek admission to any of the treatment or custodial facilities where patients are charged will be determined as follows:

- (a) Mental Health cases: In accordance with the State mandated "Uniform Method of Determining Ability to Pay."
- (b) Prisoners: Those receiving out-patient care will be accepted as financially eligible. Those receiving in-patient care will be checked for applicable third-party coverage.
- (c) All others: In accordance with the eligibility procedure used by the State's Medi-Cal Program, or as may otherwise be approved by the Board of Supervisors.

SEC. 240.1. NOTICE TO RESPONSIBLE RELATIVES.

The Director may cause a written notice to be sent to all responsible relatives of an applicant for admission, which notice shall inform them of their legal liability for the care of such applicant. Upon the request of the Director the responsible relatives shall file within ten (10) days if living in the County, or within thirty (30) days if living elsewhere, under penalty of perjury a form supplying the information essential to the determination of the relatives' liability for support of an applicant or recipient of aid. The Director may authorize and direct any County officers or employees personally to visit those responsible relatives living in the County and to collect from such relatives reimbursement for all care given by the County. Execution of liens may be required of responsible relatives as a condition of withholding legal action, except that no lien shall be taken against the home or other property of any relative, other than a parent of a minor or a spouse, liable for the support of a person receiving County aid or relief.

SEC. 240.2. DIRECTOR OF HEALTH AND HUMAN SERVICES OR DIRECTOR OF REVENUE AND RECOVERY MAY DEFER BILLING OR COMPROMISE AND SETTLE AN ACCOUNT.

The Director or the Director's designated representative, and the Director of Revenue and Recovery, or the Director's designated representative, are hereby authorized to defer billing, or compromise and settle an account when investigation reveals that neither the patient nor the patient's responsible relatives or representative can pay for or otherwise secure the care, or the means for paying for the care, which the patient requires. In making this determination the Director or the Director of Revenue and Recovery will give consideration to:

1. In mental health cases, the State mandated "Uniform Method of Determining ability to Pay."
2. In non-mental health cases:
 - (a) The nature of the patient's illness, the probable duration of disability, its effect on the patient's future income production and the probable cost of private care.
 - (b) The family assets and obligations, their accustomed standard of living and the amount of indebtedness which they can be expected to assimilate.

Further, the Director or the Director of Revenue and Recovery may compromise and settle an account whenever the Director and the County Counsel agree that actual or potential legal problems arising from the treatment of a case, or collection of an account, indicate such action to be to the best interest of the County.

SEC. 240.3. ACTIVATION OF DEFERRED ACCOUNTS.

A deferred account will be activated, entered in the books and presented for collection whenever information indicates that the patient and his responsible relatives are able to pay for the services rendered.

SEC. 240.4. NON-RESIDENT PATIENTS; BILLING FOR, AND TRANSFERRING.

Whenever a non-resident patient as defined by State law is admitted to a Agency facility, every effort will be made to determine his place or legal residence. No such patient will be found eligible for either a deferred bill or a compromise settlement until all means of securing payment from the authorities at his place of residence have been exhausted and all such patients who are granted deferred or compromise status will be removed from the Agency as soon as other facilities can be found and the patient's condition permits such removal. As to psychiatric patients referred for Mental Health Services, County residence as defined in Welfare and Institutions Code or Health and Safety Code, shall not be required, but state residence as defined in the Government Code is sufficient for the patient's eligibility, deferred billing, or postponement of removal to place of residence.

SEC. 241. ALL PATIENTS TO BE STAFF CASES.

The care and treatment of all patients admitted to any health care institution or program operated by the Agency shall be supervised and administered only by qualified professionals who are either employed by the Agency or regularly appointed and assigned as a member of the staff of a division of the Agency.

SEC. 242. FEE FOR IMMUNIZATIONS.

The Director shall charge and collect a fee of \$10 per patient for immunization services administered by the County for all persons age two years and older for such vaccines which protect against the following diseases: influenza, polio, diphtheria-pertussis-tetanus, measles, mumps, rubella, Hemophilus influenza type b, hepatitis B, and pneumococcal pneumonia disease. All children younger than age 2 years will be immunized at no cost.

SEC. 243. FEE FOR VENEREAL DISEASE SERVICES.

The Director shall charge and collect a fee of \$15 from each person receiving venereal disease services from the County. Services provided for said fee shall include the initial examination, diagnosis, treatment, and follow-up for purposes of determining whether the disease has been cured.

SEC. 244. FEES FOR LABORATORY SERVICES.

The Director shall charge and collect the following fees for the following laboratory services:

ENVIRONMENTAL TESTING FEES

Total coliforms and E. coli (presence/absence) – potable water . . . \$16.00

Total coliforms and E. coli count (chromogenic method) – other water . . . \$18.00

Enterococcus count (chromagenic method) – other water . . . \$18.00

Total and fecal coliforms by MPN method (15 tubes) – other water . . . \$40.00

Total and fecal coliforms by MPN method (15 tubes) – sewage . . . \$166.00

Air sampling plate count . . . \$40.00

Heterotrophic plate count . . . \$33.00

SEC. 245. WAIVER OF FEES.

The Public Health Officer may waive collection of all or part of the fees provided for in Sections 239, 243, 244 and 245 of this Administrative Code in the event that the Public Health Officer determines that such waiver is in the interest of protecting the public health.

SEC. 246. EARLY INTERVENTION PROGRAM FEES.

The Director shall charge and collect the following fees for the following services:

OFFICE VISIT

Type of Visit

New Patient

Brief . . . \$23.00

Limited . . . \$38.00

Intermediate . . . \$58.00

Extended . . . \$83.00

Comprehensive . . . \$95.00

Established Patient

Brief . . . \$10.00

Limited . . . \$14.00

Intermediate . . . \$18.00

Extended . . . \$23.00

Comprehensive . . . \$38.00

PSYCHIATRY SERVICES

20-30 minutes . . . \$40.00

45-50 minutes . . . \$58.00

Psychological Testing . . . \$48.00

Group Medical Psychotherapy . . . \$5.00

PSYCHOLOGY SERVICES

Individual (one-half hour) . . . \$14.60

Individual (one hour) . . . \$29.24

Group Therapy (per person) . . . \$43.83

Notwithstanding the above fee schedule, persons qualifying on the basis of family income may be charged a copayment rather than the applicable fee based on a copayment schedule approved by the Board of Supervisors. In addition, the Director may waive collection of the fee or the copayment in the event that the County Health Officer determines that such waiver is necessary to protect the public health, and the Director may waive collection of the copayment where the person requesting services declares under penalty of perjury that he or she is unable to pay said copayment without using money which is necessary for the use of said person or the person's family to provide for the common necessities of life.

SEC. 247. FEE FOR PATIENT ADVOCACY SERVICES FOR MINORS' INDEPENDENT CLINICAL REVIEWS.

The Director shall charge and collect a fee of \$126.14 per each independent clinical review for services provided by the Patient Advocacy Program in connection with independent clinical reviews conducted pursuant to the provisions of Welfare and Institutions Code Section 6002.10, et seq. Such fee shall be charged and collected in accordance with the provisions of Welfare and Institutions Code Section 60002.40.

SEC. 248. TARGETED CASE MANAGEMENT SERVICES FEES – PUBLIC HEALTH SERVICES.

(a) The Director shall charge and collect a fee established in accordance with the State Targeted Case Management (TCM) Cost Plan process for Public Health Nursing Targeted Case Management Services. The fees to be charged shall be calculated as a percentage of the cost of services as provided in the following fee schedules based on the family size and adjusted gross income of the party liable for the fee:

FEE SCHEDULE - INDIVIDUAL OR FAMILY OF TWO

For families of one or two persons, including the client and all members of the same household:

<u>ADJUSTED GROSS INCOME</u> (Amount reported by liable party on most recent federal income tax return)	<u>FEE FACTOR</u> (% of the cost of services provided)
\$ 1 - \$ 76,366	0%
\$ 76,367 - \$ 80,663	5%
\$ 80,664 - \$ 86,041	10%

\$ 86,042 - \$ 91,419	15%
\$ 91,420 - \$ 96,797	20%
\$ 96,798 - \$102,174	25%
\$102,175 - \$107,552	30%
\$107,553 - \$112,929	35%
\$112,930 - \$118,307	40%
\$118,308 - \$123,685	45%
\$123,686 - \$129,062	50%
\$129,063 - \$134,440	55%
\$134,441 - \$139,817	60%
\$137,818 - \$145,196	65%
\$145,197 - \$150,573	70%
\$150,574 - \$155,950	75%
\$155,951 - \$161,328	80%
\$161,329 - \$166,706	85%
\$167,707 - \$172,084	90%
\$172,085 - \$177,461	95%
\$177,462 and over	100%

FEE SCHEDULE - FAMILY OF THREE

For families of three persons, including the client and all members of the family residing in the same household:

<u>ADJUSTED GROSS INCOME</u> <u>(Amount reported by liable party on</u> <u>most recent federal income tax return)</u>	<u>FEE FACTOR</u> <u>(% of the cost of services provided)</u>
\$ 1 - \$112,929	0%
\$112,930 - \$118,307	5%
\$118,308 - \$123,685	10%
\$123,686 - \$129,062	15%
\$129,063 - \$134,440	20%
\$134,441 - \$139,817	25%
\$139,818 - \$145,196	30%
\$145,197 - \$150,573	35%
\$150,574 - \$155,950	40%
\$155,951 - \$161,328	45%
\$161,329 - \$166,706	50%
\$166,707 - \$172,084	55%
\$172,085 - \$177,461	60%
\$177,462 - \$182,839	65%

\$182,840 - \$188,216	70%
\$188,217 - \$193,594	75%
\$193,595 - \$198,972	80%
\$198,973 - \$204,349	85%
\$204,350 - \$209,727	90%
\$209,728 - \$215,104	95%
\$215,105 and over	100%

FEE SCHEDULE - FAMILY OF FOUR

For families of four or more persons, including the client and all members of the family residing in the same household:

<u>ADJUSTED GROSS INCOME</u> <u>Amount reported by liable party on</u> <u>most recent federal income tax return)</u>	<u>FEE FACTOR</u> <u>(% of the cost of services provided)</u>
\$ 1 - \$145,196	0%
\$145,197 - \$150,573	5%
\$150,574 - \$155,950	10%
\$155,951 - \$161,328	15%
\$161,328 - \$166,706	20%
\$166,707 - \$172,084	25%
\$172,085 - \$177,461	30%

\$177,462 - \$182,839	35%
\$182,840 - \$188,216	40%
\$188,217 - \$193,594	45%
\$193,595 - \$198,972	50%
\$198,973 - \$204,349	55%
\$204,350 - \$209,727	60%
\$207,728 - \$215,104	65%
\$215,105 - \$220,483	70%
\$220,484 - \$225,860	75%
\$225,861 - \$231,237	80%
\$231,238 - \$236,615	85%
\$236,616 - \$241,993	90%
\$241,994 - \$247,371	95%
\$247,372 and over	100%

(b) The Director shall charge and collect the following fees for conservatorship services in the Lanterman-Petris-Short (“LPS”) Conservatorship Program. The Director may authorize his or her designee to charge and collect the fees specified in this subdivision. The fees to be charged shall be as follows:

<u>End of Month Balance in Client Reserve Account</u>	<u>Annual Fee</u>
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\$ 0 - \$ 2,000	\$ 0
\$ 2,001 - \$ 2,500	\$ 100
\$ 2,501 - \$ 3,000	\$ 200
\$ 3,001 - \$ 3,500	\$ 300
\$ 3,501 - \$ 4,000	\$ 400
\$ 4,001 - \$ 4,500	\$ 500
\$ 4,501 - \$ 5,000	\$ 600
\$ 5,001 - \$ 5,500	\$ 700
\$ 5,501 - \$ 6,000	\$ 800
\$ 6,001 - \$ 6,500	\$ 900
\$ 6,501 - \$ 7,000	\$1,000
\$ 7,001 - \$ 7,500	\$1,100
\$ 7,501 - \$ 8,000	\$1,200
\$ 8,001 - \$ 8,500	\$1,300
\$ 8,501 - \$ 9,000	\$1,400
\$ 9,001 - \$ 9,500	\$1,500
\$ 9,501 - \$10,000	\$1,600
\$10,001 and up	\$1,700

SEC. 249. TARGETED CASE MANAGEMENT SERVICES FEES - AGING AND INDEPENDENCE SERVICES.

(a) The Director shall charge and collect a fee established in accordance with the State Targeted Case Management (TCM) Cost Plan process for Aging & Independence Services Targeted Case Management Services. The fees to be charged shall be calculated based on adjusted gross income exceeding the California Supplemental Security Income (SSI) rate of \$712.00 per month for individuals and \$1,265.00 per month for couples. The following fee schedules are based on the family size and adjusted gross income of the party liable for the fee:

FEE SCHEDULE – INDIVIDUAL OR FAMILY OF TWO

For families of one or two persons, including the client and all members of the same household:

PERCENT OF SSI RATE	INDIVIDUAL MONTHLY INCOME	COUPLE MONTHLY INCOME	HOURLY CHARGE FOR CASE MANAGEMENT
300%	\$2,136	\$3,795	\$15.00
400%	\$2,848	\$5,060	\$30.00
500%	\$3,560	\$6,325	\$45.00

Section 2. EFFECTIVE DATE. This ordinance shall take effect and be in force thirty (30) days after the date of its passage, and before the expiration of fifteen (15) days after its passage it shall be published once with the names of the members voting for and against the same in the San Diego Commerce, a newspaper of general circulation published in the County of San Diego.

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL

BY *Luca M. Macchiaro*
SENIOR DEPUTY

05/21/03 (22)
No. 9558

PASSED, APPROVED and ADOPTED this 21st day of May, 2003.

GREG COX, CHAIRMAN
Board of Supervisors, County of San Diego, State of California

The above Ordinance was adopted by the following vote:

AYES: Cox, Jacob, Slater, Roberts, Horn

ATTEST my hand and the seal of the Board of Supervisors this 21st day of May, 2003.

THOMAS J. PASTUSZKA
Clerk of the Board of Supervisors

By Kellie C. Kellogg
Kellie C. Kellogg, Deputy

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