

**ATTACHMENT A: SUMMARY COMPARISON OF CURRENT AND PROPOSED FEES**  
Effective FY 2017-18

Program	Action	Current Fees	FY 2017/18 Proposed Fees				Requesting B-29 Waiver	Notes
			FY 17/18 Proposed Fee	Projected Full Cost Recovery Fee	\$ Change Proposed vs Current	% Change Proposed vs Current		
<b>PHS Fees</b>								
<b>Emergency Medical Services:</b>								
<i>Personnel Fees</i>								
EMT/Advanced EMT Initial Cert /Recert	Convert/Increase	\$17 00	\$40 00	\$83 00	\$23 00	135%	Yes	Requesting approval to phase in full cost recovery over three years
Paramedic Accred /Re Accred	Convert/Increase	\$17 00	\$40 00	\$83 00	\$23 00	135%	Yes	Requesting approval to phase in full cost recovery over three years
Mobile Intensive Care Nurse Authorization/Re	Convert/Increase	\$17 00	\$40 00	\$83 00	\$23 00	135%	Yes	Requesting approval to phase in full cost recovery over three years
<i>Agency Fees - Ground Ambulance</i>								
Initial Application	Convert/Increase	\$2,000 00	\$2,593 00	\$3,644 00	\$593 00	30%	Yes	Requesting approval to phase in full cost recovery over three years
Renewal	Convert/Increase	\$1,000 00	\$1,422 00	\$2,186 00	\$422 00	42%	Yes	Requesting approval to phase in full cost recovery over three years
Basic Life Support (BLS) Inspection	Convert/Increase	\$250 00	\$293 00	\$364 00	\$43 00	17%	Yes	Requesting approval to phase in full cost recovery over three years
Advanced Life Support (ALS)	Convert/Increase	\$125 00	\$146 00	\$182 00	\$21 00	17%	Yes	Requesting approval to phase in full cost recovery over three years
Critical Care Transport Kit	Convert/Increase	\$125 00	\$146 00	\$182 00	\$21 00	17%	Yes	Requesting approval to phase in full cost recovery over three years
<i>Agency Fees - Air Ambulance</i>								
Initial Application	Delete	\$15,000 00	\$0 00	\$0 00	-\$15,000 00	-100%		
Renewal	Delete	\$7,500 00	\$0 00	\$8,563 00	-\$7,500 00	-100%		
Inspection	Delete	\$500 00	\$0 00	\$568 00	-\$500 00	-100%		
<i>Continuing Education Fees</i>								
CE Provider Approval (4 years)	Convert/Increase	\$400 00	\$963 00	\$963 00	\$563 00	141%		
<i>Hospital Designation Fees</i>								
Base Hospital Designation	Convert/Decrease	\$25,000 00	\$24,230 00	\$24,230 00	-\$770 00	-3%		
Trauma Center Designation	Convert/Increase	\$40,000 00	\$48,200 00	\$48,200 00	\$8,200 00	21%		
<b>HIV, STD and Hepatitis Branch (HSHB):</b>								
STD clinic visit (Venereal Disease Services Fee)	Increase	\$15 00	\$40 00	\$288 00	\$25 00	167%	Yes	
<b>Public Health Laboratory:</b>								
<i>Water</i>								
Total coliforms and E. coli (Drinking Water)	Increase	\$16 00	\$36 00	\$36 00	\$20 00	125%		
Enterococcus (Sea Water)	Increase	\$18 00	\$32 00	\$32 00	\$14 00	78%		
Total and fecal coliforms (Sea Water) by MPN method	Increase	\$40 00	\$63 00	\$63 00	\$23 00	58%		
Total and fecal coliforms (Wastewater) by MPN method	Decrease	\$166 00	\$114 00	\$114 00	-\$52 00	-31%		
Heterotrophic Bacteria (plate count)	Increase	\$33 00	\$68 00	\$68 00	\$35 00	106%		
Air sampling plate count	Delete	\$40 00	\$0 00	\$0 00	-\$40 00	-100%		
<i>Water: Alternate tests under consideration</i>								
Total and Fecal Coliforms (Sea Water) Colilert 18	New	\$0 00	\$30 00	\$30 00	\$30 00	0%		
Total and Fecal Coliforms (Sea Water) Membrane Filtration	New	\$0 00	\$33 00	\$33 00	\$33 00	0%		
<i>Other tests</i>								
Food borne examination (Negative)	New	\$0 00	\$126 00	\$126 00	\$126 00	0%		
Food borne examination (Positive)	New	\$0 00	\$218 00	\$218 00	\$218 00	0%		
Rabies	New	\$0 00	\$56 00	\$56 00	\$56 00	0%		
<i>Clinical Fees</i>								
Trichomonas	New	\$0 00	\$38 21	\$53 89	\$38 21	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
GC Culture (Negative)	New	\$0 00	\$5 86	\$25 51	\$5 86	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
GC Culture (Positive)	New	\$0 00	\$13 23	\$48 69	\$13 23	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
GC Culture (Positive + DST)	New	\$0 00	\$25 10	\$64 11	\$25 10	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Acid fast smear exam (Ziehl Neelson)	New	\$0 00	\$4 87	\$15 47	\$4 87	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Herpes by PCR	New	\$0 00	\$30 73	\$47 23	\$30 73	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Norovirus by PCR	New	\$0 00	\$30 15	\$83 48	\$30 15	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Hepatitis	New	\$0 00	\$10 83	\$18 87	\$10 83	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Confirmatory HIV-1/2 (Genius)	New	\$0 00	\$19 72	\$115 09	\$19 72	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Aerobic Bacterial Culture (Negative)	New	\$0 00	\$7 73	\$31 24	\$7 73	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Aerobic Bacterial Culture (Positive)	New	\$0 00	\$5 22	\$83 35	\$5 22	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Chlamydia / Gonorrhea	Decrease	\$33 37	\$25 18	\$25 18	-\$8 19	-25%		County cost is less than Medi-cal
Acid fast smear exam (fluorochrome)	Decrease	\$5 94	\$4 87	\$15 45	-\$1 07	-18%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Specimen concentration	Decrease	\$7 38	\$6 31	\$27 94	-\$1 07	-14%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Mycobacteria culture (includes concentration, smear and MGIT culture) and identification	No Change	\$9 12	\$9 12	\$46 16	\$0 00	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
M. Kansasii probe	Decrease	\$22 44	\$20 30	\$40 43	-\$2 14	-10%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Identification with conventional methods (niacin, nitrate)	Decrease	\$12 10	\$11 92	\$48 46	-\$0 18	-1%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Identification by DNA probe (M. tuberculosis)	Decrease	\$22 17	\$21 83	\$40 65	-\$0 34	-2%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Identification by DNA probe (M. avium complex)	Decrease	\$22 17	\$21 83	\$40 65	-\$0 34	-2%		Link to Article XV-B, Section 239 Limited to Medi-Cal
M. Gordonae probe	Decrease	\$22 17	\$21 83	\$40 65	-\$0 34	-2%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Drug susceptibility, per drug	No Change	\$4 56	\$4 56	\$136 22	\$0 00	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Direct specimen PCR for TB/Rifampin resistance	Increase	\$38 80	\$68 36	\$107 32	\$29 56	76%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Quantiferon Gold (TB test, cell immune measure)	Decrease	\$69 27	\$41 93	\$41 93	-\$27 34	-39%		County cost is less than Medi-cal
Darkfield exam	Decrease	\$12 49	\$12 30	\$48 41	-\$0 19	-2%		Link to Article XV-B, Section 239 Limited to Medi-Cal
RPR - qualitative	Decrease	\$4 56	\$3 84	\$28 69	-\$0 72	-16%		Link to Article XV-B, Section 239 Limited to Medi-Cal

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			FY 17/18 Proposed Fee	Projected Full Cost Recovery Fee	\$ Change Proposed vs Current	% Change Proposed vs Current		
RPR - quantitative	Decrease	\$4 87	\$4 00	\$25 71	-\$0 87	-18%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Confirmatory TP-PA with both RPR above	Decrease	\$15 18	\$11 69	\$32 20	\$3 49	-23%		Link to Article XV-B, Section 239 Limited to Medi-Cal
RPR Panel - Qual, Quant, TP-PA	Decrease	\$24 61	\$19 53	\$85 14	-\$5 08	-21%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Syphilis Antibody CIA	Decrease	\$15 18	\$11 69	\$19 72	\$3 49	-23%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Respiratory Virus culture (R-mix)	Decrease	\$22 80	\$21 87	\$0 00	-\$0 93	-4%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Virus Identification by PCR, Influenza	No Change	\$38 80	\$38 80	\$52 95	\$0 00	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Virus Identification by PCR, Other	No Change	\$38 80	\$38 80	\$79 88	\$0 00	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
HIV-1/2 Antigen/Antibody CIA	Increase	\$12 65	\$20 26	\$26 10	\$7 61	60%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Confirmatory HIV-1 antibody (IFA or Multispot)	Decrease	\$21 40	\$17 72	\$106 93	\$3 68	-17%		Link to Article XV-B, Section 239 Limited to Medi-Cal
HIV-1 viral load	Decrease	\$94 07	\$76 33	\$147 20	-\$17 74	-19%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Bacteria or other agent identification by PCR	No Change	\$38 80	\$38 80	\$0 00	\$0 00	0%		Link to Article XV-B, Section 239 Limited to Medi-Cal
<b>Vital records:</b>								
Medical Marijuana Identification Card	Delete	\$166 00	\$0 00		-\$166 00	-100%		
Card for Medi-Cal Beneficiaries	Delete	\$83 00	\$0 00		-\$83 00	-100%		
<b>Regional Public Health Centers</b>								
Immunizations	Delete	\$10 00	\$0 00					Link to Article XV-B, Section 239 Limited to Medi-Cal
<b>BHS Fees</b>								
<b>Edgemoor:</b>								
Private Pay Rate	Increase	\$625 00	\$681 00	\$681 00	\$56 00	9%		
<b>BHS:</b>								
Patient Advocacy Program	Delete	\$126 14	\$0 00			-100%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Hospital Inpatient	Convert/Increase	\$693 69	\$1,359 28	\$1,307 00	\$665 59	96%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
Hospital Administrative Day	Convert/Decrease	\$693 69	\$415 95	\$0 00	-\$277 74	-40%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
Crisis Stabilization - Urgent Care/ER	Convert/Increase	\$59 37	\$187 81	\$181 22	\$128 44	216%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
Day Rehabilitation - Full Day	Convert/Increase	\$103 72	\$260 72	\$251 56	\$157 00	151%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
Outpatient Services - Case Management, Brokerage	Convert/Increase	\$2 15	\$2 46	\$2 37	\$0 31	14%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Outpatient Services - Mental Health Services	Convert/Increase	\$2 29	\$2 46	\$2 37	\$0 17	7%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
Outpatient Services - Medication Support	Convert/Decrease	\$6 39	\$5 86	\$5 65	-\$0 53	-8%		Link to Article XV-B, Section 239 Limited to Medi-Cal
Outpatient Services - Crisis Intervention	Convert/Decrease	\$7 26	\$4 72	\$4 55	-\$2 54	-35%		Convert fee from Board Resolution to Administrative Code (Article XV-B, Section 239)
<b>CWS Fees</b>								
Stepparent Adoption	No Change	\$270 00	\$270 00	\$3,522 00	\$0 00	0%	Yes	

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ORDINANCE NO. \_\_\_\_\_ (N.S.)

AN ORDINANCE AMENDING ARTICLE XV-B OF THE SAN DIEGO COUNTY  
ADMINISTRATIVE CODE, RELATING TO HEALTH AND HUMAN SERVICES  
CHARGES AND FEES

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

Section 1: Article XV-B of the San Diego County Administrative Code is amended in its entirety to read as follows:

**SEC. 238. RESPONSIBILITY FOR COST.**

Except as otherwise provided by law or by contract all aid rendered shall be a charge against the patient, the patient's spouse, or the patient's parents when the patient is a minor, and they shall be jointly and severally liable to pay the costs thereof. Parents shall not be liable for care of children 15 years of age or older living separate and apart from the parents and managing their own financial affairs unless such parents have requested or consented to such care of their child or children. The Agency Director or designated representative, and the Director of Revenue and Recovery, or designated representative, are hereby authorized to use appropriate means to collect repayment of costs from patients and responsible relatives, including securing payment by requiring execution and filing of liens consistent with Welfare and Institutions Code section 17109 and any other applicable statutory provisions.

**SEC. 239. RATES OF CHARGE IN ACCORDANCE WITH THE PUBLISHED MEDI-CAL SCHEDULE.**

Except as otherwise specified in Section 240 through Section 255 of this Administrative Code, the rates of charge for health care to be rendered by public health and behavioral health programs listed in Section 233 of this Administrative Code shall be set in accordance with the current published Medi-Cal schedule and shall be revised by the Agency Director of the Health and Human Services Agency, referred to hereafter in this Article as Agency Director, as the published Medi-Cal schedule changes. At least once each twenty-four (24) months, the rates shall be reviewed by the Health and Human Services Agency to assure that such charges do not exceed the County's actual costs. In the event the review determines that any specific charge(s) exceed actual costs, the Agency Director shall revise the rates of charge to reduce the applicable charge(s) to the level of actual costs. Specified services subject this section include:

- (a) public health services:
  - (1) Trichomonas test
  - (2) GC Culture (Negative) test
  - (3) GC Culture (Positive) test

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- (4) GC Culture (Positive + DST) test
  - (5) Acid fast smear exam (Ziehl-Neelson) test
  - (6) Herpes by PCR test
  - (7) Norovirus by PCR test
  - (8) Hepatitis test
  - (9) Confirmatory HIV-1/2 (Genius) test
  - (10) Aerobic Bacterial Culture (Negative) test
  - (11) Aerobic Bacterial Culture (Positive) test
  - (12) Acid fast smear exam (fluorochrome) test
  - (13) Specimen concentration test
  - (14) Mycobacteria culture (includes concentration, smear and MGIT culture) and identification test
  - (15) M. Kansasii probe test
  - (16) Identification with conventional methods (niacin, nitrate) test
  - (17) Identification by DNA probe (M. tuberculosis) test
  - (18) Identification by DNA probe (M. avium complex) test
  - (19) M. Gordonae probe test
  - (20) Drug susceptibility, per drug test
  - (21) Direct specimen PCR for TB/Rifampin resistance test
  - (22) Quantiferon Gold (TB test, cell immune measure) test
  - (23) Darkfield exam test
  - (24) RPR - qualitative test
  - (25) RPR - quantitative test
  - (26) Confirmatory TP-PA with both RPR above test
  - (27) RPR Panel - Qual, Quant, TP-PA test
  - (28) Syphilis Antibody CIA test
  - (29) Respiratory Virus culture (R-mix) test
  - (30) Virus Identification by PCR, Influenza test
  - (31) Virus Identification by PCR, Other test
  - (32) HIV-1/2 Antigen/Antibody CIA test
  - (33) Confirmatory HIV-1 antibody (IFA or Multispot) test
  - (34) HIV-1 viral load test
  - (35) Bacteria or other agent identification by PCR test
  - (36) Chlamydia / Gonorrhea test
  - (37) Immunizations provided
  - (38) Other related health services that are included in the Medi-Cal schedule
- (b) behavioral health services:
- (1) Hospital Inpatient
  - (2) Hospital Administrative Day
  - (3) Crisis Stabilization - Urgent Care/ER

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- (4) Day Rehabilitation - Full Day
- (5) Outpatient Services - Case Management, Brokerage
- (6) Outpatient Services - Mental Health Services
- (7) Outpatient Services - Medication Support
- (8) Outpatient Services - Crisis Intervention
- (9) Other related behavioral health services that are included in the Medi-Cal schedule

### **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 Agency 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 Agency 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 Agency 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.

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

The Agency Director or designated representative, and the Director of Revenue and Recovery, or 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 Agency 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 Agency Director or the Director of Revenue and Recovery may compromise and settle an account whenever the Agency 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 an Agency facility, every effort will be made to determine his place of 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

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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. [RESERVED.]**

### **SEC. 243. FEE FOR VENEREAL DISEASE SERVICES.**

The Agency Director shall charge and collect a fee of \$40 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 Agency 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 \$36.00

Total coliforms and E. coli count (chromogenic method) - other water \$30.00

Enterococcus count (chromagenic method) - other water \$32.00

Total and fecal coliforms by MPN method (15 tubes) - other water \$63.00

Total and fecal coliforms by MPN method (15 tubes) - sewage \$114.00

Heterotrophic plate count \$68.00

Total and Fecal Coliforms (Sea Water) Membrane Filtration \$33.00

Food borne examination (Negative) \$126.00

Food borne examination (Positive) \$218.00

Rabies \$56.00

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**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, and 244 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. COUNTY SERVICE AREAS 17 AND 69 NON-DISTRICT RESIDENT AMBULANCE FEES.**

The following fees shall be charged to non- district residents of County Service Areas 17 and 69 for ambulance services by County Service Area 17 and 69 providers:

- Advanced Life Support Transport \$1,050.00
- Basic Life Support Transport \$1,050.00
- Non-Transport (treat & release) \$150.00
- Mileage \$20.00/mile (minimum 1 mile)
- Oxygen \$65.00
- Night Charge (1900 - 0700 hours) \$40.00

**SEC. 247. [RESERVED.]**

**SEC. 248. TARGETED CASE MANAGEMENT SERVICES FEES - HEALTH AND HUMAN SERVICES AGENCY.**

- (a) The Agency 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:

ADJUSTED GROSS INCOME (Amount reported by liable party on most recent federal income tax return)	FEE FACTOR (% 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%

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\$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:

ADJUSTED GROSS INCOME (Amount reported by liable party on most recent federal income tax return)	FEE FACTOR (% of the cost of services provided)
\$ 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%

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\$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:

ADJUSTED GROSS INCOME (Amount reported by liable party on most recent federal income tax return)	FEE FACTOR (% of the cost of services provided)
\$ 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%
\$209,728 - \$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%

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(b) The Agency Director shall charge and collect the following fees for conservatorship services in the Lanterman-Petris-Short ("LPS") Conservatorship Program. The Agency 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:

End of Month Balance in Client Reserve Account	Annual Fee
\$ 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. [RESERVED.]**

**SEC. 250. COUNTY SERVICE AREA 69 RESIDENT USER FEE.**

A fee of \$900.00 and a mileage charge of \$20.00 per mile (minimum 1 mile) shall be charged to residents of County Service Area 69 who are transported for Basic or Advanced Life Support to a hospital by a County Service Area 69 provider. The Agency Director or designee may waive said fee for those residents financially unable to pay the fee.

ATTACHMENT B

**SEC. 251. RATE OF CHARGE - OFFICE OF VITAL RECORDS AND STATISTICS FEE - TO BE ESTABLISHED BY AGENCY DIRECTOR AND APPROVED BY BOARD.**

The rate of charge of \$20.00 is established for providing a Certificate of Still Birth. The fee shall be set by the Agency Director subject to approval by the Board of Supervisors, in accordance with the current cost of providing the service, up to any statutory maximum. At least once each 24 months, the rate of charge set by the Agency Director shall be reviewed by the Health and Human Services Agency to assure that such charge does not exceed actual costs. In the event said review determines that the charge exceeds actual costs, the Agency Director shall revise the rate of charge to reduce the charge to the level of actual costs.

**SEC. 252. OFFICE OF VITAL RECORDS AND STATISTICS - FEE FOR STATE MANDATED MEDICAL MARIJUANA IDENTIFICATION CARD PROGRAM.**

The Agency Director shall charge and collect for the State Mandated Medical Marijuana Identification Card up to the amount authorized in the California Health and Safety Code.

**SEC. 253. COUNTY SERVICE AREA 17 RESIDENT USER FEE.**

A fee of \$400 plus \$20 per mile (minimum one mile) shall be charged to residents of County Service Area 17 who are transported to a hospital by a County Service Area 17 provider. The Deputy Chief Administrative Officer/ Agency Director or designee may waive said fee for those residents financially unable to pay the fee.

**SEC. 254. EMERGENCY MEDICAL SERVICES FEE.**

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

PERSONNEL FEES

EMT/Advanced EMT Initial Cert./Recert. - \$40.00

Paramedic Accred./Re-Accred. - \$40.00

Mobile Intensive Care Nurse Authorization/Re - \$40.00

GROUND AMBULANCE

Initial Application \$2,593.00

Renewal \$1,422.00

Basic Life Support (BLS) Inspection \$293.00

Advanced Life Support (ALS) \$146.00

ATTACHMENT B

Critical Care Transport Kit \$146.00

CONTINUING EDUCATION FEES

CE Provider Approval (4 years) - \$963.00

HOSPITAL DESIGNATION FEES

Base Hospital Designation - \$24,230.00

Trauma Center Designation - \$48,200.00

**SEC. 255. EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY.**

The Agency Director shall charge and collect the following fees for the following inpatient health services at Edgemoor Distinct Part Skilled Nursing Facility:

Private Pay Rate \$681.00

Section 2. Effective Date. This ordinance shall take effect thirty days (30) after its adoption. Within fifteen days after the date of adoption of this ordinance, a summary shall be published once with the name of the members for and against the same in the newspaper of general circulation published in the County of San Diego.



ATTACHMENT B-1

ORDINANCE NO. \_\_\_\_\_ (N.S.)

AN ORDINANCE AMENDING ARTICLE XV-B OF THE SAN DIEGO COUNTY ADMINISTRATIVE CODE, RELATING TO HEALTH AND HUMAN SERVICES CHARGES AND FEES

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

Section 1: Article XV-B of the San Diego County Administrative Code is amended in its entirety to read as follows:

**SEC. 238. RESPONSIBILITY FOR COST.**

Except as otherwise provided by law or by contract all aid rendered shall be a charge against the patient, the patient's spouse, or the patient's parents when the patient is a minor, and they shall be jointly and severally liable to pay the costs thereof. Parents shall not be liable for care of children 15 years of age or older living separate and apart from the parents and managing their own financial affairs unless such parents have requested or consented to such care of their child or children. The Agency Director or ~~the Director's~~ designated representative, and the Director of Revenue and Recovery, or ~~the Revenue and Recovery Director's~~ designated representative, are hereby authorized to use appropriate means to collect repayment of costs from patients and responsible relatives, including securing payment by requiring execution and filing of liens consistent with Welfare & and Institutions Code section 17109 and any other applicable statutory provisions.

**SEC. 239. RATES OF CHARGE IN ACCORDANCE WITH THE PUBLISHED MEDICAL SCHEDULE TO BE ESTABLISHED BY DIRECTOR AND APPROVED BY BOARD.**

Except as otherwise specified in Section 240 through Section 25548 of this Administrative Code, the rates of charge for health care to be rendered by public health and behavioral 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 published Medi-Cal schedule and shall be revised by the Agency Director of the Health and Human Services Agency, referred to hereafter in this Article as Agency Director, as the published 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 the County's actual costs. In the event ~~said~~ the review determines that any specific charge(s) exceed actual costs, the Agency Director shall revise the rates of charge to reduce the applicable charge(s) to the level of actual costs. Specified services subject this section include:

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(a) public health services:

- (1) Trichomonas test
- (2) GC Culture (Negative) test
- (3) GC Culture (Positive) test
- (4) GC Culture (Positive + DST) test
- (5) Acid fast smear exam (Ziehl-Neelson) test
- (6) Herpes by PCR test
- (7) Norovirus by PCR test
- (8) Hepatitis test
- (9) Confirmatory HIV-1/2 (Genius) test
- (10) Aerobic Bacterial Culture (Negative) test
- (11) Aerobic Bacterial Culture (Positive) test
- (12) Acid fast smear exam (fluorochrome) test
- (13) Specimen concentration test
- (14) Mycobacteria culture (includes concentration, smear and MGIT culture) and identification test
- (15) M. Kansasii probe test
- (16) Identification with conventional methods (niacin, nitrate) test
- (17) Identification by DNA probe (M. tuberculosis) test
- (18) Identification by DNA probe (M. avium complex) test
- (19) M. Gordonae probe test
- (20) Drug susceptibility, per drug test
- (21) Direct specimen PCR for TB/Rifampin resistance test
- (22) Quantiferon Gold (TB test, cell immune measure) test
- (23) Darkfield exam test
- (24) RPR - qualitative test
- (25) RPR - quantitative test
- (26) Confirmatory TP-PA with both RPR above test
- (27) RPR Panel - Qual, Quant, TP-PA test
- (28) Syphilis Antibody CIA test
- (29) Respiratory Virus culture (R-mix) test
- (30) Virus Identification by PCR, Influenza test
- (31) Virus Identification by PCR, Other test
- (32) HIV-1/2 Antigen/Antibody CIA test
- (33) Confirmatory HIV-1 antibody (IFA or Multispot) test
- (34) HIV-1 viral load test
- (35) Bacteria or other agent identification by PCR test
- (36) Chlamydia / Gonorrhea test
- (37) Immunizations provided
- (38) Other related health services that are included in the Medi-Cal schedule

## ATTACHMENT B-1

### (b) behavioral health services:

- (1) Hospital Inpatient
- (2) Hospital Administrative Day
- (3) Crisis Stabilization - Urgent Care/ER
- (4) Day Rehabilitation - Full Day
- (5) Outpatient Services - Case Management, Brokerage
- (6) Outpatient Services - Mental Health Services
- (7) Outpatient Services - Medication Support
- (8) Outpatient Services - Crisis Intervention
- (9) Other related behavioral health services that are included in the Medi-Cal schedule

## **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 Agency 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 Agency 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 Agency 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.

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

The Agency 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 Agency 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 Agency Director or the Director of Revenue and Recovery may compromise and settle an account whenever the Agency 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 an Agency facility, every effort will be made to determine his place of 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

## ATTACHMENT B-1

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. [RESERVED.]~~**

~~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 Agency Director shall charge and collect a fee of ~~\$15~~\$40 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 Agency 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~~\$36.00  
Total coliforms and E. coli count (chromogenic method) - other water ~~\$18.00~~\$30.00  
Enterococcus count (chromagenic method) - other water ~~\$18.00~~\$32.00  
Total and fecal coliforms by MPN method (15 tubes) - other water ~~\$40.00~~\$63.00  
Total and fecal coliforms by MPN method (15 tubes) - sewage ~~\$166.00~~\$114.00  
~~Air sampling plate count \$40.00~~  
Heterotrophic plate count ~~\$33.00~~\$68.00  
Total and Fecal Coliforms (Sea Water) Membrane Filtration \$33.00  
Food borne examination (Negative) \$126.00  
Food borne examination (Positive) \$218.00

ATTACHMENT B-1

Rabies \$56.00

**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, and 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. COUNTY SERVICE AREAS 17 AND 69 NON-DISTRICT RESIDENT AMBULANCE FEES.**

The following fees shall be charged to non- district residents of County Service Areas 17 and 69 for ambulance services by County Service Area 17 and 69 providers:

Advanced Life Support Transport \$1,050.00

Basic Life Support Transport \$1,050.00

Non-Transport (treat & release) \$150.00

Mileage \$20.00/mile (minimum 1 mile)

Oxygen \$65.00

Night Charge (1900 - 0700 hours) \$40.00

**~~SEC. 247. FEE FOR PATIENT ADVOCACY SERVICES FOR MINORS' INDEPENDENT CLINICAL REVIEWS. [RESERVED.]~~**

~~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 - HEALTH AND HUMAN SERVICES AGENCY.**

- (a) The Agency 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:

ADJUSTED GROSS INCOME

(Amount reported by liable party on most recent federal income

FEE FACTOR

(% of the cost of services

ATTACHMENT B-1

tax return)

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:

ADJUSTED GROSS INCOME

FEE FACTOR

(Amount reported by liable party on most recent federal income tax return)

(% of the cost of services provided)

\$ 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%

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\$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> (Amount reported by liable party on most recent federal income tax return)	<u>FEE FACTOR</u> (% of the cost of services provided)
\$ 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%

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\$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 Agency Director shall charge and collect the following fees for conservatorship services in the Lanterman-Petris-Short ("LPS") Conservatorship Program. The Agency 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>
\$ 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. [RESERVED.]**

ATTACHMENT B-1

**SEC. 250. COUNTY SERVICE AREA 69 RESIDENT USER FEE.**

A fee of \$900.00 and a mileage charge of \$20.00 per mile (minimum 1 mile) shall be charged to residents of County Service Area 69 who are transported for Basic or Advanced Life Support to a hospital by a County Service Area 69 provider. The ~~Deputy Chief Administrative Officer/~~Agency Director, ~~Health and Human Services Agency,~~ or the ~~Director's~~ designee may waive said fee for those residents financially unable to pay the fee.

**SEC. 251. RATE OF CHARGE - OFFICE OF VITAL RECORDS AND STATISTICS FEE - TO BE ESTABLISHED BY AGENCY DIRECTOR AND APPROVED BY BOARD.**

The rate of charge of \$20.00 is established for providing a Certificate of Still Birth. The fee shall be set by the Agency Director of the ~~Health and Human Services Agency,~~ subject to approval by the Board of Supervisors, in accordance with the current cost of providing the service, up to any statutory maximum. At least once each 24 months, the rate of charge set by the Agency Director shall be reviewed by the Health and Human Services Agency to assure that such charge does not exceed actual costs. In the event said review determines that the charge exceeds actual costs, the Agency Director shall revise the rate of charge to reduce the charge to the level of actual costs.

**SEC. 252. OFFICE OF VITAL RECORDS AND STATISTICS - FEE FOR STATE MANDATED MEDICAL MARIJUANA IDENTIFICATION CARD PROGRAM.**

The Agency Director shall charge and collect the following fees to be charged annually to all initial applicants and renewal applicants for the State Mandated Medical Marijuana Identification Card up to the amount authorized in the California Health and Safety Code.:

Medical Marijuana Identification Card	\$166.00
Reduced Fee for Medical Marijuana Identification Card for Medi-Cal Beneficiaries	\$83.00

**SEC. 253. COUNTY SERVICE AREA 17 RESIDENT USER FEE.**

A fee of \$400 plus \$20 per mile (minimum one mile) shall be charged to residents of County Service Area 17 who are transported to a hospital by a County Service Area 17 provider. The Deputy Chief Administrative Officer/ Agency Director, ~~Health and Human Services Agency,~~ or the ~~Director's~~ designee may waive said fee for those residents financially unable to pay the fee.

ATTACHMENT B-1

**SEC. 254. EMERGENCY MEDICAL SERVICES FEE.**

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

PERSONNEL FEES

EMT/Advanced EMT Initial Cert./Recert. - \$40.00

Paramedic Accred./Re-Accred. - \$40.00

Mobile Intensive Care Nurse Authorization/Re - \$40.00

GROUND AMBULANCE

Initial Application \$2,593.00

Renewal \$1,422.00

Basic Life Support (BLS) Inspection \$293.00

Advanced Life Support (ALS) \$146.00

Critical Care Transport Kit \$146.00

CONTINUING EDUCATION FEES

CE Provider Approval (4 years) - \$963.00

HOSPITAL DESIGNATION FEES

Base Hospital Designation - \$24,230.00

Trauma Center Designation - \$48,200.00

**SEC. 255. EDGEMOOR DISTINCT PART SKILLED NURSING FACILITY.**

The Agency Director shall charge and collect the following fees for the following inpatient health services at Edgemoor Distinct Part Skilled Nursing Facility:

Private Pay Rate \$681.00

Section 2. Effective Date. This ordinance shall take effect thirty days (30) after its adoption. Within fifteen days after the date of adoption of this ordinance, a summary shall be published once with the name of the members for and against the same in the newspaper of general circulation published in the County of San Diego.





**ATTACHMENT C: SUMMARY OF COST RECOVERY PROPOSAL ACTIONS AND ALIGNMENT OF FEES TO SECTION 239**  
**Effective FY 2017-18**

Divison	Fee Description
<i>Existing Fees Aligned with Section 239</i>	
PHS - Public Health Laboratory	Trichomonas GC Culture (Negative) GC Culture (Positive) GC Culture (Positive + DST) Acid fast smear exam (Ziehl-Neelson) Herpes by PCR Norovirus by PCR Hepatitis Confirmatory HIV-1/2 (Genius) Aerobic Bacterial Culture (Negative) Aerobic Bacterial Culture (Positive) Acid fast smear exam (fluorochrome) Specimen concentration Mycobacteria culture (includes concentration, smear and MGIT culture) and identification M. Kansasii probe Identification with conventional methods (niacin, nitrate) Identification by DNA probe (M. tuberculosis) Identification by DNA probe (M. avium complex) M. Gordonae probe Drug susceptibility, per drug Direct specimen PCR for TB/Rifampin resistance Quantiferon Gold (TB test, cell immune measure) Darkfield exam RPR - qualitative RPR - quantitative Confirmatory TP-PA with both RPR above RPR Panel - Qual, Quant, TP-PA Syphilis Antibody CIA Respiratory Virus culture (R-mix) Virus Identification by PCR, Influenza Virus Identification by PCR, Other HIV-1/2 Antigen/Antibody CIA Confirmatory HIV-1 antibody (IFA or Multispot) HIV-1 viral load Bacteria or other agent identification by PCR Chlamydia / Gonorrhea
<i>Fees previously established through Board Resolution (10/19/1993 (8))</i>	
BHS	Hospital Inpatient Hospital Administrative Day Crisis Stabilization - Urgent Care/ER Day Rehabilitation - Full Day Outpatient Services - Case Management, Brokerage Outpatient Services - Mental Health Services Outpatient Services - Medication Support Outpatient Services - Crisis Intervention
<i>PHS immunization fee currently designated in Article XV-B Section 242, to be deleted</i>	
PHS - Regional Public Health Centers	Immunizations

ATTACHMENT D: Three Year Phase in Plan for Public Health  
 FY 2017-18

Fee Description	Current Fees	Full Cost Recovery Rate (FY 17/18)	FY17/18 Phased In Rate	% increase over current fee	Full Cost Recovery Rate (FY 18/19)	FY18/19 Rate Phased In Rate	% increase over FY 17/18 Rate	Full Cost Recovery Rate (FY 19/20)	FY19/20 Rate (last year of phase-in). Ends = to Full Cost Recovery	% increase over FY 18/19 Rate
<b>Emergency Medical Services - Personnel Fees</b>										
EMT/Advanced EMT Initial Cert./Recert.	\$17	\$83	\$40	135%	\$83	\$63	58%	\$86	\$86	37%
Paramedic Accred./Re-Accred.	\$17	\$83	\$40	135%	\$83	\$63	58%	\$86	\$86	37%
Mobile Intensive Care Nurse Authorization/Re	\$17	\$83	\$40	135%	\$83	\$63	58%	\$86	\$86	37%
<b>Emergency Medical Services - Agency Fees</b>										
Initial Application	\$2,000	\$3,644	\$2,593	30%	\$3,677	\$3,185	23%	\$3,778	\$3,778	19%
Renewal	\$1,000	\$2,186	\$1,422	42%	\$2,206	\$1,845	30%	\$2,267	\$2,267	23%
Basic Life Support (BLS) Inspection	\$250	\$364	\$293	17%	\$368	\$335	15%	\$378	\$378	13%
Advanced Life Support (ALS)	\$125	\$182	\$146	17%	\$184	\$168	15%	\$189	\$189	13%
Critical Care Transport (CCT) Kit	\$125	\$182	\$146	17%	\$184	\$168	15%	\$189	\$189	13%

