



HHSA COST RECOVERY PROPOSED FEE CHANGES

Health Services Advisory Board

April 3, 2018



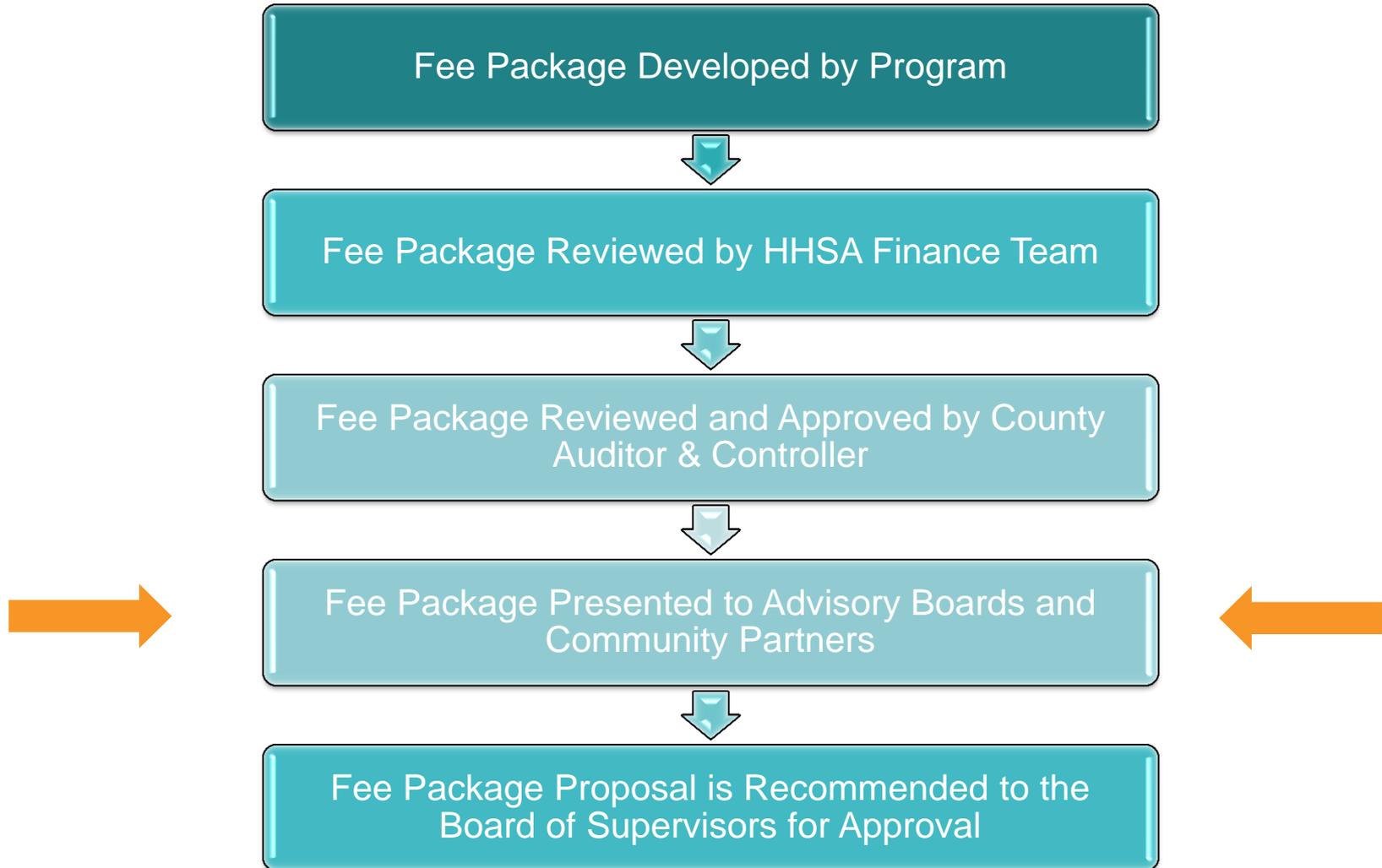


- HHSA will present a comprehensive fee package to the Board of Supervisors (April 17, 2018)
 - Public Health Services
 - Behavioral Health Services
 - Child Welfare Services
- Review of 76 fees
 - 30 fees recommended for Board action for FY 18-19



- Board of Supervisors Policy B-29 (full cost recovery):
 - Request waiver for the following:
 - Eight EMS fees: second year of a three year plan
 - CWS guardianship fee: maintain current rate
 - Certificate of still birth fee: eliminate
- Administrative Code, Article XV-B, Section 239 (align fees to federal/State Medi-Cal schedule):
 - 46 fees impacted
- Six new Public Health Laboratory fees

APPROVAL PROCESS



FEES & RATES PROPOSED FOR BOARD APPROVAL



Action	Number of Fees/Rates	Division Impact
Increase	16	<ul style="list-style-type: none"> Public Health Services (16)
Decrease	5	<ul style="list-style-type: none"> Public Health Services (4) Behavioral Health Services (1)
New	6	<ul style="list-style-type: none"> Public Health Services (6)
Deletion	1	<ul style="list-style-type: none"> Public Health Services (1)
No Change	2	<ul style="list-style-type: none"> Public Health Services (1) Child Welfare Services (1)
Total Fees	30	

PHS FEES



Action	Number of Fees	Description
Increase	16	<ul style="list-style-type: none"> • EMS fees (11) (personnel certification fee, agency fees, continuing education fee, hospital designation fees) • Public Health Laboratory fees (5)
Decrease	4	<ul style="list-style-type: none"> • Public Health Laboratory fees
New	6	<ul style="list-style-type: none"> • Public Health Laboratory fees
Deletion	1	<ul style="list-style-type: none"> • Vital Records fees – Certificate of Still Birth
No Change	1	<ul style="list-style-type: none"> • Public Health Laboratory
Total Fees	28	

BHS FEES & RATES



Action	Number of Fees/Rates	Description
Decrease	1	• Edgemoor private pay fee
Total Fees	1	

CWS FEE



Action	Number of Fees	Description
No Change	1	• Guardianship fee
Total Fees	1	

PROPOSED FEES & RATES



Division	Number of Fees/Rates	Description	Net Revenue Impact
Public Health Services	28	Lab, Vital Records, and EMS	\$134,000
Behavioral Health Services	1	Edgemoor Private Pay Rate	(\$30,000)
Child Welfare Services	1	Guardianship	No impact
Total	30		\$104,000

CONTACT INFO



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COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

RON ROBERTS
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Fifth District

DATE: April 17, 2018 and April 24, 2018

XX

TO: Board of Supervisors

SUBJECT

COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

OVERVIEW

Today's recommendations request the Board of Supervisors (Board) review and approve an ordinance to amend fees charged for services for the following Health and Human Services Agency (HHSA) divisions: Public Health Services (PHS), Behavioral Health Services (BHS), and Child Welfare Services (CWS). On April 24, 2017 (13), Board action was taken to update fees and rates - charged in each of these divisions; today's action provides an adjustment to rates based on updated actual cost information.

A total of 76 HHSA fees and their associated costs were reviewed in consideration of Board Policy B-29 (Fees, Grants, and Revenue Contracts—Department Responsibility for Cost Recovery) and County Administrative Code XV-B, Section 239. To ensure continued compliance with Board Policy B-29 and County Administrative Code XV-B, today's item requests action on 30 of these fees, to either adjust the rate or waive full cost recovery for select fees, and add six new fees. The fee recommendations represent a comprehensive package that seeks to support the cost of providing HHSA services while maintaining fees that are fair and equitable for customers and the public. The Auditor and Controller has reviewed and approved the supporting documentation and the methodology for establishing the fees in this proposal for FY 2018-19

Today's request requires two steps. On April 17, 2018, it is requested that the Board introduce an Ordinance amending sections of the San Diego County Administrative Code related to HHSA fees (first reading) so that it can be acted upon at the April 24, 2018 meeting (second reading). If the Board takes the actions recommended for April 17, 2018, then on April 24, 2018, after making the necessary findings, the Board is requested to approve the revised fees and rates for HHSA services.

This action contributes to the *Live Well San Diego* vision by ensuring that the County has optimized its health and social services delivery system to ensure efficiency, integration and innovation while maintaining fiscal stability in support of a healthy, safe and thriving region.

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grant, and Revenue Contracts-Department Responsibility for Cost Recovery, which requires full-cost recovery of fees.
2. Approve the introduction of the Ordinance (first reading), read title and waive further reading of the Ordinance:

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

If, on April 17, 2018, the Board takes the actions as recommended then, on April 24, 2018:

Consider and adopt the Ordinance (second reading):

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

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2017-19 Operational Plan in the Health and Human Services Agency but will be incorporated in the Fiscal Year 2018-20 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will have no impact in Fiscal Year 2017-18 and will result in an estimated increase in revenue of \$104,000 in Fiscal Year 2018-19. There is no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Emergency Medical Care Committee voted to support the cost recovery proposal on March 22, 2018.

The Health Services Advisory Board reviewed and recommended _____ of _____ on April 3, 2018.

BACKGROUND

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

The Health and Human Services Agency (HHS) remains committed to maintaining the highest quality work product and customer service, while maintaining, and whenever possible, reducing costs. Efforts to streamline and improve processes, especially through the use of new technology as it becomes available are continuously evaluated and operationalized when possible. However, continued increases in the cost of doing business necessitate the evaluation of fees to align with current costs.

HHS has reviewed 76 fees. Of those, 46 fees were either already under County Administrative Code XV-B, Section 239, which sets the fee as the lesser of the published Medi-Cal rate or calculated County costs, or previously had a less than full-cost recovery fee rate approved by the Board. For the remaining 30 fees and rates, HHS is proposing updated fees effective Fiscal Year 2018-19 per Attachment A and amendment of various sections within the County Administrative Code Article XV-B to support proposed fee adjustments and additions (see Attachment B). The overall analysis of the 30 fees result in the following recommended actions (see Attachment C for additional details):

Action	Number of Fees	Division Impact
Increases	16	• Public Health Services (16)
Decreases	5	• Public Health Services (4) • Behavioral Health Services (1)
New	6	• Public Health Services (6)
Deletions	1	• Public Health Services (1)
No Change	2	• Child Welfare Services (1) • Public Health Services (1)
Total Fees	30	

Board Policy B-29 (Fees, Grants, and Revenue Contracts—Department Responsibility for Cost Recovery) requires Departments to ensure costs are fully recovered for services provided to agencies or individuals. Based on cost increases, a cost recovery proposal is being presented that includes a fee adjustment to ensure full cost recovery for services when possible.

To develop the cost recovery proposal, HHS performed an analysis of all services provided to customers to examine the tasks and functions performed, including the direct and indirect costs of performing those tasks in relation to the specific services. The analysis focused on services that directly benefit an individual, group, or the general public. Criteria were established to determine a fair and equitable fee for direct services provided. The Auditor and Controller has reviewed and approved the supporting documentation and the methodology for establishing the fees in this proposal for FY 2018-19

The following provides an overview of the fee adjustments, by division.

Public Health Services (PHS) Fees

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

PHS seeks to identify and address the root causes of priority health issues to achieve health equity among all San Diego County residents which includes:

- preventing injury, disease and disabilities;
- promoting wellness, healthy behaviors and access to quality care; and
- protection against public health threats, such as foodborne outbreaks, infectious disease epidemics, environmental hazards and disasters.

The proposed Ordinance supports the cost recovery for several PHS branches including Emergency Medical Services (EMS); the HIV, STD, and Hepatitis Branch (HSHB); the Public Health Laboratory and Vital Records. A total of 28 PHS fees were reviewed resulting in the following recommended actions (see Attachment A for details):

Action	Number of Fees	Description
Increases	16	<ul style="list-style-type: none"> • EMS fees - (11) • Public Health Laboratory fees (5)
Decreases	4	<ul style="list-style-type: none"> • Public Health Laboratory fees (4)
New	6	<ul style="list-style-type: none"> • Public Health Laboratory fees (6)
Deletions	1	<ul style="list-style-type: none"> • Vital Records fees – Certificate of Still Birth (1)
No Change	1	<ul style="list-style-type: none"> • Public Health Laboratory fees (1)
Total Fees	28	

EMS personnel and agency fees: Today’s recommendation would implement the second year of a phased in approach for increases of eight fees as approved by the Board for FY 2017-18 on April 25, 2017 (13). FY 2017-18 was the first year of a three year phase-in approach ending in FY 2019-20 for EMS personnel and agency fees to mitigate the impact of the increases to the provider community (Attachment D).

Public Health Laboratory fees: A total of 10 existing environmental testing fees were analyzed for updates for laboratory services, resulting in five proposed increases and four proposed decreases to reflect updated cost recovery information. One fee remains unchanged. In addition, a total of six new Public Health Laboratory fees will be added under County Administrative Code XV-B, Section 239, which sets the fee as the lesser of the published Medi-Cal rate or calculated County costs. These will be added to the proposed ordinance in order to include tests now being performed by the Public Health Laboratory. This will provide future opportunity to recover costs when possible. The Public Health Laboratory tests are primarily provided at the request of County departments with no external funding which limits cost recovery and financial impact.

Vital Records fees: HHSa recommends repealing the Certificate of Still Birth fee within Vital Records. Over the last two years, only four certificates were issued, all of which occurred during calendar year 2016. Given the low volume and low cost of processing, HHSa is recommending elimination of the fee for Certificate of Still Birth, which is currently set at \$20.

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

Behavioral Health Services (BHS) Fees

BHS provides a continuum of mental health, alcohol and other drug services to San Diego County residents of all ages. Services are provided by County and contracted staff and community partners. Services are coordinated by systems of care such as Adult & Older Adult and Children, Youth & Families. In addition, BHS operates two inpatient health services facilities – the San Diego County Psychiatric Hospital and Edgemoor, a Distinct Part Skilled Nursing Facility.

Most BHS fees are aligned with Medi-Cal rates under Administrative Code XV-B, Section 239. There is a private pay fee for Edgemoor in which a decrease is proposed in order to align with updated full cost recovery information (see Attachment B for details):

Action	Number of Fees	Description
Decreases	1	• Edgemoor private pay fee (1)
Total Fees	1	

Child Welfare Services (CWS) Fees

CWS provides services to families and communities and is committed to strengthening families within the County by responding to and reducing and preventing child abuse and neglect. The Guardianship Program promotes the safety, permanency and well-being in the lives of minor children including conducting necessary assessments of a non-related adult’s ability to ensure their needs are met. The proposed changes to the fee Ordinance will result in no change for the guardianship investigations fee (see Attachment B for details).

HHSA recommends maintaining the guardianship investigations fee at the current rate (\$708) per County Administrative Code, Article XX, Section 364 (b). In addition, it is recommended that Board Policy B-29 full cost recovery is waived in order to limit the impact to the community and the effect an increase may have on the prospective guardian’s ability to afford guardianship, leaving children without stability and permanency.

Action	Number of Fees	Description
No Change	1	• Guardianship investigations fee (1)
Total Fees	1	

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed actions support the Operational Excellence, Building Better Health and Living Safely Initiatives in the County of San Diego’s 2018-2023 Strategic Plan. Periodically reviewing Health and Human Services Agency services and related fees ensures that the County has optimized its health and social services delivery system to ensure efficiency, integration and innovation while maintaining fiscal stability.

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

Respectfully submitted,

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SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A: Summary Comparison of Current and Proposed Fees

Attachment B: An Ordinance Amending Article XV-B of the San Diego County Administrative Code, Relating To Health and Human Services Charges and Fees (Clean Copy)

Attachment B-1: An Ordinance Amending Article XV-B of the San Diego County Administrative Code, Relating To Health and Human Services Charges and Fees (Informational Copy)

Attachment C: Summary of Cost Recovery Proposal Actions and Alignment of Fees to Section 239

Attachment D: Three Year Phase in Plan for PHS EMS Proposed Fees

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

April 24, 2017 (13) adopting ordinance amending Article XV-B of the San Diego County Administrative Code, relating to HHSA charges and fees; March 21, 2017 (3) introduction of ordinance amending Article XV-B of the San Diego County Administrative Code, relating to HHSA charges and fees ; July 21, 2009 (20) establishing Medical Marijuana Identification Card Program and fee; May 21, 2003 (22) updating immunizations fee; July 18, 2002 (33), amending ordinance to improve billing of public health fees; October 19, 1993 (14C) establishing EMS fees; October 7, 1993 (26) establishing the Health and Human Services Agency implementation; June 20, 1990 (14), establishing rates for mental health services.

BOARD POLICIES APPLICABLE:

B-29 Fees, Grants, Revenue Contracts—Department Responsibility for Cost Recovery

BOARD POLICY STATEMENTS:

Board Policy B-29 mandates that departments seek to recover the full cost of all services they provide to agencies or individuals outside the County of San Diego organization. Reimbursement by fees will be for the full cost of all services, with certain exceptions: EMS personnel fees, EMS agency fees, CWS guardianship fee, and certificate of still birth. The EMS personnel fee and agency fee will be less than full cost recovery based on the approved 41Tthree-year phase-in approach for fees through FY 2019-20 to mitigate the impact of fee increases to the provider community41T. The CWS guardianship fee will be less than full cost recovery in order to limit the impact to the community and the effect an increase may have on the prospective guardian’s ability to afford guardianship, leaving children without (stability and) permanency.

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): Auditor and Controller

CONTACT PERSON(S):

Andrew Pease

Amy Thompson

SUBJECT: COST RECOVERY PROPOSAL TO AMEND ORDINANCES RELATED TO THE HEALTH AND HUMAN SERVICES AGENCY FEES (DISTRICTS: ALL)

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ATTACHMENT A: SUMMARY COMPARISON OF CURRENT AND PROPOSED FEES
Effective FY 2018-19

Program	Action	FY 17/18 Current Fee	FY 18/19 Proposed Fees					Requesting B-29 Waiver	Notes
			FY 18/19 Projected Full Cost Recovery Fee	FY 18/19 Proposed Fee	\$ Change Full cost Recovery	\$ Change Proposed vs FY 17/18	% Change Proposed vs FY 17/18		
PHS Fees									
Emergency Medical Services:									
<u>Personnel Fees</u>									
EMT/Advanced EMT Initial Certification/Recertification	Increase	\$40.00	\$83.00	\$63.00	\$0.00	\$23.00	58%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Paramedic Accreditation	Increase	\$40.00	\$83.00	\$63.00	\$0.00	\$23.00	58%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Mobile Intensive Care Nurse Authorization/Re	Increase	\$40.00	\$83.00	\$63.00	\$0.00	\$23.00	58%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
<u>Agency Fees - Ground Ambulance</u>									
Initial Application	Increase	\$2,593.00	\$3,644.00	\$3,185.00	\$0.00	\$592.00	23%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Renewal	Increase	\$1,422.00	\$2,186.00	\$1,845.00	\$0.00	\$423.00	30%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Basic Life Support (BLS) Inspection	Increase	\$293.00	\$364.00	\$335.00	\$0.00	\$42.00	14%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Advanced Life Support (ALS)	Increase	\$146.00	\$182.00	\$168.00	\$0.00	\$22.00	15%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
Critical Care Transport Kit	Increase	\$146.00	\$182.00	\$168.00	\$0.00	\$22.00	15%	Yes	Increase based on BOS approved three year phase in plan. FY 18/19 fee is reflective of year two in plan.
<u>Continuing Education Fees</u>									
CE Provider Approval (4 years)	Increase	\$963.00	\$1,135.00	\$1,135.00	\$172.00	\$172.00	18%		
<u>Hospital Designation Fees</u>									
Base Hospital Designation	Increase	\$24,230.00	\$24,794.00	\$24,794.00	\$564.00	\$564.00	2%		
Trauma Center Designation	Increase	\$48,200.00	\$50,049.00	\$50,049.00	\$1,849.00	\$1,849.00	4%		
Public Health Laboratory:									
<u>Water: Ordinance 9558, Sec 244 (per AB 411)</u>									
Total coliforms and E. coli (Drinking Water)	Increase	\$36.00	\$44.00	\$44.00	\$8.00	\$8.00	22%		
Enterococcus (Sea Water)	Decrease	\$32.00	\$25.00	\$25.00	-\$7.00	-\$7.00	-22%		
Total and fecal coliforms (Sea Water) by MPN method	Decrease	\$63.00	\$40.00	\$40.00	-\$23.00	-\$23.00	-37%		
Total and fecal coliforms (Wastewater) by MPN method	Decrease	\$114.00	\$112.00	\$112.00	-\$2.00	-\$2.00	-2%		
Heterotrophic Bacteria (plate count)	Decrease	\$68.00	\$44.00	\$44.00	-\$24.00	-\$24.00	-35%		
<u>Water: Alternate tests under consideration</u>									
Total and Fecal Coliforms (Sea Water)	No Change	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	0%		
Total and Fecal Coliforms (Sea Water)	Increase	\$33.00	\$70.00	\$70.00	\$37.00	\$37.00	112%		
<u>Other tests currently performed</u>									
Food borne examination (Negative)	Increase	\$126.00	\$139.00	\$139.00	\$13.00	\$13.00	10%		
Food borne examination (Positive)	Increase	\$218.00	\$246.00	\$246.00	\$28.00	\$28.00	13%		
Rabies	Increase	\$56.00	\$70.00	\$70.00	\$14.00	\$14.00	25%		
<u>Clinical Fees: Ordinance 9558</u>									
Zika Virus NAAT	New	\$0.00	\$28.00	\$28.04	\$28.00	\$28.04	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Enterovirus	New	\$0.00	\$51.00	\$38.80	\$51.00	\$38.80	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Measles IgM	New	\$0.00	\$133.00	\$11.45	\$133.00	\$11.45	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Zika IgM (Manual)	New	\$0.00	\$46.00	\$14.02	\$46.00	\$14.02	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Hepatitis A PCR Screening (Thermocycler)	New	\$0.00	\$61.00	\$38.80	\$61.00	\$38.80	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Hepatitis A Prep Sequencing	New	\$0.00	\$173.00	\$38.80	\$173.00	\$38.80	0%		Link to Article XV-B, Section 239. Limited to Medi-Cal.
Vital records:									
Certificate of Still Birth	Delete	\$20.00	\$11.00	\$0.00	\$11.00	-\$20.00		Yes	
BHS Fees									
Edgemoor:									
Private Pay Rate	Decrease	\$681.00	\$605.00	\$605.00	-\$76.00	-\$76.00	-11%		
CWS Fees									
Guardianship	No Change	\$708.00	\$4,714.00	\$708.00	\$0.00	\$0.00	0%	Yes	

**ATTACHMENT C: SUMMARY OF COST RECOVERY PROPOSAL ACTIONS AND ALIGNMENT OF FEES TO SECTION 239
Effective FY 2018-19**

Action	Number of Fees	Divison	Fee Description
Increases	16	PHS - Emergency Medical Services (EMS)	Personnel Fee - EMT/Advanced EMT Initial Certification
		PHS - EMS	Personnel Fee - Paramedic Accreditation
		PHS - EMS	Personnel Fee - Mobile Intensive Care Nurse Authorization/Re
		PHS - EMS	Agency Fee Ground Ambulance - Initial Application
		PHS - EMS	Agency Fee Ground Ambulance - Renewal
		PHS - EMS	Agency Fee Ground Ambulance - Basic Life Support (BLS) Inspection
		PHS - EMS	Agency Fee Ground Ambulance - Advanced Life Support (ALS)
		PHS - EMS	Agency Fee Ground Ambulance - Critical Care Transport Kit
		PHS - EMS	Continuing Education (CE) Provider Approval (4 years)
		PHS - EMS	Hospital Designation Fee - Trauma Center Designation
		PHS - EMS	Hospital Designation Fee - Base Hospital
		PHS - Public Health Laboratory	Total coliforms and E. coli (Drinking Water)
		PHS - Public Health Laboratory	Total and Fecal Coliforms (Sea Water) Membrane Filtration
PHS - Public Health Laboratory	Food borne examination (Negative)		
PHS - Public Health Laboratory	Food borne examination (Positive)		
PHS - Public Health Laboratory	Rabies		
Decrease	5	PHS - Public Health Laboratory	Enterococcus (Sea Water)
		PHS - Public Health Laboratory	Total and fecal coliforms (Sea Water) by MPN method
		PHS - Public Health Laboratory	Total and fecal coliforms (Wastewater) by MPN method
		PHS - Public Health Laboratory	Heterotrophic Bacteria (plate count)
New *	6	PHS - Public Health Laboratory	Edgemoor Private Pay Rate
		PHS - Public Health Laboratory	Zika Virus NAAT
		PHS - Public Health Laboratory	Enterovirus
		PHS - Public Health Laboratory	Measles IgM
		PHS - Public Health Laboratory	Zika IgM (Manual)
		PHS - Public Health Laboratory	Hepatitis A PCR Screening (Thermocycler)
PHS - Public Health Laboratory	Hepatitis A Prep Sequencing		
Delete	1	PHS - Vital Records	Certificate of Still Birth
No Change	2	PHS - Public Health Laboratory Child Welfare Services (CWS)	Total and Fecal Coliforms (Sea Water) Colilert 18 Guardianship
Total Fees	30		

* New fees listed to be aligned with Section 239.

**ATTACHMENT D: Three Year Phase in Plan for
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).	% increase over FY 18/19 Rate
Emergency Medical Services - Personnel Fees										
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%
Emergency Medical Services - Agency Fees										
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%

ATTACHMENT B

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 & 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
- (4) GC Culture (Positive + DST) test
- (5) Acid fast smear exam (Ziehl- Neelson) test

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- (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

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- (35) Bacteria or other agent identification by PCR test
- (36) Chlamydia / Gonorrhea test
- (37) Immunizations provided
- (38) Zika Virus NAAT
- (39) Enterovirus
- (40) Measles IgM
- (41) Zika IgM (Manual)
- (42) Hepatitis A PCR Screening (Thermocycler)
- (43) Hepatitis A Prep Sequencing
- (43) 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
- (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

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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.

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

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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. [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 \$44.00
Total coliforms and E. coli count (chromogenic method) - other water \$30.00
Enterococcus count (chromagenic method) - other water \$25.00
Total and fecal coliforms by MPN method (15 tubes) - other water \$40.00
Total and fecal coliforms by MPN method (15 tubes) - sewage \$112.00
Heterotrophic plate count \$44.00
Total and Fecal Coliforms (Sea Water) Membrane Filtration \$70.00
Food borne examination (Negative) \$139.00
Food borne examination (Positive) \$246.00
Rabies \$70.00

SEC. 245. WAIVER OF FEES.

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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:

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

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\$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 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%

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\$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 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%

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\$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.]

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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.

SEC. 251. [RESERVED.]

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 Certification/Recertification - \$63.00

Paramedic Accreditation - \$63.00

Mobile Intensive Care Nurse Authorization - \$63.00

GROUND AMBULANCE

Initial Application - \$3,185.00

Renewal - \$1,845.00

Basic Life Support (BLS) Inspection - \$335.00

Advanced Life Support (ALS) - \$168.00

Critical Care Transport Kit - \$168.00

CONTINUING EDUCATION FEES

CE Provider Approval (4 years) - \$1,135.00

HOSPITAL DESIGNATION FEES

Base Hospital Designation - \$24,794.00

Trauma Center Designation - \$50,049.00

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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 \$605.00

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 & 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 ~~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

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- (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
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- (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

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(35) Bacteria or other agent identification by PCR test

(36) Chlamydia / Gonorrhea test

(37) Immunizations provided

(38) Zika Virus NAAT

(39) Enterovirus

(40) Measles IgM

(41) Zika IgM (Manual)

(42) Hepatitis A PCR Screening (Thermocycler)

(43) Hepatitis A Prep Sequencing

(44-38) Other related health services that are included in the Medi-Cal schedule

(b) Behavioral Health Services 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.

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

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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. [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 <u>44.00</u>
Total coliforms and E. coli count (chromogenic method) - other water	\$30.00
Enterococcus count (chromagenic method) - other water	\$32.00 <u>25.00</u>
Total and fecal coliforms by MPN method (15 tubes) - other water	\$63.00 <u>40.00</u>
Total and fecal coliforms by MPN method (15 tubes) - sewage	\$114.00 112.00
Heterotrophic plate count	\$68.00 44.00
Total and Fecal Coliforms (Sea Water) Membrane Filtration	\$33.00 <u>70.00</u>
Food borne examination (Negative)	\$126.00 <u>139.00</u>
Food borne examination (Positive)	\$218.00 <u>246.00</u>
Rabies	\$56.00 <u>70.00</u>

SEC. 245. WAIVER OF FEES.

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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:

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

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\$ 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%

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\$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 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%

ATTACHMENT B-1

\$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 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%

ATTACHMENT B-1

\$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 Agency Director or 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. [RESERVED.]~~

~~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 Certification-/Recertification-~~ - \$40.00 63.00

~~Paramedic Accreditation-/Re-Accred.~~ - \$40.00 63.00

~~Mobile Intensive Care Nurse Authorization/Re~~ - \$40.00 63.00

GROUND AMBULANCE

Initial Application ~~\$2,593.00~~ 3,185.00

Renewal ~~\$1,422.00~~ 1,845.00

Basic Life Support (BLS) Inspection ~~\$293.00~~ 335.00

Advanced Life Support (ALS) ~~\$146.00~~ 168.00

Critical Care Transport Kit ~~\$146.00~~ 168.00

ATTACHMENT B-1

CONTINUING EDUCATION FEES

CE Provider Approval (4 years) - ~~\$963.00~~ 1,135.00

HOSPITAL DESIGNATION FEES

Base Hospital Designation - ~~\$24,230.00~~ 24,794.00

Trauma Center Designation - ~~\$48,200.00~~ 50,049.00

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~~ \$605.00

Health and Human Services Agency
Health Services Advisory Board (HSAB)
Public Health Officer's Report

April 3, 2018 * 3PM–5PM * 1600 Pacific Highway, San Diego, CA

I. Communicable Disease Issues

A. Infectious Disease Issues

1. Influenza (see weekly *Flu Watch* Handout)

- Current season summary (**As of 3/28/18**):
 - **19, 883 total cases**
 - **293 ICU cases**
 - **319 deaths**
 - **117 outbreaks**
- **On March 21, 2018, Extended Public Health Officer order for mandatory flu vaccination or mask to April 30, 2018 (due to continued increase of viral detections reported to the health department).**

2. Hepatitis A (**As of 3/30/18, weekly report**)

- Outbreak
 - At-risk Populations: Homeless population and illicit drug-using individuals or both.
 - Genotype 1B, with 16 strains
 - **Case Demographics**
 - **587 cases with onset dates from 11/22/16 – 3/2/18, 20 deaths, 402 hospitalizations**
 - **402 (68%) hospitalizations, 20 (3.4%) deaths**
 - **401 males (68%); 186 females (32%)**
 - 5-87 years (median 43 years, mean 44 years)
 - 197 (34%) documented homeless and illicit drug use
 - **90 (15%) homeless only**
 - **76 (13%) illicit drug use only**
 - 167 (28%) neither homeless nor illicit drug use
 - **57 (10%) unknown (no records or interview)**
- Co-infection
 - **25/489 (5.1%) confirmed or probable Hepatitis B**
 - **81/474 (17.1%) confirmed or probable Hepatitis C**
- Other Characteristics
 - 48 cases in jail/detention facilities (Completed vaccinations of 7 facilities)
 - **24 Food Handlers**
 - 7 healthcare workers
 - **Other jurisdictions linked to San Diego:**
 - California: Santa Cruz, Los Angeles, Monterey, OC, Santa Clara, SLO, Imperial, Placer, Riverside, Ventura
 - U.S.: Arizona, Colorado, Illinois, Iowa, Kentucky (**221 cases as of March 30, 2018**), New Hampshire, Oregon, Rhode Island, Utah (**212 cases as of March 30, 2018**), Hawaii
 - International: Canada
- Strategies
 - Conducting outreach to homeless and substance use treatment facilities using Point of Distribution (PODs), mobile vans, and field foot teams.
 - Vaccinating jail/detention facilities
 - Partnering with hospitals (nurses), AMR (paramedics), and temporary nursing staff to vaccinate SRO's, treatment facilities (contract and non-contract), and other locations with at-risk populations.
 - Continuing to work closely with medical community (i.e., FQHCs, EDs), law enforcement, behavioral health and Regional Task Force on Homeless.
- Vaccinations as of 2/28/2018: 126,979
- Hygiene Kits Distributed as of 2/28/2018: 11,893
- **Handwashing Station as of 2/28/18: 149 removed and 11 remaining**

- Communications:
 - News Stories:
 - 17 issued; last issued on January 23, 2018.
 - Publications
 - 10 issued: CAHAN alert last issued on October 31, 2017.
 - Web page:
 - http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html
3. Zika Virus (As of 3/2/18, **now reports issued first Thursday each month**)
- Total Zika Testing referrals to EPI Program for consultation of potential cases: 3,881 referrals
 - Ruled out: 3, 590 cases
 - Confirmed Zika cases (all travel-associated): 106
 - Cases pending lab results or submission: 172
 - Travel associated cases: American Samoa (1), Belize (1), Brazil (2), Caribbean (multiple islands) (3), Columbia (2), Costa Rica (5), Dominican Republic (2), Fiji (1), Grenada (1), Guatemala (3), Haiti (2), India (1), Indonesia (1), Jamaica (2), Kiribati (1), Latin America, multiple countries (4), Maldives (2), Mexico (42), Nicaragua (9), Philippines (2), Puerto Rico (4), Saint Lucia (1), Senegal (1), Singapore (1),Trinidad (3), USVI (1), Venezuela (3), and sexual transmission from a traveler (2).
 - Again, all reported cases are imported; 13 cases confirmed in pregnant women.
 - The first case in Baja California has been documented in Ensenada, approximately 80 miles from the San Diego County border.
 - CDC has created a US Zika Pregnancy Registry for local, state, and territorial health departments.
 - To date, none of the invasive Aedes species detected have tested positive for Zika.
 - Focus in on education and outreach, case reporting, and prevention of mosquito breeding.
 - http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/zika_virus.html
 - San Diego now has capacity to test for Zika with PCR only (not for IgM and IgG).

II. Board Actions

- A. Getting to Zero – Annual report via Board Memo to be issued in late June to coincide with National HIV Testing Day.**
- B. San Diego County has declared a local health emergency, which signed on Sept 1, 2017. It declares that the “spread of Hepatitis A in San Diego is a threat to public health” and “a local health emergency is declared in San Diego County.”
1. September 6 & 12, 2017: Ratify declaration of local health emergency: Hepatitis A Outbreak
 2. September 26, 2017, October 10, 2017, October 24, 2017, November 6, 2017, November 14, 2017, November 27, 2017, December 5, 2017, December 19, 2017, January 2, 2018, and January 9, 2018: Continue local health emergency.
 3. San Diego County Board of Supervisors motion to end local health emergency on January 23, 2018.

III. Public Health Issues

- A. West Nile Virus Zika Season: Department of Environmental Health issued Media Advisory on April 2, 2018 to notify the public of the start of mosquito season.**
- B. National Public Health Week, April 2-8, 2018, with Live Well San Diego Public Health Champion Awards Ceremony on Friday, April 6, 2018.**
- C. Hepatitis A:
1. DOC activated to Level 2 for Hepatitis A response.
 2. Governor of California, Jerry Brown, declared a state of emergency for Hepatitis A on October 13, 2017.
- D. CAHAN released on February 16, 2018: Pertussis Increasing in San Diego

IV. Grants

A. New Applications

1. **Gonorrhea Surveillance:** California Department of Public Health is applying for a CDC grant. HSHB submitted an application specific to San Diego County. Funds are gonorrhea surveillance and to support lab testing in identifying ways to eliminate the disease. Start date is August 1, 2017; Application was submitted on May 15th; Amount is \$71,000. Award status pending.
2. **Naloxone Proposal:** to participate in a naloxone distribution effort. Application submitted May 1st. Approved. A plan has been developed and will implement. \$248,300 (full amount)

B. Funding

1. Hep A Funding: CDPH funding \$350,000 to hire two Epidemiologists
2. Oral Health Funding: Prop 56 Funding - \$842,000 Estimated
3. **Zika Funding for PH Lab:** The State awarded PH Lab \$1,046,404 (June 2017 – June 2018). Scope of work includes following additional outcomes:
 - Add the Gene Sequencing Instrument
 - Establish agreement for Zika testing for binational/Baja/Mexico cases
 - Establish agreement for Zika testing with Imperial County
4. **Zika Funding:** EISB was awarded \$413,793 for staffing support. Funding is for March 1, 2017-July 31, 2018.
5. **Public Health Lab Microbiologist Training Funds:** \$75,500 was awarded to the lab to train 2 microbiologists.
6. **Strategic HIV Prevention Projects,** funded by the state: PHS will receive \$1.8 million over the next two years (July 2017 through June 2019). There were only four awards, and San Diego County was the only health department that was funded. The other awardees include two community-based organizations (the LA LGBT Center and the San Francisco AIDS Foundation) and one federally qualified health center (AltaMed in LA/Orange County).
 - Proposal focused on a couple of core activities related to Getting to Zero:
 - PrEP education and navigation.
 - Rapid initiation of anti-retroviral therapy (ART) for individuals newly diagnosed with HIV.
 - Awareness Campaigns.
7. **Tobacco Control Program**
 - Tobacco program is anticipated to receive over \$2.8 million from the state in FY17-18.
 - Additional Tobacco Funding \$182K one time only; pending funding from recent legislation (Prop 56)
8. **STD Funding:** The CDPH STD Control Branch {STDCB} received a \$5 million one-time increase in funding spendable in FY16-17, FY17-18, and FY18-19. Recently received \$427,649 of that amount.
9. **Sodium:**
 - Partnering with LAHD on new Sodium reduction grant. Local focus: School districts and health care systems. Application submitted last week. \$100K/year X 5 years. **AWARDED**
10. **SNAP-ED (Also known as NEOP (Nutrition, Exercise and Obesity Prevention):**
 - Submitted next 3-year cycle application and work plan; activities will continue to focus on policy, systems, and environmental change for nutrition and PA
11. **Prevention {Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke):** funded to work in the City of San Diego geographic area
 - Components 1 & 2:
 1. For implementing food sodium standards and environment and lifestyle changes (DPPs) – excited about the development of the Diabetes Prevention Programs
 2. Diabetes prevention and community clinical linkages; health system interventions – Chronic Disease Surveillance via EHRs
 - Submitted Year 3 application and work plan on April 30th

V. Public Health Initiatives

A. Major Initiative Updates and Highlights

1. Getting to Zero – Medical Advisory Committee: HIV, STD, and Hepatitis Branch has convened a Medical Advisory Committee consisting of healthcare professionals and executives from local healthcare systems and stakeholders to support Getting to Zero. The primary objectives of the committee are to increase routine HIV testing in healthcare settings and to optimize referral mechanisms for HIV linkage to care, pre-exposure prophylaxis, and post-exposure prophylaxis. Meeting with the Hospital Association of San Diego & Imperial Counties (HASD&IC) and community clinic networks are planned. **Met with HASD&IC on March 14, 2018; Meeting planned on April 10, 2018 with San Diego County Medical Society; Meeting planned with Family Health Centers of San Diego on April 11, 2018.**

VI. Board Letter Forecast

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
April 2018			
1. Fee Increase (scheduled for HSAB on April 3, 2018)	4/17/18	HHSA Exec Office	Andy Pease

DATE / BOARD LETTER	BOS MEETING	BRANCH	POC
June 2018			
2. Change to RHAP Funding from State ORH (scheduled for HSAB on June 5, 2018)	6/19/18	TBRH	Susannah Graves
July 2018			
3. TB Elimination (scheduled for HSAB on 7/3/18)	7/24/18	TBRH	Susannah Graves
Summer 2018			
4. Accept Ryan White Funding for FY 18-19 (scheduled for HSAB TBD)	TBD	HSHB	Patrick Loose and Lauren Brookshire
November/December 2018			
5. Region VI Mutual Agreement (scheduled for HSAB on 11/6/18)	12/11/18	PHPR	Patrick Buttron

VII. Announcements

A. Personnel

1. **Hired Kristen Dimou as the California Children Services (CCS) Branch Chief, effective April 2, 2018.**
2. **Hired Jennifer Wheeler as the Public Health Preparedness and Response Health Planning and Program Specialist, effective April 2, 2018.**

VIII. Site Visits/Audits

Timeframe	Description	Auditor
12/4-7/17	State audit of public health nursing level ratios. Report from site visit is pending.	State
4/23-27/18	California Department of Public Health will be conducting a limited scope fiscal and compliance audit of Public Health Emergency Preparedness and Hospital Preparedness Program grants Public Health Services received for FY 15/16.	California Department of Public Health Grant Compliance Unit

IX. Legislation

- ### A. Nothing currently to share.

Submitted by: Wilma J. Wooten, M.D., M.P.H., Public Health Officer and Director, April 3, 2018



INFLUENZA WATCH

The purpose of the weekly **Influenza Watch** is to summarize current influenza surveillance in San Diego County. **Please note that reported weekly data are preliminary and may change due to delayed submissions and additional laboratory results.**

Report Contents

- Page 1: Overview & Indicators
- Page 2: Virus Characteristics
- Pages 3-8: Trend graphs
- Page 8: Reporting Information

Current Week

Current Week 12 (ending 3/24/2018)

- 399 new influenza detections reported: *Elevated level*
- 3% influenza-like-illness (ILI) among emergency department visits: *Expected level*
- 11 new influenza-related deaths reported this week
- 6 new ICU cases reported this week
- 7% of deaths registered with pneumonia and/or influenza: *Expected level*

Current Season Summary

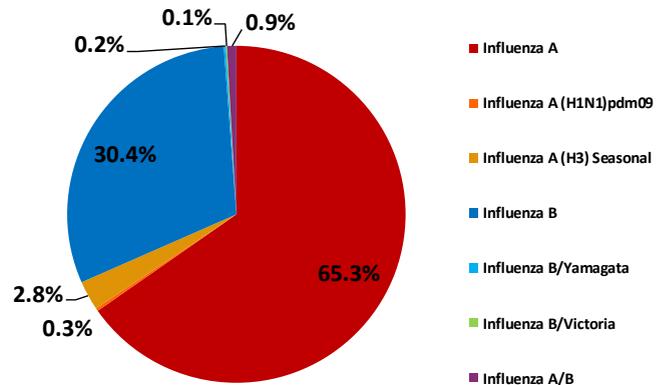
19,883
Total Cases

293
ICU Cases

319
Deaths[†]

117
Outbreaks*

Virus Characteristics



[†] Including 41 deaths less than 65 years of age, reportable to CDPH.

* At least one case of laboratory-confirmed influenza in a setting experiencing ≥2 cases of influenza like illness (ILI) within a 72-hour period.

Table 1. Influenza Surveillance Indicators

Indicator	FY 2017-18*			FY 2016-17		Prior 3-Year Average**	
	Week 12	Week 11	FYTD [#]	Week 12	FYTD [#]	Week 12	FYTD [#]
All influenza detections reported (rapid or PCR)	399	685	19,883	129	5,085	164	5,761
Percent of emergency department visits for ILI	3%	4%		2%		4%	
Percent of deaths registered with pneumonia and/or influenza	7%	7%		7%		8%	
Number of influenza-related deaths reported [^]	11	6	319	7	79	4	71

[#] FYTD=Fiscal Year To Date (FY is July 1 - June 30, Weeks 27-26). Total deaths reported in prior years: 87 in 2016-17, 68 in 2015-16, and 97 in 2014-15.

* Previous weeks case counts or percentages may change due to delayed processing or reporting.

** Includes FYs 2014-15, 2015-16, and 2016-17.

[^] Current FY deaths are shown by week of report; by week of death for prior FYs.

Health Officer Order on Influenza Immunization Extended

A San Diego County [Health Officer Order](#) requires healthcare personnel (HCP) in acute care hospitals, ambulatory and community clinics, emergency medical services agencies, long-term care and nursing facilities, and private physician practices to either receive the annual influenza vaccination or wear a mask while in patient care areas until March 31.

Due to continued elevated influenza activity in the county, the order for unvaccinated HCP to wear a mask while in patient care areas has been extended **until April 30**. The written notice of the extension may be found [here](#). If influenza activity remains elevated, further extension may be required.

Information on the order and resources that may be used in a vaccination program for HCP may be found at [Mandatory Vaccination or Masking for Health Care Personnel](#).

Table 2. Influenza Detections Reported, FY 2017-18*

Positive Test Type/Subtype	Week 12	Total FY-To-Date
Influenza A†	66	12,982
Influenza A(H1N1) Pandemic 2009	0	56
Influenza A (H3) Seasonal	1	561
Influenza B†	327	6,047
Influenza B/Victoria	0	19
Influenza B/Yamagata	1	40
Influenza A/B†	4	178
Total	399	19,883

* FY is July 1- June 30.

† No further characterization performed, or results were not yet available at time of publication.

Note: Totals may change due to further laboratory findings.

Influenza Watch

Figure 1. Percent of Emergency Department Visits for Influenza-like Illness by Week and FY

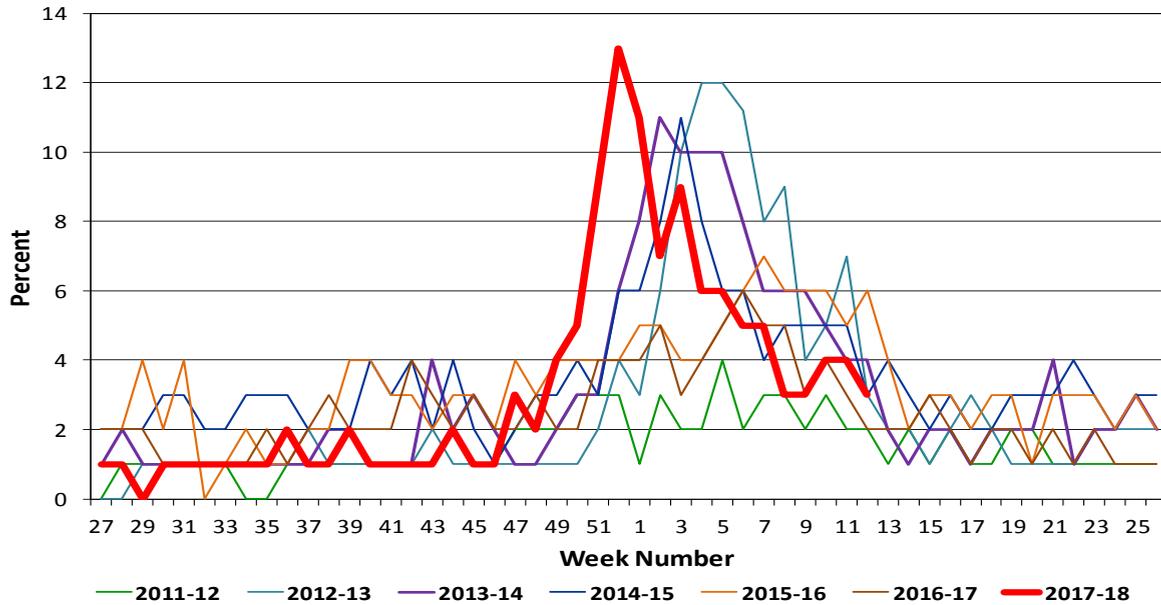
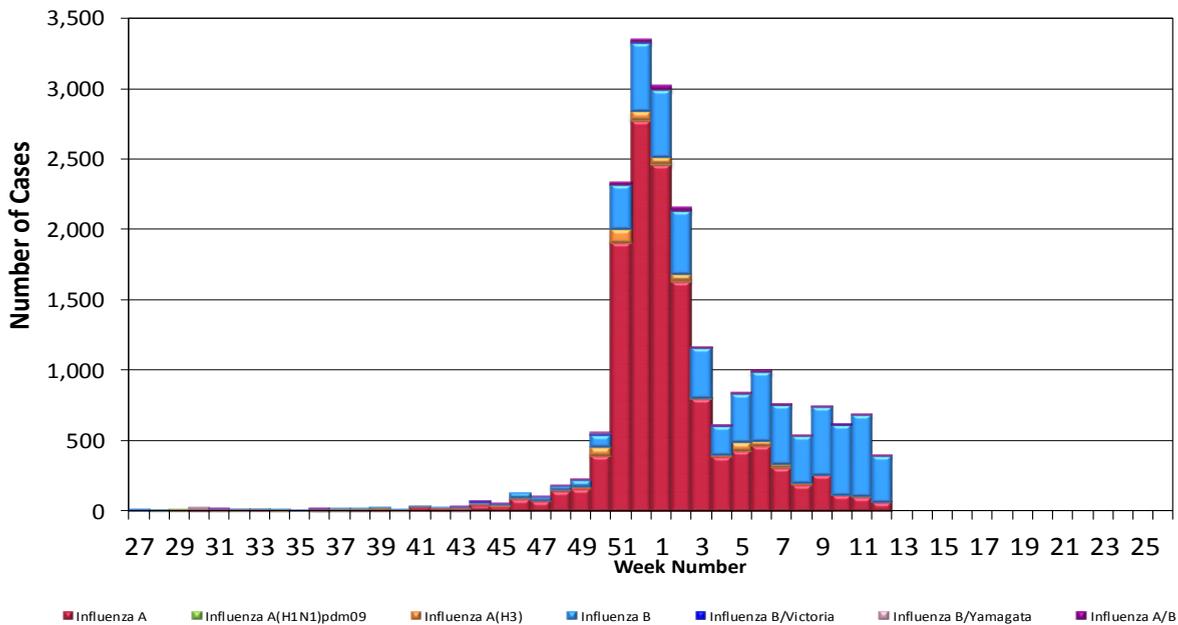


Figure 2. San Diego County Influenza Detections by Type and Week of Report, 2017-18 FYTD (N=19,883)



Influenza Watch

Figure 3. Percent of Reported Influenza Cases by Age Group and Season, 2011-12 to 2017-18 FYTD

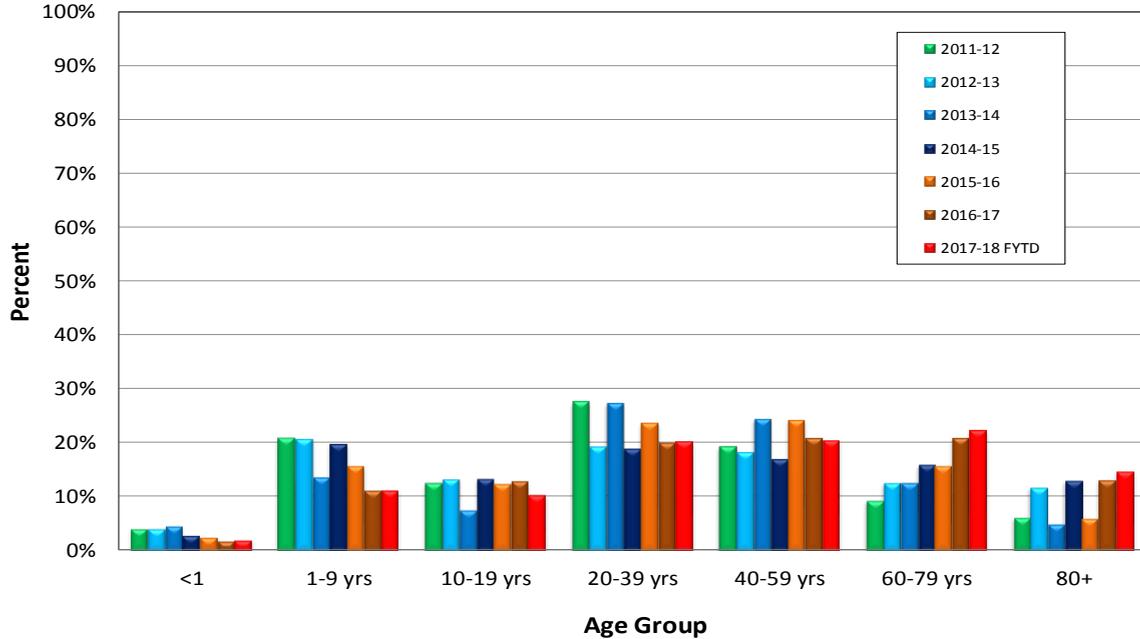
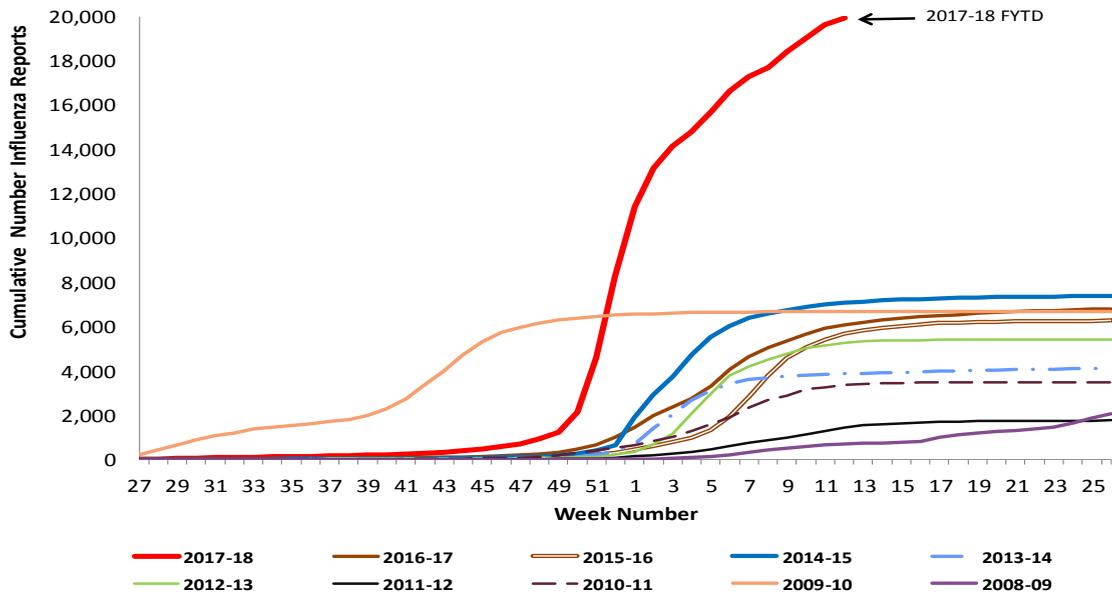


Figure 4. Cumulative Influenza Case Reports by Episode Week & Season



Influenza Watch

Figure 5. Percent of San Diego County Emergency Department Visits for Influenza-like Illness by Week and FY Compared to 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)

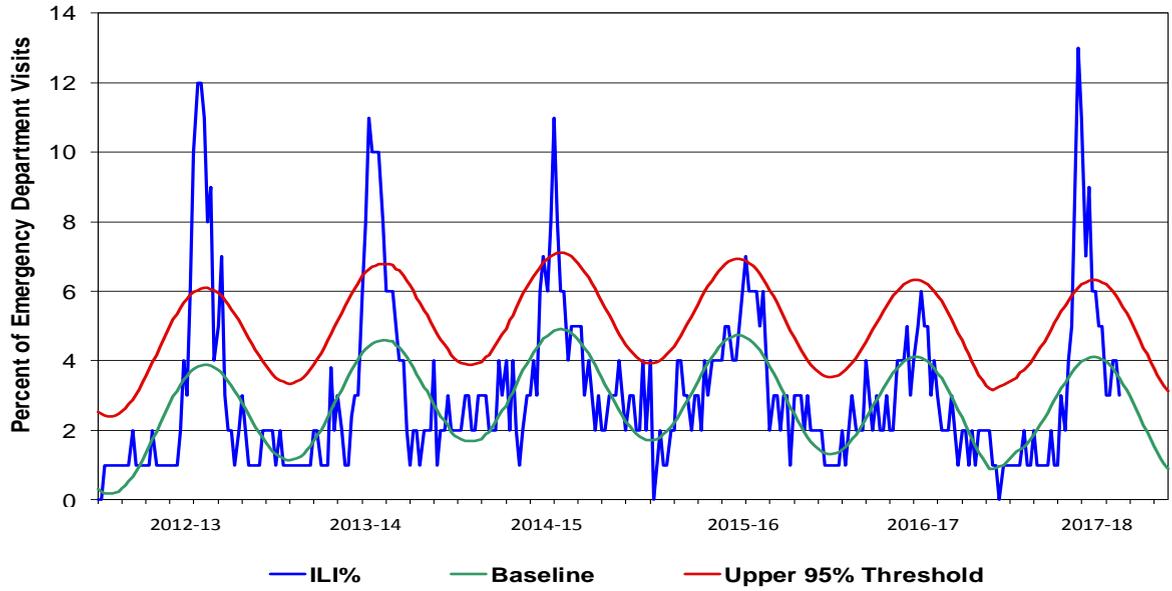
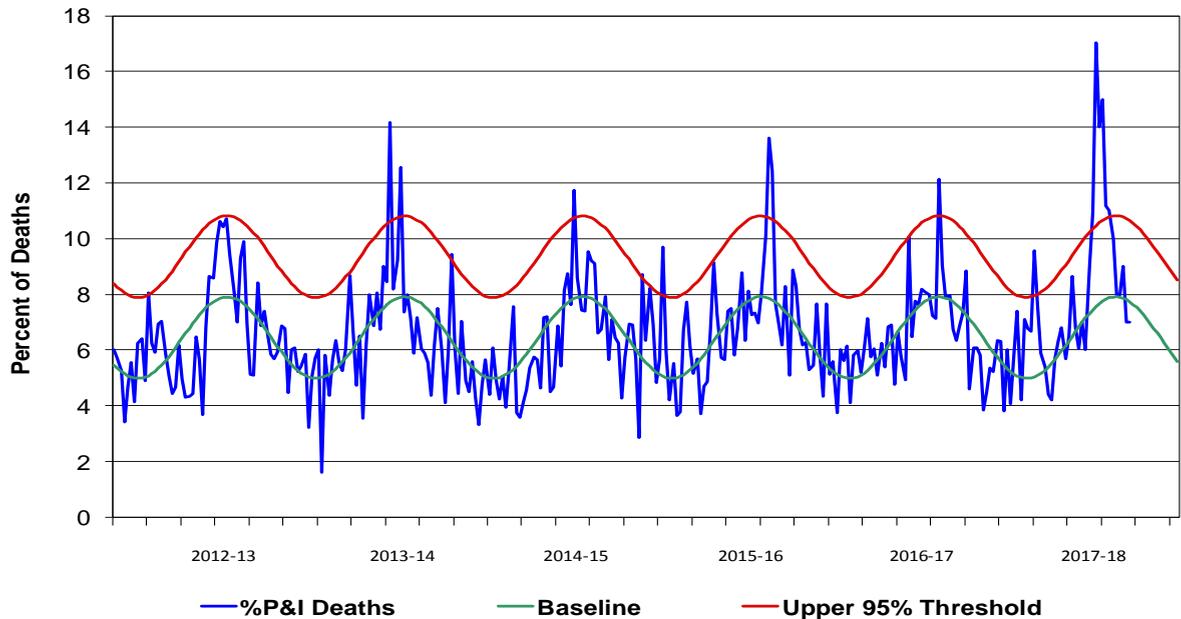


Figure 6. Percent of San Diego County Deaths Registered with Pneumonia and/or Influenza by Week and FY Compared to Prior 5-Year Baseline & Upper 95% Threshold Values (Serfling Method)



Influenza Watch

Figure 7. Influenza Deaths by Type and Season

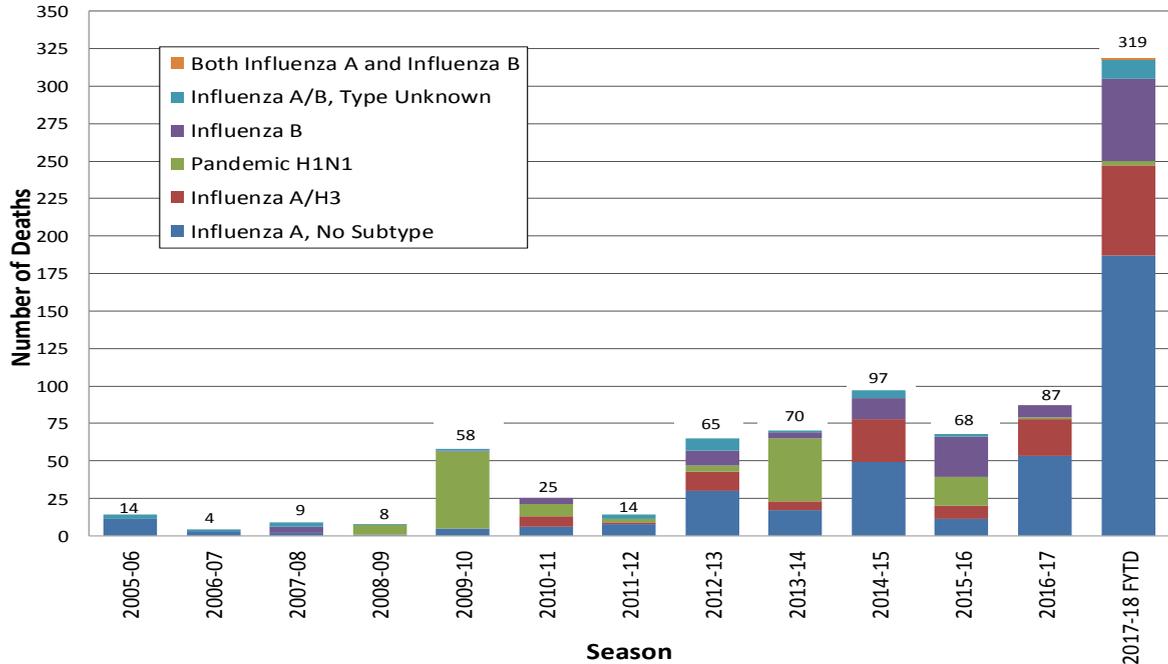


Figure 8. Influenza Deaths by Age and Season

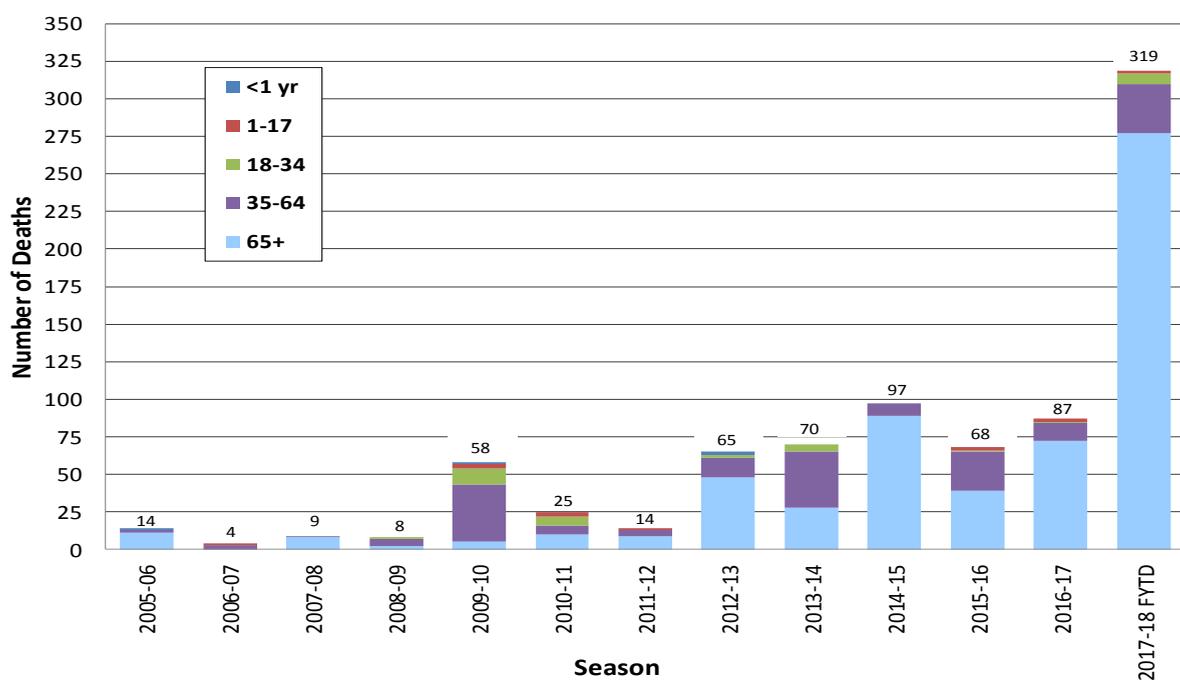


Figure 9. Number of Influenza Vaccinations Administered* by Week and Season

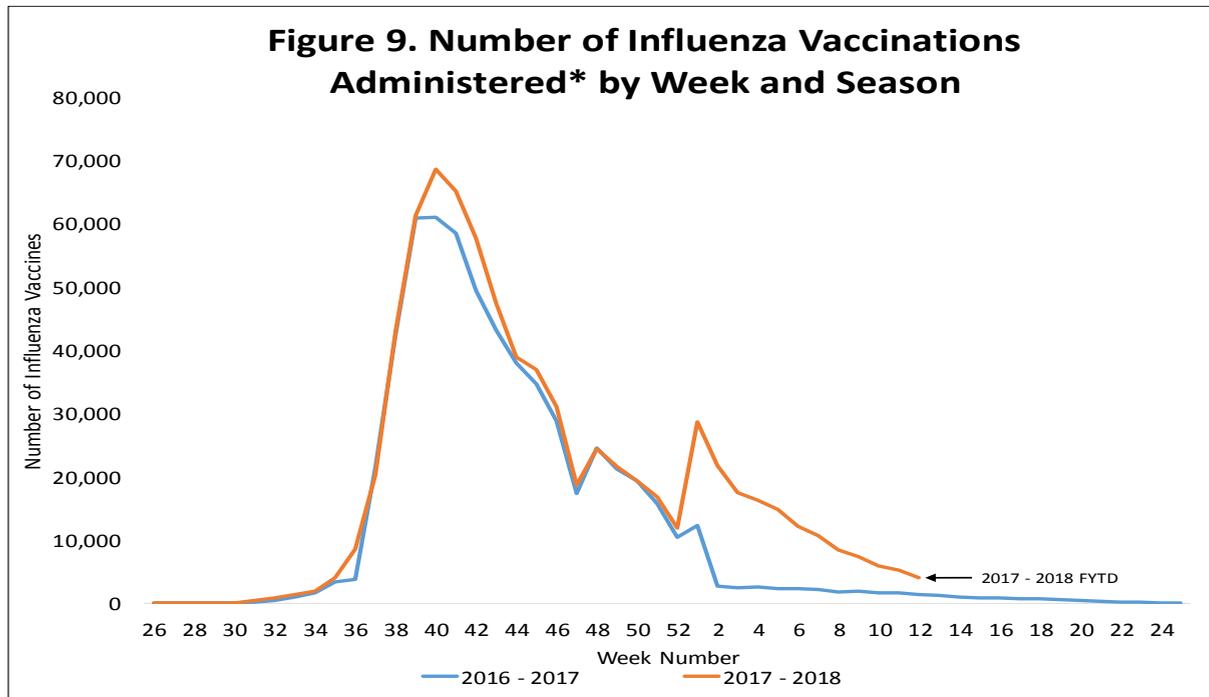
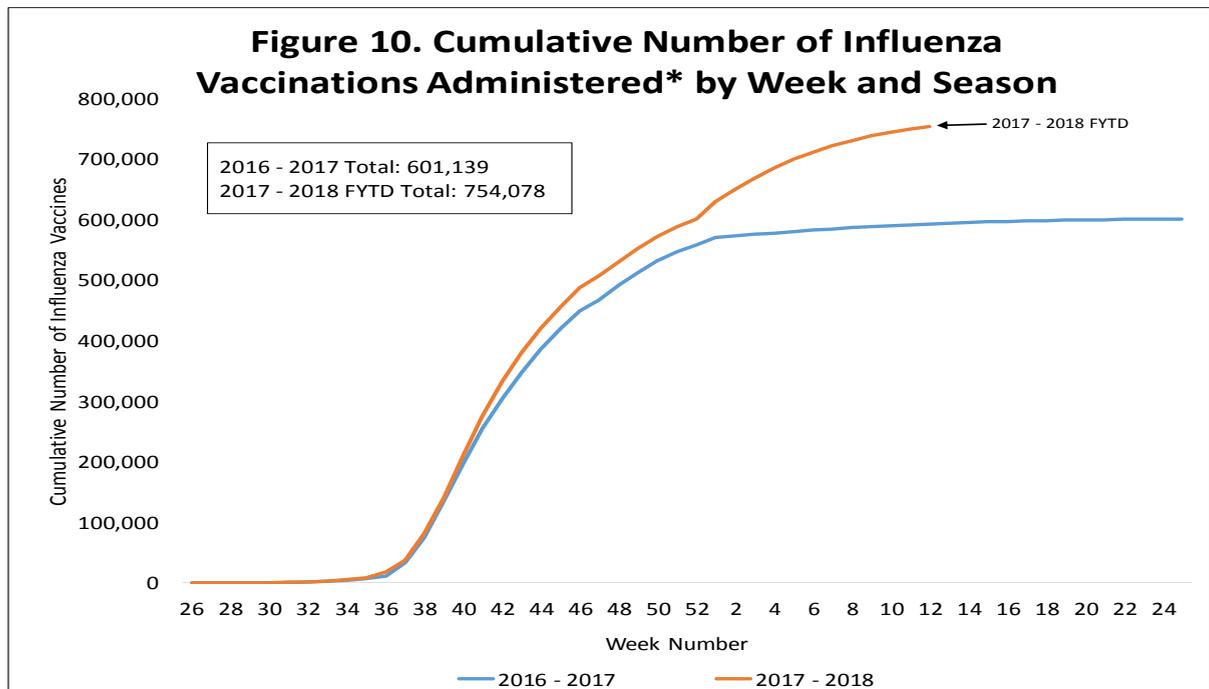
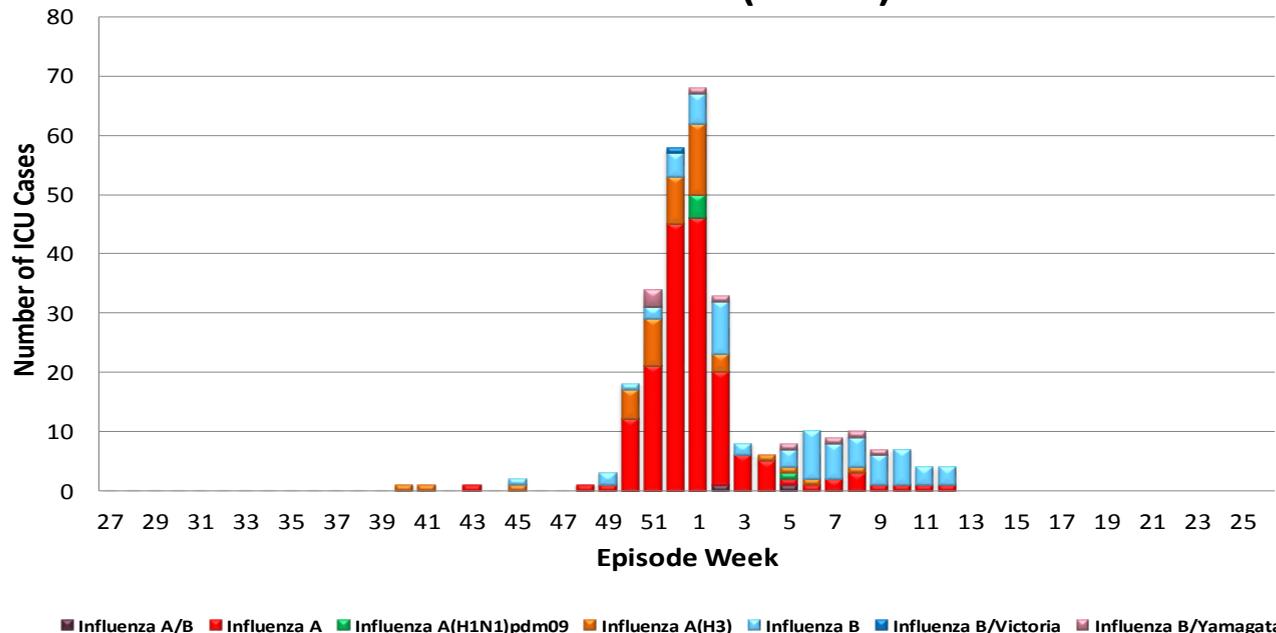


Figure 10. Cumulative Number of Influenza Vaccinations Administered* by Week and Season



* Influenza vaccinations administered and entered into the San Diego Immunization Registry ([SDIR](#))

Figure 11. Number of Influenza Cases Requiring ICU Care by Episode Week and Type of Influenza, 2017-18 FYTD (N=293)



Episode week is the week of symptom onset, or earliest available date in which the case is identified.

Influenza Reporting in San Diego County

Local providers are encouraged to report laboratory positive influenza detections to the County Epidemiology Program by **FAX (858) 715-6458**. Please fax a [Case Report](#) Form and/or a printed laboratory result, and indicate if the patient was admitted to ICU or died, and/or is a resident of a congregate living facility.

For questions regarding sending specimens to Public Health Laboratory (PHL), call (619) 692-8500. Click here for the updated PHL [PCR Test Request Form](#). Contact the Epidemiology Program with any questions at **(619) 692-8499** or by email to: EpiDiv.HHSA@sdcounty.ca.gov.

Resources

- San Diego County Influenza Surveillance Weekly [Slide Deck](#) - presentation version of this report
- County of San Diego Immunization Program www.sdiz.org
- California Department of Public Health [Influenza](#)
- Centers for Disease Control and Prevention Influenza Surveillance [Weekly Report](#)

2018 NATIONAL PUBLIC HEALTH WEEK

APRIL 2-8, 2018 • HEALTHIEST NATION 2030 • CHANGING OUR FUTURE TOGETHER

5 DAILY THEMES

Monday, April 2

Behavioral Health

ADVOCATE FOR AND PROMOTE WELL-BEING

Focus on and advocate for improved access to mental and behavioral health services. Use education and training to de-stigmatize mental health diagnoses and encourage people experiencing mental illness to seek treatment. Coverage for mental health services must be on par with physical health services in all health insurance coverage.

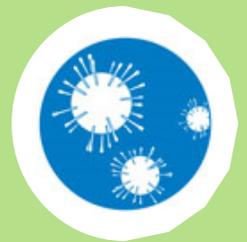


Tuesday, April 3

Communicable Diseases

LEARN ABOUT WAYS TO PREVENT DISEASE TRANSMISSION

Prevent communicable diseases. Wash your hands. Know your HIV status. Support comprehensive sexual health education in schools, which can reduce rates of sexually transmitted disease (as well as teen pregnancy). Keep yourself and your families immunized against vaccine-preventable diseases—and get your flu shot!



Wednesday, April 4

Environmental Health

HELP TO PROTECT AND MAINTAIN A HEALTHY PLANET

Reduce our collective carbon emissions footprint to improve environmental health. Transition to renewable energies. Protect natural resources and use evidence-based policy to protect our air, water and food. Support environmental health efforts that monitor our communities for risks and develop health-promoting interventions.



Thursday, April 5

Injury and Violence Prevention

LEARN ABOUT THE EFFECTS OF INJURY AND VIOLENCE ON HEALTH

Increase funding to programs that reduce and prevent community violence. Advocate for occupational health and safety standards that keep workers safe on the job. Support policies that save those struggling with addiction from a fatal drug overdose.



Friday, April 6

Ensuring the Right to Health

ADVOCATE FOR EVERYONE'S RIGHT TO A HEALTHY LIFE

Everyone deserves an opportunity to live a life free from preventable disease and disability. The places where we live, learn, work, worship and play should promote our health, not threaten it. That's why creating the healthiest nation requires a dogged focus on achieving health equity for all.



AN INITIATIVE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Healthiest Nation 2030

Changing Our Future Together | April 2 - 8, 2018

