

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
AUG 19 2008 IB/NP/BS

RESOLUTION
of the
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
Regarding
**CERTAIN SERVICES FEES CHARGED BY THE ORANGE
COUNTY HEALTH DEPARTMENT**

Resolution No. 2008-M-31

WHEREAS, the Board of County Commissioners has authority by law to enact and, from time to time, amend fees charged by the various departments of the Orange County Government for various services rendered to the public; and

WHEREAS, Orange County can legally charge a fee for such services that captures the reasonable cost associated with administrative, personal services, operating, capital, and overhead to provide that service; and

WHEREAS, certain departments have conducted studies to determine reasonable costs, and certain fees should be changed as a result of said studies; and

WHEREAS, such studies recommended the addition of certain new fees to the existing fee schedule in order to establish pricing that covers the costs of providing services, or reduces the subsidization of certain services by county tax payers; and

WHEREAS, the County's Office of Management and Budget recommends that the Board approve the revisions to the schedule of fees as to services rendered or for which application is made on or after October 1, 2008;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY:

Section 1. The Board of County Commissioners of Orange County hereby approves the schedule of fees attached hereto as "Exhibit A" and thereby amends the existing fee schedule and establishes new fees to become effective as to services rendered or for which application is made on or after October 1, 2008. The Board further determines that such fees may be adjusted annually, effective October 1 of each year, at a rate consistent with the consumer price index or 3%, whichever is less.

Section 2. This Resolution shall take effect immediately, however the rates established hereby shall take effect on October 1, 2008.

ADOPTED THIS 19th DAY OF August, 2008.

ORANGE COUNTY, FLORIDA

By: *Richard T. Crotty*
Richard T. Crotty
County Mayor

DATE: 8.19.08

Attest: Martha O. Haynie, County Comptroller
As Clerk of the Board of County Commissioners

BY: *Martha O. Haynie*
Deputy Clerk

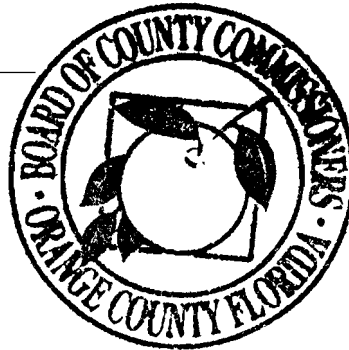


Exhibit "A"

**ORANGE COUNTY
HEALTH DEPARTMENT**



OBJECTIVE: A state/county partnership to ensure the health of the citizens of Orange County through the provision of communicable and reportable disease diagnosis and treatment, maternity and infant care, child health services, medical physicals for children from birth through age 21, family planning, dental services, immunizations and certificates for international travel, school health services, and vital statistics.

PHONE: 407-858-1400

Florida Statute 154.06(1) states in part... "Fees for primary care services and communicable disease control services may not be less than Medicaid reimbursement rates unless otherwise required by federal or state law or regulation."

Fees are subject to change based on state guidelines.

NON SLIDING SCALE	COST
Replacement Charge for Lost Clinic I.D. Card	\$ 5.00

VITAL STATISTICS

BIRTH CERTIFICATE (BC)

Computer Generated Birth Certificates ^a (Minimum information to be legally binding).....	\$ 14.00
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Photo Copied Birth Certificates ^a (These contain additional info, and are pulled manually from the binders and copied).....	\$ 20.00
Additional Copy ^a	\$ 8.00

DEATH CERTIFICATE

First Copy ^a	\$ 10.00
Additional copies, same document	\$ 5.00

RUSH FEE ^a (Fee for expedited handling) ^a	\$ 10.00
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VALIDATION OF INTERNATIONAL CERTIFICATES	\$ 1.00
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Back Pack ^a	\$ 6.00
Photo for Frame ^a	\$ 6.00
Picture Frame ^a	\$ 4.00
Plastic Sleeve ^a	\$ 4.00

HEALTH (continued)

IMMUNIZATIONS

	COST
VACCINES	
Administering of Flu Vaccine.....	\$ 10.00
Administering of Pneumococcal Vaccine.....	\$ 25.00
<i>International / Adult Immunizations (vaccine not included)</i>	\$ 20.00
All required childhood immunizations	No charge
TB Skin Test (PPD), non-case contact or employment purposes	\$ 10.00
PPD, case contact	\$ No charge
PHARMACY, Dispensing Fee, Medicaid Rate, (not including cost of item).....	\$ 4.25
LABORATORY	Actual cost
RADIOLOGY	Actual cost

NUTRITION SERVICES

Individual Nutrition Counseling/Medical Nutrition Therapy	\$ 5.00 co-pay to \$60.00 full pay
Community Nutrition Education Classes (per person)	\$ 10.00
Group Home Nutrition Training (per session).....	\$ 120.00
Annual review and approval of cycle menus for institutions and group homes by Registered/Licensed Dietitian	\$ 60.00
Initial review and approval of cycle menus for institutions and group homes by a Registered/Licensed Dietitian	\$ 200.00
Creation of cycle menus for institutions and group homes by a Registered/ Licensed Dietitian	\$ 600.00

MATERNITY SERVICES

Prenatal Visit (Verify Medicaid).....	\$ 50.00
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ENVIRONMENTAL HEALTH

<i>Non-Human Contact rabies testing fee</i>	\$ 125.00
<i>Septic Program Timed Inspection Fee</i>	\$ 57.00
<i>Lead Sample Testing Fee</i>	\$ 1.00
<i>Meth Lab Remediation and Risk Assessment Fee</i>	\$ 650.00

WATER PROGRAM

Well Permit (includes State fee, if applicable)	\$ 80.00
<i>Monitoring Well Permit (includes State fee, if applicable)</i>	\$ 80.00
<i>Well Abandonment Fee (per hour)</i>	\$ 57.00
Commercial Well Permit (includes State fee, if applicable).....	\$ 165.00
Whirl Pak Bag & Form	\$ 0.15
Bacterial testing of drinking water (includes State fee, if applicable).....	\$ 21.00
Lead Nitrate Testing (includes State fee, if applicable).....	\$ 88.00

HEALTH (continued)

ENVIRONMENTAL HEALTH (continued)

COMMERCIAL/MULTI-FAMILY OR INTERIOR ALTERATIONS CONSTRUCTION

Plans Review (includes State fee, if applicable).....	\$	47.00
Re-Inspection Fee	\$	47.00
Plan Correction Fee.....	\$	47.00
Permit Surcharge	\$	57.00
Indoor Air Quality and Lead consulting Fee	\$	57.00
Commercial Indoor Air Inspection (per hour)	\$	57.00
Independent Sports Complex Food Inspection Fee	\$	85.00
Group Care Inspection Fee	\$	88.00
Late Permit Fee	\$	30.00

SLIDING SCALE*

NEW PATIENT VISIT FEES*

Brief	\$	34.50
Limited	\$	36.75
Intermediate	\$	50.00
Extensive	\$	74.75
Comprehensive.....	\$	93.75

ESTABLISHED PATIENT VISIT FEES*

Minimal	\$	14.00
Brief	\$	24.25
Limited Visit	\$	28.75
Intermediate	\$	43.25
Extensive	\$	68.25
Counseling	\$	23.00
EPSDT Screening	\$	34.50
Family Planning Supply Visit.....	\$	11.50

DENTAL DIAGNOSTIC*

Exam, History, and Charting.....	\$	14.00
Recal Exam	\$	16.00
Emergency Oral Exam	\$	8.00

RADIOGRAPHS*

Intraoral (14 periapical, 2 bitewing)	\$	35.00
Intraoral periapical, first film	\$	5.00
Intraoral periapical, additional film	\$	2.00
Bitewing, single film.....	\$	7.00
Bitewing, two films.....	\$	9.00

HEALTH (continued)

PREVENTIVE*

Fluoride	\$	10.00
Training in Preventive Dental Care	\$	13.00
Sealant, per tooth.....	\$	18.00
Palliative Emergency Treatment.....	\$	13.00
Prophy	\$	20.00

RESTORATIVE*

Amalgam, one surface.....	\$	25.00
Amalgam, two surface	\$	35.00
Amalgam, three surface	\$	45.00
First Pin Retention	\$	6.00
Pin Retention, per tooth	\$	2.00
Composite resin, one surface	\$	21.00
Composite resin, two surfaces	\$	26.00
Composite resin, three or more surfaces.....	\$	32.00
Composite resin, with Acid Etch	\$	63.00
Plastic (Acrylic) Crown	\$	57.00
Plastic Prefabricated Crown.....	\$	64.00
Stainless Steel Crown.....	\$	57.00
Steel Post and Amalgam to Crown	\$	52.00
Sedative filling.....	\$	15.00

ENDODONTICS*

Pulp cap-direct	\$	13.00
Pulp cap-indirect	\$	10.00
Vital Pulpotomy	\$	46.00
Anterior root canal therapy	\$	147.00
Gingival curettage/Root planning (per quadrant)	\$	35.00
Periodontal scaling (per quadrant).....	\$	20.00
Periodontal bicuspid Root Canal Therapy.....	\$	167.00

EXTRACTIONS*

First tooth extraction	\$	23.00
Each additional extraction.....	\$	20.00
Erupted extraction	\$	41.00
Impacted extraction.....	\$	63.00

NOTE: County fees may increase on October 1 of each year by the lesser of three percent (3%), or the Consumer Price Index for Urban Consumers. Fees may be rounded to the nearest whole dollar amount.^a

*FOOTNOTE: ^a Effective August 2006.
Note that changes for August 2008 are shown in italics*

HEALTH (continued)

* Sliding Fee Scale – means a scale of charges that clients shall be charged for communicable disease and integrated family health services. The fee scale for these services is based on the poverty guidelines published by the Federal Office of Management and Budget, and shall progress in increments as outlined in Florida Administrative Code 10D-121.007(1).

2005 Family Size	FEE GROUPS**:						
	A	B	C	D	E	F	G
1	<=\$ 9,570	\$9,571- \$11,483	\$11,484 - \$13,397	\$13,398 - \$15,311	\$15,312 - \$17,225	\$17,226 - \$19,139	\$19,140 +
2	<=\$12,830	\$12,831 - \$15,395	\$15,396 - \$17,961	\$17,962 - \$20,527	\$20,528 - \$23,093	\$23,094 - \$25,659	\$25,660 +
3	<=\$16,090	\$16,091 - \$19,307	\$19,308 - \$22,525	\$22,526 - \$25,743	\$25,744 - \$28,961	\$28,962 - \$32,179	\$32,180 +
4	<=\$19,350	\$19,351 - \$23,219	\$23,220 - \$27,089	\$27,090 - \$30,959	\$30,960 - \$34,829	\$34,830 - \$38,699	\$38,700 +
5	<=\$22,610	\$22,611 - \$27,131	\$27,132 - \$31,653	\$31,654 - \$36,175	\$36,176 - \$40,697	\$40,698 - \$45,219	\$45,220 +
6	<=\$25,870	\$25,871 - \$31,043	\$31,044 - \$36,217	\$36,218 - \$41,391	\$41,392 - \$46,565	\$46,566 - \$51,739	\$51,740 +
7	<=\$29,130	\$29,131- \$34,955	\$34,956- \$40,781	\$40,782- \$46,607	\$46,608- \$52,433	\$52,434- \$58,259	\$58,260+
8	<=\$32,390	\$32,391- \$38,867	\$38,868- \$45,345	\$45,346- \$51,823	\$51,824- \$58,301	\$58,302- \$64,779	\$64,780+
9	<=\$35,650	\$35,651- \$42,779	\$42,780- \$49,909	\$49,910- \$57,039	\$57,040- \$64,169	\$64,170- \$71,299	\$71,300+
10	<=\$38,910	\$38,911- \$46,691	\$46,692- \$54,473	\$54,474- \$62,255	\$62,256- \$70,037	\$70,038- \$77,819	\$77,820+
Percent Poverty	<=100%	101%-119%	120%-139%	140%-159%	160%-179%	180%-199%	200%+
Percent Of Full Fee	No fee	17%	33%	50%	67%	83%	100%

* Columns A and B are based on s. 154.011, (1), (c), 7, Florida Statute and Columns B through G are based on Florida Administrative Code 64F-16

** The fee schedule is based on NET INCOME.

NOTES: For families with more than 10 members, add \$3,260 for each additional member to fee group A.
 For fee groups B-G, multiply the group A amount by the maximum of poverty for each group.
 Fees will not be charged for WIC certification. WIC benefits, or childhood immunizations required for school.
 Fees will not be charged for Medicaid reimbursable services for clients enrolled in Medicaid.
 Federal Poverty Guidelines may be viewed at <http://www.aspe.hhs.gov/poverty/03poverty.html>.