

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	0				
Operating Costs	\$2,114,162				
External Revenues	0				
Program Income (County)	0				
In-Kind Match (County)	0				
NET FISCAL IMPACT	\$2,114,162				
No. ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included in Current Budget? Yes X No
Budget Account No.: Fund 0001 DEPT 480 UNIT: 4800 Object: 8101
Reporting Category

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Net fiscal impact: \$2,114,162

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Liza R 10/2/19
 J 10/2 OFMB Dec 9/27
 AD 10/2

[Signature]
Contract Dev. and Control
10/3/19 TW

B. Legal Sufficiency:

Delene C. David 10/4/19
Assistant County Attorney

C. Other Department Review:

Department Director

REVISED 9/03
ADM FORM 01
(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

(Continued from page 1)

Background and Justification: Pursuant to the provisions of Section 154.01, Florida Statutes, the Board of County Commissioners has historically provided ad valorem funding to support environmental health programs. Section 154.01, F.S., specifies that functional system of public health services shall be established which shall include the following levels of service: environmental health, communicable disease control and primary care services. With the establishment of the Health Care District of Palm Beach County (HCD), local support of communicable disease control and primary care services came under the purview of the HCD, while support of the environmental program remained with the County.

The Statute defines "environmental health services" as those that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment, which may contribute to the occurrence or transmission of disease. The Statute further provides that environmental health services shall be supported by available federal, state and local funds.

Examples of services include: inspection and permitting of wells, septic tanks and public swimming pools; inspection and licensing of child care facilities, migrant labor housing and migrant labor camps; plan reviews; regulation of air pollution sources, investigation of complaints and permitting of tanning facilities; biochemical waste services; inspections of solid waste management facilities and hazardous waste generators; lead and radon gas monitoring services; inspection and licensing of mobile home parks; inspection of adult entertainment facilities; rabies surveillance and control; inspection of food service in child care facilities, bars and lounges, schools, hospitals, nursing homes, detention facilities and other locations; investigation of food-borne illness outbreaks; surveillance for mosquito-transmitted encephalitis. Additional services include providing counsel for the Child Care Advisory Council and serving as Environmental Control Officer.

Increases (decreases) in various funding sources for the Health Department's environmental programs are shown below:

Source	FY 2019	FY 2020	% Change
State Share	\$2,201,463	\$2,743,225	24.6%
County Share			
County Ad Valorem	1,987,274	1,987,274	0%
Childcare Enforcement Control	<u>126,888</u>	<u>126,888</u>	0%
Total County Share	\$2,114,162	\$2,114,162	0%
County Authorized Fees	2,975,764	2,981,516	0.19%
Federal Funds	293,784	360,365	22.70%
Dept. Environmental Protection Funds	104,004	104,034	0.03%
Air Pollution Tags	1,101,357	1,101,777	-0.09%
Total Other Funding	<u>\$4,474,909</u>	<u>\$4,447,692</u>	-0.06%
Total Funding	<u>\$8,790,534</u>	<u>\$9,305,079</u>	5.9%

**CONTRACT BETWEEN
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
PALM BEACH COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2019-2020**

This contract is made and entered into between the State of Florida, Department of Health ("State") and the Palm Beach County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 2019.

RECITALS

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

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

C. Palm Beach County Health Department ("CHD") is one of the created County Health Departments.

D. It is necessary for the parties hereto to enter into this contract in order to ensure coordination between the State and the County in the operation of the CHD.

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

1. RECITALS. The parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2019 through September 30, 2020, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated pursuant to the termination provisions set forth in paragraph 8. below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to section 154.01(2), Florida Statutes, as defined below:

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

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

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of

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

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

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

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 25,895,443 *State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$2,114,162 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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

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

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

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

County Health Department Trust Fund
Palm Beach County
800 Clematis Street
West Palm Beach, FL 33401

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy Secretary for County Health Systems. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long-Range Program Plan.

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

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

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of County purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore, and all County purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this contract. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

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

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

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

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the State or County, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by State and County based on the ratio of planned expenditures in this contract and funding from all sources is credited to the program accounts by State and County. The equity share of any surplus/deficit funds accruing to the State and County is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

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

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

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

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

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

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

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

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

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

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

- i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
- ii. A written explanation to the County of service variances reflected in the year end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service specific variance between actual and planned

expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Office of Budget and Revenue Management.

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

- i. March 1, 2020 for the report period October 1, 2019 through December 31, 2019;
- ii. June 1, 2020 for the report period October 1, 2019 through March 31, 2020;
- iii. September 1, 2020 for the report period October 1, 2019 through June 30, 2020; and
- iv. December 1, 2020 for the report period October 1, 2019 through September 30, 2020.

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

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

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

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

8. TERMINATION.

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

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

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

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2019, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

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

For the State:

James Andrew (Andy) Edwards
Name
CHD CFO
Title
800 Clematis Street
West Palm Beach, FL 33401
Address
(561) 671-4121
Telephone

For the County:

Nancy Bolton
Name
Assistant County Administrator
Title
301 Olive Avenue
West Palm Beach, FL 33401
Address
(561) 355-3838
Telephone

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

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

In WITNESS THEREOF, the parties hereto have caused this twenty-two-page contract, with its attachments as referenced, including Addendum (two pages) Attachment I (two pages), Attachment II (seven pages), Attachment III (one pages), Attachment IV (one pages), and Attachment V (one pages), to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2019.

**BOARD OF COUNTY COMMISSIONERS
FOR PALM BEACH COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: _____

NAME: Bernard Mack

TITLE: Mayor

DATE: _____

ATTESTED TO:

SIGNED BY: _____

NAME: Tracey Powell

TITLE: Deputy Clerk

DATE: _____

SIGNED BY: _____

NAME: Scott A. Rivkees, M.D.

TITLE: Surgeon General and Secretary

DATE: _____

SIGNED BY: _____

NAME: Alina Alonso, MD

TITLE: CHD Director/Administrator

DATE: _____

ADDENDUM TO CONTRACT

THIS ADDENDUM TO THE CONTRACT BETWEEN PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AND THE STATE OF FLORIDA DEPARTMENT OF HEALTH FOR OPERATION OF THE PALM BEACH COUNTY HEALTH DEPARTMENT ("Contract") is entered into on this 1st day of October, 2019, by and between the **STATE OF FLORIDA DEPARTMENT OF HEALTH ("State")**, and the **PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ("County")**.

RECITALS

A. State and County have simultaneously herewith executed the above referenced Contract, and

B. State and County are entering into this Addendum in order to modify certain provisions of said Contract, the purpose of which is to specify certain terms and conditions regarding operation of the Palm Beach County Health Department ("CHD").

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby conclusively acknowledged, the parties hereto, intending to be legally bound, have agreed as follows:

TERMS

1.0 Revised Sections. State and County agree that the Contract is hereby modified as follows:

1.1 Section 6.a. of the Contract is hereby revised to read:

6.a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of County purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. As State personnel, CHD employees are not officers, agents, or employees of the County.

1.2 Section 7.c. of the Contract is hereby revised to read:

7.c. All vehicles will be transferred to the ownership of the County and registered as County vehicles. All vehicles will be used solely for CHD operations. The County shall ensure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County, except for the coverage referenced in paragraph 7.e. below. Vehicles purchased through the CHD trust fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the CHD trust fund.

1.3 Sections 7.d. and 7.e. are hereby added to the Contract as follows:

7.d. The CHD shall insure that the County be named as an additional insured on any agreement, in which the CHD contracts or subcontracts any work to be performed on the premises to a third party.

7.e. The CHD, as a State Agency or subdivision as defined by Section 768.28, Florida Statutes, agrees to be responsible for its own, its officers', employees' or agents' negligent acts or omissions, or tortious acts which result in claims or suits against the State, and agrees to be liable for any damages proximately caused by said acts or omissions up to the limits set by law. In accordance with Chapter 284, Part II, Florida Statutes, CHD, through the State of Florida Risk Management Program will provide General Liability and Auto Liability coverage for negligent acts or omissions or tortious acts by the CHD. Nothing said herein is intended to serve as a waiver of sovereign immunity by the CHD to which sovereign immunity applies. Nothing said herein shall be construed as consent to be sued by third parties in any matter arising out of this Agreement.

2.0 Controlling Provisions. State and County hereby agree that, to the extent that a provision in this Addendum conflicts with any provision in the Contract, the provision in this Addendum shall govern and control.

3.0 Defined Terms. Capitalized terms that are not defined in this Addendum, and that would not otherwise be capitalized for reasons of syntax or grammar, are defined terms whose definitions are provided in the Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum as of the day and year Stated above.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS:	STATE OF FLORIDA DEPARTMENT OF HEALTH:
SIGNED BY:	SIGNED BY:
NAME: Mack Bernard	NAME: Scott A. Rivkees, MD
TITLE: Mayor	TITLE: State Surgeon General
DATE:	DATE:
	SIGNED BY:
	NAME: Alina Alonso, M.D.
	TITLE: Director Palm Beach County Health Department
	DATE:

ATTACHMENT I
PALM BEACH COUNTY HEALTH DEPARTMENT
PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

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

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2. Dental Health	Periodic financial and programmatic reports as specified by the program office.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5. Family Planning	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP); Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

ATTACHMENT I (Continued)

		levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9.	School Health Services	Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
10.	Tuberculosis	Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11.	General Communicable Disease Control	Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
12.	Refugee Health Program	Programmatic and financial requirements as specified by the program office.

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

ATTACHMENT II
PALM BEACH COUNTY HEALTH DEPARTMENT
PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/19	90698	2447250	2537948
2. Drawdown for Contract Year October 1, 2019 to September 30, 2020	-90698	-723068	-813766
3. Special Capital Project use for Contract Year October 1, 2019 to September 30, 2020	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2019 to September 30, 2020	0	1724182	1724182

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

ATTACHMENT II

PALM BEACH COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	770,000	0	770,000	0	770,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	136,313	0	136,313	0	136,313
015040 AIDS NETWORK REIMBURSEMENT	616,645	0	616,645	0	616,645
015040 CHD - TB COMMUNITY PROGRAM	556,527	0	556,527	0	556,527
015040 SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM GR	98,892	0	98,892	0	98,892
015040 DENTAL SPECIAL INITIATIVE PROJECTS	5,977	0	5,977	0	5,977
015040 FAMILY PLANNING GENERAL REVENUE	360,987	0	360,987	0	360,987
015040 HEPATITIS AND LIVER FAILURE PREVENTION & CONTROL	55,693	0	55,693	0	55,693
015040 PRIMARY CARE PROGRAM	790,580	0	790,580	0	790,580
015040 SCHOOL HEALTH SERVICES - GENERAL REVENUE	861,083	0	861,083	0	861,083
015040 ALG/CHD SOVEREIGN IMMUNITY	32,373	0	32,373	0	32,373
015050 CHD GENERAL REVENUE NON-CATEGORICAL	10,777,786	0	10,777,786	0	10,777,786
GENERAL REVENUE TOTAL	15,062,856	0	15,062,856	0	15,062,856
. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	35,395	0	35,395	0	35,395
015010 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	17,000	0	17,000	0	17,000
015010 SAFE DRINKING WATER ACT - HEADQUARTERS	53,954	0	53,954	0	53,954
015010 TOBACCO STATE AND COMMUNITY INTERVENTIONS	334,416	0	334,416	0	334,416
NON GENERAL REVENUE TOTAL	440,765	0	440,765	0	440,765
FEDERAL FUNDS - STATE					
007000 AIDS SURVEILLANCE - CORE	211,948	0	211,948	0	211,948
007000 WIC BREASTFEEDING PEER COUNSELING PROG	160,392	0	160,392	0	160,392
007000 COASTAL BEACH WATER QUALITY MONITORING	17,938	0	17,938	0	17,938
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 FAMILY PLANNING TITLE X - GRANT	352,018	0	352,018	0	352,018
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	38,227	0	38,227	0	38,227
007000 HURRICANE CRISIS COAG FOOD AND WATER	1,050	0	1,050	0	1,050
007000 IMMUNIZATION FIELD STAFF	6,000	0	6,000	0	6,000
007000 IMMUNIZATION ACTION PLAN	155,040	0	155,040	0	155,040
007000 IMMUNIZATION VACCINE FOR CHILDREN PANFLU	61,000	0	61,000	0	61,000
007000 LEAD POISONING PREVENTION - CHILDHOOD LEAD POISO	56,385	0	56,385	0	56,385
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	118,477	0	118,477	0	118,477
007000 MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	28,000	0	28,000	0	28,000
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	219,488	0	219,488	0	219,488
007000 BASE EMERGENCY OPERATIONS COORDINATION (ESF8)	205,054	0	205,054	0	205,054
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	167,015	0	167,015	0	167,015
007000 AIDS PREVENTION	1,041,938	0	1,041,938	0	1,041,938
007000 POOL SAFELY GRANT PROGRAM	1,658	0	1,658	0	1,658
007000 MORBIDITY AND RISK BEHAVIOR SURVEILLANCE	65,908	0	65,908	0	65,908
007000 STATE INDOOR RADON GRANT PROGRAM	6,000	0	6,000	0	6,000
007000 IMPROVING STD PROGRAMS	103,141	0	103,141	0	103,141
007000 FLORIDA STD SURVEILLANCE NETWORK PART A	3,975	0	3,975	0	3,975

ATTACHMENT II						
PALM BEACH COUNTY HEALTH DEPARTMENT						
Part II, Sources of Contributions to County Health Department						
October 1, 2019 to September 30, 2020						
		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
007000	WIC PROGRAM ADMINISTRATION	5,076,019	0	5,076,019	0	5,076,019
015075	SUPPLEMENTAL SCHOOL HEALTH	350,924	0	350,924	0	350,924
015075	REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	71,280	0	71,280	0	71,280
015075	REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	396,000	0	396,000	0	396,000
018005	RYAN WHITE TITLE II ADAP DRUG REBATES	88,505	0	88,505	0	88,505
018005	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	501,701	0	501,701	0	501,701
018005	RYAN WHITE TITLE II CARE GRANT	79,404	0	79,404	0	79,404
018005	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	773,137	0	773,137	0	773,137
FEDERAL FUNDS TOTAL		10,392,622	0	10,392,622	0	10,392,622
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	CHD STATEWIDE ENVIRONMENTAL FEES	1,250,306	0	1,250,306	0	1,250,306
001020	SAFE DRINKING WATER ACT-COUNTY HEALTH DEPARTMENT	209,950	0	209,950	0	209,950
001092	CHD STATEWIDE ENVIRONMENTAL FEES	399,693	0	399,693	0	399,693
001206	ON SITE SEWAGE DISPOSAL PERMIT FEES	26,000	0	26,000	0	26,000
001206	SANITATION CERTIFICATES (FOOD INSPECTION)	13,553	0	13,553	0	13,553
001206	SEPTIC TANK RESEARCH SURCHARGE	2,400	0	2,400	0	2,400
001206	SEPTIC TANK VARIANCE FEES 50%	400	0	400	0	400
001206	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	68,858	0	68,858	0	68,858
001206	DRINKING WATER PROGRAM OPERATIONS	1,562	0	1,562	0	1,562
001206	REGULATION OF BODY PIERCING SALONS	401	0	401	0	401
001206	TANNING FACILITIES	991	0	991	0	991
001206	ONSITE SEWAGE TRAINING CENTER	2,480	0	2,480	0	2,480
001206	TATTO PROGRAM ENVIRONMENTAL HEALTH	10,804	0	10,804	0	10,804
001206	MOBILE HOME & RV PARK FEES	3,755	0	3,755	0	3,755
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		1,991,153	0	1,991,153	0	1,991,153
5. OTHER CASH CONTRIBUTIONS - STATE:						
		0	0	0	0	0
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	90,698	0	90,698	0	90,698
OTHER CASH CONTRIBUTION TOTAL		90,698	0	90,698	0	90,698
6. MEDICAID - STATE/COUNTY:						
001057	CHD CLINIC FEES	0	1,803,906	1,803,906	0	1,803,906
001147	CHD CLINIC FEES	0	175,901	175,901	0	175,901
001148	CHD CLINIC FEES	0	1,517,625	1,517,625	0	1,517,625
MEDICAID TOTAL		0	3,497,432	3,497,432	0	3,497,432
7. ALLOCABLE REVENUE - STATE:						
001004	CHD LOCAL ENVIRONMENTAL FEES	2,619	0	2,619	0	2,619
004010	CHD CLINIC FEES	72	0	72	0	72
031005	GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	21,750	0	21,750	0	21,750
ALLOCABLE REVENUE TOTAL		24,441	0	24,441	0	24,441
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						

ATTACHMENT II

PALM BEACH COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
ADAP	0	0	0	8,004,716	8,004,716
PHARMACY DRUG PROGRAM	0	0	0	161,200	161,200
WIC PROGRAM	0	0	0	23,523,332	23,523,332
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	139,996	139,996
IMMUNIZATIONS	0	0	0	1,532,226	1,532,226
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	33,361,470	33,361,470

9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT

008005	CHILDCARE ENFORCEMENT & CONTROL - BD OF CTY COMM	0	158,610	158,610	0	158,610
008005	ENVIRONMENTAL HEALTH COUNTY SUPPORT	0	2,318,486	2,318,486	0	2,318,486
008020	HEALTH CARE DISTRICT PREVENTIVE HEALTH CARE	0	1,566,755	1,566,755	0	1,566,755
008020	HEALTH CARE DISTRICT PREVENTIVE HEALTH CARE	0	8,308,464	8,308,464	0	8,308,464
008040	SEC 403-182 AIR POLLUTION TAG FEE TO COUNTY	0	1,143,833	1,143,833	0	1,143,833
008040	CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	108,055	108,055	0	108,055
	DIRECT COUNTY CONTRIBUTIONS TOTAL	0	13,604,203	13,604,203	0	13,604,203

10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY

001077	CHD CLINIC FEES	0	236,066	236,066	0	236,066
001094	CHD LOCAL ENVIRONMENTAL FEES	0	1,097,221	1,097,221	0	1,097,221
001110	CHD CLINIC FEES	0	508	508	0	508
001110	VITAL STATISTICS CERTIFIED RECORDS	0	1,850,000	1,850,000	0	1,850,000
	FEES AUTHORIZED BY COUNTY TOTAL	0	3,183,795	3,183,795	0	3,183,795

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001029	CHD CLINIC FEES	0	119,622	119,622	0	119,622
001029	HEALTH CARE DISTRICT COUNTY HOME	0	50,000	50,000	0	50,000
001090	CHD CLINIC FEES	0	288,090	288,090	0	288,090
005000	CHD LOCAL REVENUE & EXPENDITURES	0	878	878	0	878
007010	EPA SECTION 103 AIR MONITORING	0	36,875	36,875	0	36,875
007010	FEDERAL AIR POLLUTION EPA 105	0	204,932	204,932	0	204,932
007099	CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	69,368	69,368	0	69,368
008060	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	50,000	50,000	0	50,000
010300	STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	12,769	12,769	0	12,769
010300	FL DEP AIR POLLUTION MONITORING TITLE V	0	96,434	96,434	0	96,434
010800	CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	7,600	7,600	0	7,600
010500	CHD CLINIC FEES	0	50	50	0	50
010500	HEALTH CARE DISTRICT BUILDING/FACILITY	0	757,140	757,140	0	757,140
010500	CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	32,500	32,500	0	32,500
011000	CHILDREN'S SERVICE COUNCIL-DATA ENTRY PB CHD	0	527,100	527,100	0	527,100
011000	CHILDRENS SERVICES COUN- NURSE FAMILY PRTNRSHIP	0	1,300,399	1,300,399	0	1,300,399
011000	CSC HEALTHY BEGINNINGS NURSES	0	2,900,808	2,900,808	0	2,900,808
011000	HEALTHY MOTHERS HEALTHY BABIES PREGNANCY CENTER	0	52,000	52,000	0	52,000
011000	CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	741,001	741,001	0	741,001
011000	RYAN WHITE PART A HIV HEALTH SUPP SVCS	0	600,048	600,048	0	600,048
011000	WHIN WOMEN'S HEALTH INITIATIVE HEALTHY BEG	0	493,307	493,307	0	493,307
012020	CHD LOCAL ENVIRONMENTAL FEES	0	3,005	3,005	0	3,005

ATTACHMENT II

PALM BEACH COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2019 to September 30, 2020

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
015020 CHILD DAY CARE FACILITIES LICENSE	0	265,913	265,913	0	265,913
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	723,068	723,068	0	723,068
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	9,332,907	9,332,907	0	9,332,907
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD LOCAL ENVIRONMENTAL FEES	0	2,623	2,623	0	2,623
004010 CHD CLINIC FEES	0	72	72	0	72
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	21,750	21,750	0	21,750
COUNTY ALLOCABLE REVENUE TOTAL	0	24,445	24,445	0	24,445
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	3,574,175	3,574,175
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	1,026,943	1,026,943
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	4,601,118	4,601,118
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	28,002,535	29,642,782	57,645,317	37,962,588	95,607,905

ATTACHMENT II										
PALM BEACH COUNTY HEALTH DEPARTMENT										
Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service										
October 1, 2019 to September 30, 2020										
	Quarterly Expenditure Plan							State	County	Grand Total
	FTE's (0.00)	Clients Units	Services/ Visits	1st	2nd (Whole dollars only)	3rd	4th			
COMMUNICABLE DISEASE CONTROL:										
MMUNIZATION (101)	31.70	12,399	16,698	619,640	722,734	722,734	619,640	970,906	1,713,842	2,684,748
EXUALLY TRANS. DIS. (102)	33.01	5,456	7,943	614,463	716,696	716,696	614,463	1,393,899	1,268,419	2,662,318
IV/AIDS PREVENTION (03A1)	33.28	0	5,454	651,132	759,467	759,467	651,132	1,779,121	1,042,077	2,821,198
IV/AIDS SURVEILLANCE (03A2)	9.07	0	65	164,478	191,843	191,843	164,479	429,848	282,795	712,643
IV/AIDS PATIENT CARE (03A3)	56.64	1,584	10,018	1,306,471	1,523,839	1,523,839	1,306,472	3,226,797	2,433,824	5,660,621
IAF (03A4)	14.24	9	255	242,250	282,556	282,556	242,250	668,682	380,930	1,049,612
TUBERCULOSIS (104)	37.68	677	2,250	735,311	857,650	857,650	735,311	1,620,140	1,565,782	3,185,922
MM. DIS. SURV. (106)	13.15	0	14,006	263,626	307,488	307,488	263,627	354,763	787,466	1,142,229
EPATITIS (109)	1.50	176	182	25,677	29,950	29,950	25,677	78,777	32,477	111,254
EPAREDNESS AND RESPONSE (116)	6.77	0	4	130,934	152,718	152,718	130,933	567,303	0	567,303
REFUGEE HEALTH (118)	7.13	507	1,095	187,487	218,681	218,681	187,486	617,477	194,858	812,335
TAL RECORDS (180)	11.76	53,739	141,582	168,592	196,643	196,643	168,592	0	730,470	730,470
COMMUNICABLE DISEASE SUBTOTAL	258.93	74,547	199,557	5,110,061	5,960,265	5,960,265	5,110,062	11,707,713	10,432,940	22,140,653
PRIMARY CARE:										
IRONIC DISEASE PREVENTION PRO (210)	1.11	1,936	50	13,295	21,338	21,338	13,295	79,266	0	79,266
IC (21W1)	91.30	49,764	353,270	1,404,930	1,638,679	1,638,679	1,404,930	6,087,218	0	6,087,218
IBACCO USE INTERVENTION (212)	4.54	0	487	91,291	106,479	106,479	91,291	395,540	0	395,540
IB BREASTFEEDING PEER COUNSELING (21W2)	4.53	0	3,575	43,058	50,222	50,222	43,057	186,559	0	186,559
IMILY PLANNING (223)	40.11	7,989	15,019	818,004	954,102	954,102	818,005	1,825,908	1,718,305	3,544,213
IPROVED PREGNANCY OUTCOME (225)	77.70	4,815	26,186	1,454,505	1,696,502	1,696,502	1,454,506	2,059,391	4,242,624	6,302,015
IALTHY START PRENATAL (227)	36.80	9,775	26,304	613,415	715,474	715,474	613,414	0	2,657,777	2,657,777
IMPREHENSIVE CHILD HEALTH (229)	0.13	24	25	2,547	2,971	2,971	2,546	159	10,876	11,035
IALTHY START CHILD (231)	38.57	3,246	14,650	797,982	930,690	930,690	797,931	0	3,457,243	3,457,243
HOOL HEALTH (234)	16.41	0	1,436,564	337,333	393,464	393,464	337,333	1,434,965	26,639	1,461,604
IMPREHENSIVE ADULT HEALTH (237)	14.76	4,449	6,181	278,710	325,081	325,081	278,710	298,578	909,004	1,207,582
IMMUNITY HEALTH DEVELOPMENT (238)	3.13	0	473	65,393	76,169	76,169	65,393	222,944	60,000	282,944
ENTAL HEALTH (240)	13.56	4,543	6,545	244,103	284,716	284,716	244,102	455,977	601,660	1,057,637
IMMARY CARE SUBTOTAL	342.65	86,532	1,944,329	6,169,431	7,195,887	7,195,887	6,169,428	13,046,505	13,684,128	26,730,633
ENVIRONMENTAL HEALTH:										
ater and Onsite Sewage Programs										
OSTAL BEACH MONITORING (347)	0.64	1,670	1,705	12,603	14,700	14,700	12,604	41,057	13,550	54,607
IMITED USE PUBLIC WATER SYSTEMS (357)	1.50	125	651	29,126	33,972	33,972	29,125	39,206	86,989	126,195
UBLIC WATER SYSTEM (358)	4.92	16	579	99,458	116,006	116,006	99,457	223,831	207,096	430,927
IVATE WATER SYSTEM (359)	1.89	753	4,678	29,961	34,946	34,946	29,961	34	129,730	129,814
BSITE SEWAGE TREATMENT & DISPOSAL (361)	12.41	2,915	3,192	221,157	257,953	257,953	221,156	490,176	468,043	958,219
roup Total	21.36	5,479	15,305	392,305	457,577	457,577	392,303	794,304	905,458	1,699,762
ility Programs										
OTTOO FACILITY SERVICES (344)	1.22	727	261	20,351	23,737	23,737	20,351	70,178	17,998	88,176
OD HYGIENE (348)	9.72	940	3,232	158,532	184,903	184,903	158,533	401,683	235,193	636,881

ATTACHMENT II											
PALM BEACH COUNTY HEALTH DEPARTMENT											
Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service											
October 1, 2019 to September 30, 2020											
	Quarterly Expenditure Plan								State	County	Grand Total
	FTE's (0.00)	Clients Units	Services/ Visits	1st	2nd (Whole dollars only)	3rd	4th				
BODY PIERCING FACILITIES SERVICES (349)	0.12	21	34	2,275	2,653	2,653	2,274	7,093	2,762	9,855	
GROUP CARE FACILITY (351)	28.19	1,289	5,376	471,176	549,569	549,569	471,176	680,686	1,360,804	2,041,490	
MIGRANT LABOR CAMP (352)	1.33	59	588	20,694	24,137	24,137	20,694	10,282	79,380	89,662	
HOUSING & PUB. BLDG. (353)	0.19	7	153	2,941	3,430	3,430	2,942	5	12,738	12,743	
MOBILE HOME AND PARK (354)	1.13	134	405	19,661	22,932	22,932	19,661	59,964	25,222	85,186	
POOLS/BATHING PLACES (360)	10.42	3,867	10,580	156,739	182,816	182,816	156,739	524,466	154,644	679,110	
BIOMEDICAL WASTE SERVICES (364)	5.25	2,610	2,795	90,031	105,010	105,010	90,030	276,812	113,269	390,081	
TANNING FACILITY SERVICES (369)	0.13	43	100	2,170	2,530	2,530	2,170	7,041	2,359	9,400	
Group Total	57.70	9,697	23,524	944,570	1,101,722	1,101,722	944,570	2,038,210	2,054,374	4,092,584	
Groundwater Contamination											
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0	
SUPER ACT SERVICES (356)	0.58	243	370	10,530	12,282	12,282	10,531	14	45,611	45,625	
Group Total	0.58	243	370	10,530	12,282	12,282	10,531	14	45,611	45,625	
Community Hygiene											
COMMUNITY ENVIR. HEALTH (345)	1.78	0	1,633	32,131	37,476	37,476	32,131	43	139,171	139,214	
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0	
LEAD MONITORING SERVICES (350)	0.12	5	18	2,373	2,768	2,768	2,372	3	10,278	10,281	
PUBLIC SEWAGE (362)	2.00	339	1,128	39,927	46,570	46,570	39,926	28,445	144,548	172,993	
SOLID WASTE DISPOSAL SERVICE (363)	0.70	0	266	12,562	14,652	14,652	12,562	16	54,412	54,428	
SANITARY NUISANCE (365)	0.69	1,078	157	11,044	12,881	12,881	11,045	17	47,834	47,851	
RABIES SURVEILLANCE (366)	0.21	0	4	5,402	6,301	6,301	5,402	5	23,401	23,406	
ARBORVIRUS SURVEIL. (367)	1.34	0	373	41,106	47,945	47,945	41,107	33	178,070	178,103	
RODENT/ARTHROPOD CONTROL (368)	0.15	0	115	2,518	2,937	2,937	2,517	4	10,905	10,909	
WATER POLLUTION (370)	0.03	0	0	931	1,086	1,086	930	1	4,032	4,033	
INDOOR AIR (371)	18.33	0	2,245	394,749	460,426	460,426	394,749	17,227	1,693,123	1,710,350	
RADIOLOGICAL HEALTH (372)	0.10	0	1	3,300	3,850	3,850	3,300	12,004	2,296	14,300	
TOXIC SUBSTANCES (373)	2.93	1,094	1,208	48,992	57,144	57,144	48,992	71	212,201	212,272	
Group Total	28.38	2,516	7,148	595,035	694,036	694,036	595,033	57,869	2,520,271	2,578,140	
ENVIRONMENTAL HEALTH SUBTOTAL	108.02	17,935	46,847	1,942,440	2,265,617	2,265,617	1,942,437	2,890,397	5,525,714	8,416,111	
D. NON-OPERATIONAL COSTS:											
NON-OPERATIONAL COSTS (399)	0.00	0	0	53,045	61,871	61,871	53,046	229,833	0	229,833	
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	23,792	27,751	27,751	23,793	103,087	0	103,087	
MEDICAID BUYBACK (611)	0.00	0	0	5,770	6,730	6,730	5,770	25,000	0	25,000	
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	82,607	96,352	96,352	82,609	357,920	0	357,920	
TOTAL CONTRACT	709.60	179,014	2,190,733	13,304,539	15,518,121	15,518,121	13,304,536	23,002,535	29,642,782	57,645,317	

ATTACHMENT III
PALM BEACH COUNTY HEALTH DEPARTMENT
CIVIL RIGHTS CERTIFICATE

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

The applicant assures that it will comply with:

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

Attachment IV

Fiscal Year - 2019 - 2020

Palm Beach County Health Department

Facilities Utilized by the County Health Department

Complete Location (Street Address, City, Zip)	Facility Description And Official Building Name (if applicable) (Admin, Clinic, Envrn Hlth, etc.)	Lease/ Agreement Number	Type of Agreement (Private Lease thru State or County, other - please define)	Complete Legal Name of Owner	SQ Feet	Employee Count (FTE/OPS/ Contract)
38754 State Road 80, Belle Glade, FL 33430	C.L. Brumback Health Center	N/A	County Owned	Board of County Commissioners	37479	sub-lease space (HCD, PBC, etc.)
225/345 Congress Avenue, Delray Beach, FL 33444	Delray Beach Health Center	N/A	County Owned	Board of County Commissioners	53035	sub-lease space (HCD, PBC, DOH)
1250 Southwinds Drive, Lantana FL 33462	Lantana/LakeWorth Health Center	N/A	County Owned	Board of County Commissioners	33800	sub-lease space (HCD, PBC, DOH)
6405 Indiantown Road, Jupiter, FL33458	Jupiter Health Center	N/A	County Owned	Board of County Commissioners	4434	7
851 Avenue "P", Riviera Beach, FL 33404	Northeast Health Center	N/A	County Owned	Board of County Commissioners	14210	65
1050 West 15th Street, Riviera Beach, FL 33404	General Services Facility/Office	640:0220	Lease	Vecchiarello, Inc.	27490	40
5985 10th Avenue North, Greenacres, FL 33463	WIC Administration and Client Service	640:0341	Lease	City of Greenacres	10857	31
800 Clematis Street, West Palm Beach FL 33401	Administration, Environmental Public Health, Healthy Beginnings, Epidemiology, Vital Statistics, etc.	N/A	State Owned	State of Florida	92000	296 (Excludes sub-lease DOH CO)
1150 45th Street, West Palm Beach, FL 33407	West Palm Beach Health Center	N/A	State Owned	State of Florida	61022	sub-lease space (HCD, PBC, DOH)
1839 East Main Street, Pahokee, FL 33476	Pahokee Glades Health Center	N/A	State Owned	State of Florida	3300	0 - closed

Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.

ATTACHMENT V
PALM BEACH COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

CONTRACT YEAR	STATE	COUNTY	TOTAL
2018-2019*	\$ 0	\$ 0	\$ 0
2019-2020**	\$ 0	\$ 0	\$ 0
2020-2021***	\$ 0	\$ 0	\$ 0
2021-2022***	\$ 0	\$ 0	\$ 0
PROJECT TOTAL	\$ 0	\$ 0	\$ 0

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER:

PROJECT NAME:

LOCATION/ADDRESS:

PROJECT TYPE:

NEW BUILDING

ROOFING

RENOVATION

PLANNING STUDY

NEW ADDITION

OTHER

SQUARE FOOTAGE:

0

PROJECT SUMMARY:

Describe scope of work in reasonable detail.

START DATE (Initial expenditure of funds) :

COMPLETION DATE:

DESIGN FEES:\$

0

CONSTRUCTION COSTS:\$

0

FURNITURE/EQUIPMENT:\$

0

TOTAL PROJECT COST:\$

0

COST PER SQ FOOT:\$

0

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

* Cash balance as of 9/30/19
** Cash to be transferred to FCO account.
*** Cash anticipated for future contract years.

FLORIDA DEPARTMENT OF HEALTH PALM BEACH COUNTY

COUNTY FEE SCHEDULE

SECTION 1. FIXED PRICE MANDATORY FEES

The non-Medicare fees listed here may be raised annually, based on the annual average increase in the Consumer Price Index for the previous year.

- A. Medical Services – Fees will not exceed Medicare rates when available; fees follow for aspects of programs for which Medicare rates may not be available.

1. Overseas Immunizations

- a. Consultation Fee for specific travel itinerary - \$45.
- b. Administration Fee per injection – Not to exceed Medicare rate
- c. Minimum Charge for vaccine per dose
Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- d. Clients requesting overseas immunizations shall pay the price of the Consultation Fee, Administration Fee(s) and the vaccine charge for each vaccine.

2. Adult Immunizations (Immunizations to individuals 18 years and over)

- a. Administration Fee per injection – Not to exceed Medicare rate
- b. Minimum Charge for vaccine per dose - Vaccine costs will be based on Medicare rates. When Medicare rates are not available (for example, for the Yellow Fever vaccine) the rate will be up to the 75th percentile level of the rate-based relative value scale (RB/RVS) which represents a fee ≤ what 75% of providers in the County charge.
- c. Immunization fees charged under this schedule may be those charged for Overseas Immunization, excluding the Consultation Fee.

3. Childhood Immunizations (Immunizations to persons 17 years of age and under)

- a. No fee will be charged for childhood immunizations required for admittance to or attendance in school as specified in Section 1003.22 FS.
- b. Administration Fee for immunizations not required for school – Not to exceed Medicare rate.

4. Laboratory Services

- a. The Medicaid rate will be used for viral load tests.
- b. The rate for laboratory work by a reference laboratory will be cost plus a \$10 processing/handling fee.
- c. The rate for antibody screening for maternity patients (no Medicare rate for this) will be the usual and customary rate—the rate that the reference laboratories would charge the Palm Beach County Health Department if they conducted this testing.

5. Medical Records

- a. Records Search Fee, each request \$10.00
- b. Copy Fee—first 25 pages (single or double sided), per page \$1.00
Copy Fee—21st page and greater, per page \$0.25

6. Completion of Insurance/Disability/Medical Reports or Forms
Physician/Staff completion of one (1) set of forms, per form \$25.00

7. School Health Physicals

Limited school health physicals (does not include laboratory work) \$35.00

8. US Citizenship and Immigration Services Physicals

Physical including laboratory services and completion of Form I-693 by a designated USCIS medical doctor. \$250.00

9. Follow-up Evaluation Fee for positive TB Test
(Includes IGRA Blood Test and Chest X-Ray) \$100.00

10. Sexually Transmitted Disease (STD) Medical and Laboratory assessment and treatment for self-pay uninsured
- | | |
|-----------------------|---------|
| (New Patient) | \$58.20 |
| (Established Patient) | \$48.84 |

B. Public Health Services

1. HIV Testing for Professionals
Testing for health care professionals who are requesting such testing to meet professional standards or guidelines inclusive of pre-and post-test counsel Not to exceed Medicare rate
2. Vital Statistics
 - a. Birth Certificates - \$15.00 for the first and \$10.00 for additional certificates for same birth at time of purchase
 - b. Death Certificates - \$15.00 each
 - c. Veterans Administration Death Certificate \$5.00
 - d. Expedited Birth or Death Certificates - \$10 additional charge for each order.
 - e. Vital Check Fee - \$4.00
 - f. Protective Plastic Sleeve - \$3.00
 - g. Notary Services - \$10.00
3. Community Health and Nutrition Services
 - a. Medical Nutrition Therapy Fees
 - Individual Counseling \$60.00
Initial nutrition assessment and counseling
 - Individual Follow-up \$25.00
 - b. Continuing Education
 - Continuing Professional Education (CPEU) \$10.00 per credit hour
Professional seminars leading to credit hours for registered dietitians or licensed dietitians/ nutritionists
 - c. Wellness, Nutrition and Health Promotion for general public
 - Group classes- includes materials \$75.00 per hour
(Additional charge for food)
 - Individual Rate \$10.00 per class
 - Wellness Package for businesses and agencies 12-week package \$500- \$1000 range
 - Individual Wellness Consult \$25.00 per hour
4. Health Promotion and Education
 - a. HIV 501 Course – Counseling, testing, partner elicitation, and notification training course, per individual from for-profit organization/association that does not have a formal agreement with PBCHD \$50.00
 - b. HIV 102 and 104 Courses, per individual from for-profit organization/association that does not have a formal agreement with PBCHD
 - 1-2 hour course \$15.00
 - 3-4 hour course \$25.00
 - c. TB 101 Course, 1-2 hour course, per individual \$15.00
5. Epidemiological Investigations
Actual costs will be billed to commercial enterprises where the enterprise is determined to be at fault as determined by the Palm Beach County Health Department.
6. Containers for used sharps (home users only), each \$3.00
7. Preparedness - comprehensive emergency management plan (CEMP) review of facilities as required under Chapter 400, Florida Statutes. This includes home health agencies, nurse registries, hospice and home medical equipment providers. The fee shall be calculated the same as the Palm Beach County Division of Emergency Management’s Healthcare CEMP review program authorized under Chapter 27P-20, FAC. The fee is \$62.50.

C. Dental Services

Fees will be based on the Florida Department of Health Relative Value Units for each service times

the average unit cost as calculated on an annual basis.

DENTAL FEE SCHEDULE RVUs		
ADA Code	Description of Dental Service	Relative Value Unit
D0120	PERIODIC ORAL EXAMINATION	1.10
D0140	LIMITED ORAL EVALUATION	0.75
D0150	COMPREHENSIVE ORAL EVALUATION	2.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION	2.40
D0170	RE-EVALUATION-LIMITED,PROBLEM FOCUSED	1.20
D0210	FULL SERIES INCLUDING BITEWINGS	1.75
D0216	PEDODONTIC MODIFIED FULL SERIES M	1.50
D0220	INTRAORAL PERIAPICAL SINGLE FIRST	0.35
D0230	INTRAORAL PERIAPICAL EACH ADDITION	0.23
D0240	INTRAORAL OCCLUSAL FILM	0.40
D0250	EXTRA ORAL SINGLE 1ST FILM	1.00
D0260	EXTRAORAL ADDITIONAL FILM	0.85
D0270	BITEWINGS SINGLE FILM	0.35
D0272	BITEWINGS TWO FILMS	0.50
D0273	BITEWINGS THREE FILMS	0.70
D0274	BITEWINGS FOUR FILMS	0.90
D0275	BITEWING ADDITIONAL FILM	0.35
D0280	BITEWING EACH ADDITIONAL FILM MED	0.35
D0290	POSTEROANTERIOR SKULL	1.80
D0310	SIALOGRAPHY	4.20
D0321	TEMPOROMANDIBULAR JOINT FILM	3.10
D0330	PANORAMIC MAXILLA MANDIBLE	1.30
D0340	CEPHALOMETRIC FILM	1.50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1.25
D0390	OTHER RADIOGRAPHS	0.00
D0400	TESTS AND LABORATORY EXAMINATIONS	0.00
D0420	EMERGENCY ORAL EXAM HOSPITAL	0.00
D0425	CARIES SUSCEPTIBILITY TESTS	1.15
D0430	BIOPSY AND EXAM OF ORAL TISSUE, HARD	4.85
D0440	BIOPSY AND EXAM OF ORAL TISSUE, SOFT	4.25
D0450	HISTOPATHOLOGIC EXAMINATION	1.10
D0460	PULP VITALITY TESTS	0.90
D0470	DIAGNOSTIC CASTS	1.38
D0471	DIAGNOSTIC PHOTOGRAPHS	1.25
D0490	MISC TESTS AND LAB EXAMS	0.00
D1110	PROPHYLAXIS ADULT	1.50
D1120	PROPHYLAXIS CHILD	1.00
D1201	TOPICAL APPICATION OF FLUORIDE CHILD(WITH PROPHY)	1.38
D1203	TOPICAL FLUORIDE WITHOUT PROPHY	0.75
D1204	TOPICAL FLUORIDE ADULT	0.75
D1205	TOPICAL FLUORIDE-ADULT (PROPHY INCLUDED)	2.00
D1320	TOBACCO CESSATION COUNSELING	1.30
D1330	ORAL HYGIENE INSTRUCTIONS	0.85
D1340	TRAINING IN PREVENTIVE DENTAL CARE	0.85
D1350	ADDITIONAL SEALANT PER TOOTH	0.65
D1351	TOPICAL APPL SEALANT PER TOOTH	0.65
D1500	SPACE MANAGEMENT THERAPY	0.00
D1510	FIXED UNILATERAL SPACE MAINTAINER	3.50

D1515	FIXED BILATERAL SPACE MAINTAINER	5.25
D1520	REMOVABLE UNILATERAL SPACE MANIT	4.75
D1525	REMOVABLE BILATERAL SPACE MAINT	5.75
D1550	RECEMENT SPACE RETAINER	1.10
D2110	AMALGAM 1 SURFACE DECIDUOUS	1.75
D2120	AMALGAM 2 SURFACE DECIDUOUS	2.10
D2130	AMALGAM 3 SURFACE DECIDUOUS	2.85
D2131	AMALGAM 4 SURFACE DECIDUOUS	3.65
D2140	AMALGAM RESTORATION ONE SURFACE PERM	1.75
D2150	AMALGAM RESTORATION 2 SURFACES PERM	2.10
D2160	AMALGAM RESTORATION 3 SURFACES PERM	2.85
D2161	AMALGAM 4 SURFACES OR MORE PERMAN	3.65
D2330	COMPOSITE RESIN ONE SURFACE – ANT	2.00
D2331	COMPOSITE RESIN TWO SURFACES – ANT	2.75
D2332	COMPOSITE RESIN 3 SURFACES – ANT	3.50
D2335	COMPOSITE RESIN INVOLVING INCISAL – ANT	4.50
D2336	COMPOSITE STRIP CROWN – ANT	3.90
D2337	RESIN –BASED COMPOSITE CROWN,ANTERIOR-PERMANEN	3.90
D2340	ACID ETCH FOR RESTORATION	0.00
D2380	RESIN BASED COMPOSITE-ONE SURFACE,POSTERIOR	2.05
D2381	RESIN BASED COMPOSITE-TWO SURFACES	2.80
D2382	RESIN BASED COMPOSITE-THREE OR MORE SURFACES	3.05
D2385	RESIN ONE SURFACE POSTERIOR PERM	2.05
D2386	RESIN BASED COMPOSITE TWO SURFACES	2.80
D2387	RESIN BASED COMPOSITE THREE SURFACES	3.05
D2388	RESIN BASED COMPOSITE FOUR OR MORE SURFACES	3.45
D2390	RESIN BASED COMPOSITE CROWN – ANT	3.90
D2391	RESIN BASED COMPOSITE – 1 SURF – POST	2.05
D2392	RESIN BASED COMPOSITE – 2 SURF – POST	2.80
D2393	RESIN BASED COMPOSITE – 3 SURF – POST	3.05
D2394	RESIN BASED COMPOSITE – 4 SURF – POST	3.45
D2710	PLASTIC OR ACRYLIC CROWN	13.75
D2721	ANTERIOR PREFABRICATED CROWN	13.75
D2905	REINFORCING PINS FIRST PIN MED ON	0.25
D2920	RECEMENT CROWNS	1.50
D2930	STAINLESS STEEL CROWN PRIMARY	3.50
D2931	STAINLESS STEEL CROWN PERMANENT T	4.50
D2932	PREFABRICATED RESIN CROWN	4.40
D2940	FILLINGS SEDATIVE	1.00
D2950	CROWN BUILDUPS WITH PIN	3.50
D2951	REINFORCING PIN PER TOOTH	0.75
D2954	PREFAB POST AND CORE IN ADD TO CROWN	4.00
D2960	LABIAL VENEER LAMINATE	5.50
D2970	TEMPORARY CROWN	4.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE,BY REPORT	8.18
D3110	PULP CAP DIRECT EXCLUDING FINAL REST.	0.88
D3120	PULP CAP INDIRECT EXCLUDING FINAL	0.75
D3220	PULPOTOMY	2.50
D3221	GROSS PULPAL,DEBRIDEMENT	3.50
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	3.65
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	4.85
D3305	PULPECTOMY AND ROOT CANAL FILLING	4.85
D3310	ROOT CANAL ONE CANAL	9.60

D3320	ROOT CANAL TWO CANALS	11.00
D3330	ROOT CANAL THREE OR MORE CANALS	16.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL ANTERIOR	11.50
D3347	RETREATMENT OF PREVIOUS ROOT CANAL BICUSPID	14.20
D3351	APEXIFICATION	6.70
D3352	APEX RECALC INTERIM MEDICATION	7.90
D3353	APEX RECALC FINAL VISIT	5.00
D3410	APICOECTOMY SEP SURG PROC PER ROOT	7.55
D3421	APICOECTOMY WITH ROOT CANAL	9.25
D3430	RETROGRADE FILLING	2.50
D3440	APICAL CURETTAGE	2.00
D3900	OTHER ENDODONTIC PROCEDURES	0.00
D3901	ENDODONTIC APPT	0.00
D4110	PERIODONTAL EXAM	2.00
D4200	SURGICAL SERVICES	0.00
D4210	GINGIVECTOMY OR GINGIVOCPLASTY/QUAD	6.25
D4211	GINGIVECTOMY OR GINGIVOPLASTY/PER TOOTH	5.10
D4220	GINGIVAL CURETTAGE PER QUADRANT	3.00
D4240	GINGIVAL FLAP	11.45
D4250	MUCOGINGIVAL SURGERY PER QUADRANT	16.45
D4260	OSSEOUS SURGERY PER QUADRANT	14.00
D4300	ADJUNCTIVE PERIODONTAL SERVICES	0.00
D4320	PROVISIONAL SPLINTING INTRACORONAL	4.15
D4321	PROVISIONAL SPLINTING EXTRACORONAL	3.50
D4330	OCCLUSAL ADJ LIMITED	0.50
D4331	OCCLUSAL ADJ COMPLICATED	5.00
D4340	PERIODONTAL SCALING COMPLIC	7.00
D4341	PERIODONTAL SCALING PER QUADRANT	4.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE EVALUATION	2.75
D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS	2.20
D5110	COMPLETE UPPER DENTURE	20.00
D5120	COMPLETE LOWER DENTURE	20.00
D5130	DENTURE IMMEDIATE UPPER	21.25
D5140	DENTURE IMMEDIATE LOWER	21.25
D5211	PARTIAL DENTURE UPPER ACRYLIC	13.00
D5212	PARTIAL DENTURE LOWER ACRYLIC	13.35
D5213	UPPER PARTIAL DENTURE CAST METAL	21.00
D5214	LOWER PARTIAL DENTURE CAST METAL	21.00
D5216	PARTIAL DENTURE UPPER ACRYLIC W/CLASPS	4.00
D5218	PARTIAL DENTURE LOWER ACRYLIC W/CLASPS	4.00
D5230	DENTURE LOWER WITH GOLD OR CHROME CL	4.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE	8.95
D5301	ORTHODONTIC RETAINER HEADGEAR REP	0.00
D5310	EACH ADDITIONAL CLASP	3.35
D5320	EACH ADDITIONAL TOOTH	3.35
D5410	COMPLETE DENTURE ADJ	1.60
D5411	COMPLETE DENTURE ADJ LOWER	1.60
D5421	PARTIAL DENTURE ADJUST UPPER	1.60
D5422	PARTIAL DENTURE LOWER ADJ	1.60
D5510	REPAIR BROKEN COMPLETE DENTURE BA	3.00
D5520	REPAIR TEETH COMPLETE DENTURE EA	2.50
D5610	REPAIR RESIN DENTURE BASE – PARTIAL	3.00
D5620	REPAIR CAST FRAMEWORK	3.55

D5630	REPAIR OR REPLACE BROKEN CLASP	3.35
D5640	REPLACE TOOTH ONLY PER TOOTH	3.00
D5650	ADD TOOTH TO PART DENTURE	3.00
D5660	ADD TOOTH WITH CLASP TO DENTURE	4.00
D5680	REPLACE CLASP	3.35
D5690	EACH ADDNL CLASP	3.35
D5710	REBASE COMPLETE MAXILLARY DENTURE	7.25
D5711	REBASE COMPLETE MANDIBULAR DENTURE	7.25
D5720	REBASE MAXILLARY PARTIAL DENTURE	6.25
D5721	REBASE MANDIBULAR PARTIAL DENTURE	6.25
D5730	RELINE DENTURE COMPLETE UPPER/OFFICE	5.25
D5731	RELINE DENTURE COMPLETE LOWER/OFFICE	5.25
D5740	RELINE PARTIAL DENTURE UPPER	4.75
D5741	RELINE PARTIAL DENTURE LOWER	4.75
D5750	RELINE DENTURE COMPLETE UPPER W/LAB	6.25
D5751	RELINE DENTURE COMPLETE LOWER W/LAB	6.25
D5760	RELINE PARTIAL DENTURE LAB	6.25
D5761	RELINE MANDIBULAR PARTIAL DENTURE	6.25
D5801	PROSTHETIC VISIT	0.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	9.00
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	9.00
D5820	TEMPORARY PARTIAL DENTURE	7.25
D5821	INTERIM PARTIAL DENTURE MANDIBULAR W/ CLASPS	7.25
D5850	TISSUE CONDITIONING	2.80
D5851	TISSUE CONDITIONING, MANDIBULAR	2.80
D5899	UNSPEC REMOVABLE PROSTHODONTIC PROCED	8.19
D7110	EXTRACTION FIRST PERM TOOTH IN QUADRAN	2.10
D7111	EXTRACTION FIRST DECIDUOUS TOOTH	2.00
D7120	EXTRACTION EACH ADDITIONAL PERMANENT	2.10
D7121	EXTRACTION EACH ADDITIONAL DECIDUOUS	2.00
D7130	ROOT REMOVAL EXPOSED ROOTS	2.10
D7160	SCHEDULED SURG POST OP APPT	0.00
D7210	EXTRACTION SURGICAL OF ERUPTED	4.25
D7220	EXTRACTION SOFT TISSUE IMPACTI	4.55
D7230	EXTRACTION PARTIAL BONE IMPACT	6.00
D7235	SUPERNUMERARY TOOTH EXTRACTION ME	2.10
D7240	EXTRACTION COMPLETE BONE IMPACTION	7.60
D7241	IMPACTION WITH SECTION OF TOOTH	10.00
D7250	ROOT RECOVERY	4.25
D7260	ANTRAL FISTULA CLOSURE	8.25
D7270	TOOTH REIMPLANTATION	8.10
D7280	SURGICAL TOOTH EXPOSURE	7.50
D7281	SURGICAL TOOTH EXPOSURE TO AID ERUPTION	6.50
D7285	BIOPSY OF HARD TISSUE	4.85
D7286	BIOPSY OF SOFT TISSUE	4.25
D7290	SURGICAL REPOSITIONING OF TEETH	5.50
D7300	ALVEOLOPLASTY LOCALIZED AREA	1.00
D7310	ALVEOLECTOMIES PER QUADRANT WITH EXTR	4.35
D7320	ALVEOLOPLASTY NO EXTRACTION	4.90
D7350	STOMATOPLASTY COMPLICATED	16.25
D	SURGICAL EXCISION SCAR TISSUE	0.00
D7410	RADICAL EXCISION UNDER 125 CM	4.75
D7420	RADICAL EXCISION OVER 125 CM	9.00

D7430	EXCISION OF BENIGN TUMOR UP TO 1.25 CM	4.90
D7431	EXCISION OF BENIGN TUMOR- MORE THAN 1.25 CM	4.90
D7450	REMOVE CYST OR TUMOR TO 125 CM	7.90
D7470	REMOVE EXOSTOSIS	4.35
D7480	PARTIAL OSTECTOMY	4.35
D7510	INCISE & DRAIN ABSCESS INTERORAL	2.35
D7520	INCISE & DRAIN ABSCESS EXTRAORAL	4.00
D7530	REMOVAL OF FOREIGN BODY, OR TISSUE	4.35
D7550	SEQUESTRECTOMY FOR OSTEOMYELITIS	7.00
D7600	TREATMENT OF FRACTURES SIMPLE	0.00
D7610	MAXILLA OPEN REDUCTION	0.00
D7620	MAXILLA CLOSED REDUCTION	48.00
D7630	MANDIBLE OPEN REDUCTION	66.00
D7640	MANDIBLE CLOSED REDUCTION	40.00
D7650	MALAR OPEN REDUCTION	63.00
D7660	MALAR CLOSED REDUCTION	38.00
D7670	ALVEOLUS STABILIZATION	20.00
D7800	REDUCTION OF DISLOCATION TMJ MGMT	0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE BY RO	9.35
D7900	OTHER ORAL SURGERY AND SUTURES	0.00
D7901	POST OP AND SUTURE REMOVAL	0.00
D7902	UNSCHED POST OP RESTORE	0.00
D7911	SUTURE WOUNDS TO 5 CM COMPLICATED	5.70
D7912	SUTURE WOUNDS OVER 5 CM COMPLICAT	8.50
D7960	FRENULECTOMY	5.25
D7970	EXCISION OF HYPERPLASTIC TISSUE	26.25
D7971	EXCISION OF PERICORONAL GINGIVA	7.55
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	22.00
D8070	COMPREHENSIVE ORTHODONTIC TREAT	91.00
D8080	COMPREHENSIVE ORTHODONTIC TREAT	91.00
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D8210	REMOVABLE APPLIANCE THERAPY	11.90
D8220	FIXED OR CEM APPL THERAPY	14.30
D8670	PERIODIC ORTHODONTIC TREATMENT VI	2.70
D8900	ORTHODONTIC EXAM AND TREATMENT PL	7.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE	31.50
D9110	PALLIATIVE EMERGENCY PROCEDURE	2.00
D9210	LOCAL ANESTHESIA NOT W/ OPERATIVE PROCEDURES	0.70
D9220	GENERAL ANESTHESIA	4.25
D9221	GENERAL ANESTHESIA EACH ADDITIONAL	2.00
D9230	ANALGESIA INCLUDING NITROUS OXIDE	1.20
D9240	INTRAVENOUS SEDATION	4.50
D9310	CONSULTATION	1.80
D9420	HOSPITAL CALLS	3.00
D9430	OFFICE VISIT REG HOURS	1.60
D9630	DRUGS	1.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENTS/FLUORIDE	1.45
D9911	APPLICATION OF DESENSITIZING RESIN PER TOOTH	1.55
D9920	BEHAVIOR MANAGEMENT	1.55
D9930	POST OP SURG TREATMENT	1.85
D9940	OCCLUSAL GUARD, BY REPORT	7.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	3.70
D9951	OCCLUSAL ADJUSTMENT-LIMITED	2.15

D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	2.51
12011	REPAIR SUPERFICIAL WOUND FACE 2.5	2.70
12051	LAYER CLOSURE OF FACE WOUND 2.5 CM	4.12
12052	LAYER CLOSURE OF FACE WOUND 2.6 CM	4.37
13132	REPAIR COMPLEX FOREHEAD	10.43
20220	BIOPSY BONE TROCAR SUPERFICIAL	2.14
20240	BIOPSY EXCISIONAL SUPERFICIAL	6.23
20245	BIOPSY EXCISIONAL DEEP	15.67
21015	RADICAL EXCISION TUMOR SOFT TISSU	11.00
21029	REM BY CONTOURING OF BENIGN TUMOR	15.67
21030	EXCISION OF BENIGN TUMOR OTHER TH	10.07
21031	EXCISION OF TORUS MANDIBULARIS	7.35
21032	EXCISION OF MAXILLARY TORUS PALATINUS	7.23
21034	EXCISION OF MALIGNANT TUMOR OTHER	30.56
21040	EXCISION OF BENIGN CYST OR TUMOR	9.76
21041	EXCISION OF BENIGN CYST	9.76
21355	PERCUTANEOUS TREATMENT OF FRACTURE	7.59
21360	OPEN TREATMENT OF DEPRESSED MALAR FRAC	13.14
21365	MALAR AREA FRACTURE COMPLICATION	27.48
21421	PALATAL OR ALVEOLAR RIDGE	14.19
21422	OPEN TREATMENT OF PALATAL OR MAXILLA	17.40
21423	COMPLICATED TREATMENT OF PALATAL	21.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAX	9.26
21445	OPEN TRATMENT OF MANDIBULAR OR MAX	14.54
21451	CLOSED TREATMENT OF MANDIBULAR FX	13.91
21454	OPEN TREATMENT OF MANDIBULAR FX W	13.55
40800	INCISE AND DRAIN ABSCESS EXTRAORAL	3.08
40808	BIOPSY, VESTIBULE OF MOUTH	2.54
40810	RADICAL EXCISION OF LESION VESTIB	3.10
40819	EXCISION OF FRENUM LABIAL OR BUCC	5.80
40840	VESTIBULOPLASTY ANTERIOR	16.79
40842	VESTUBULOPLASTY POSTERIOR UNILATE	16.60
40843	VESTUBULOPLASTY POSTERIOR BILATER	21.30
40844	VESTIBULOPLASTY ENTIRE ARCH	29.57
40845	VESTIBULOPLASTY, COMPLEX	33.80
41010	INCISION OF LINGUAL FRENUM	2.73
41115	EXCISION OF LINGUAL FRENUM	8.56
41800	DRAINAGE ABSCESS, CYST, HEMATOMA	2.57
41822	EXCISION FIBROUS TUBEROSITIES	4.50
41823	EXCISION OSSEOUS TUBEROSITIES	7.79
41825	EXCISION OF LESION OR TUMOR w/o Repair	3.71
41826	EXCISION OF LESION OR TUMOR w/o Simple Repair	4.72
41827	EXCISION OF LESION OR TUMOR Complex Repair	7.43

D. Other

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