



## Legislation Details (With Text)

**File #:** 21-0625  
**Type:** Consent  
**Status:** Agenda Ready  
**In control:** Board of County Commissioners  
**On agenda:** 4/27/2021  
**Final action:**  
**Title:** APPROVAL OF POLICY FOR INDIGENT HOSPITALIZATION ASSISTANCE  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Indigent Hospitalization Policy Final.pdf

Date	Ver.	Action By	Action	Result
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**PLACEMENT:** Consent

**TITLE:**

**APPROVAL OF POLICY FOR INDIGENT HOSPITALIZATION ASSISTANCE**

**EXECUTIVE SUMMARY:**

This is a request for review and approval of a policy to provide for the expenditure of funds from the County health care fund for the Indigent Hospitalization Assistance Program pursuant to and in compliance with Chapter 163, General Ordinances, Martin County Code.

**DEPARTMENT:** Administration

**PREPARED BY:** **Name:** Sherilyn Scraders  
**Title:** Human Services Specialist

**REQUESTED BY:** Michelle Miller, Human Services Administrator

**PRESET:**

**PROCEDURES:** None

### **BACKGROUND/RELATED STRATEGIC GOAL:**

Pursuant to Section 163.31, General Ordinances, Martin County Code, the County levies a tax for the purpose of providing funds for payment of health care services for residents of Martin County. The revenues from this tax are paid into the County health care fund and utilized in accordance with Section 163.32, General Ordinances, Martin County Code. The Indigent Hospitalization Assistance Program is funded by the health care fund.

The Indigent Hospitalization Assistance Program assists with payment of hospital charges incurred

by a qualified Martin County resident during the first 12 days of any hospital stay, at a maximum rate of \$918.54 per day. The total assistance allowable for an individual per hospital stay is \$11,022.48. Assistance may be provided for more than one hospital stay.

**ISSUES:**

None

**LEGAL SUFFICIENCY REVIEW:**

To the extent this item contains legal issues, it has been reviewed for legal sufficiency; although this is primarily a matter of Board policy.

**RECOMMENDED ACTION:**

**RECOMMENDATION**

Move that the Board adopt the Policy for Indigent Hospitalization Assistance.

**ALTERNATIVE RECOMMENDATIONS**

*Pull* this item from the Consent Agenda and provide staff with alternate direction.

**FISCAL IMPACT:**

**RECOMMENDATION**

None

Funding Source	County Funds	Non-County Funds
Health Care/Medical Services		
Subtotal		
Project Total	\$1,648,350	

**ALTERNATIVE RECOMMENDATIONS**

None

**DOCUMENT(S) REQUIRING ACTION:**

- ☐ Budget Transfer / Amendment ☐ Chair Letter ☐ Contract / Agreement  
☐ Grant / Application ☐ Notice ☐ Ordinance ☐ Resolution  
☒ Other: Policy

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