



Agenda Item Summary

File ID: 19-0017

CNST-2

Meeting Date: 11/13/2018

PLACEMENT: Consent

TITLE:

APPROVE A CONTRACT, FEE SCHEDULE, AND RESOLUTION REGARDING THE MARTIN COUNTY HEALTH DEPARTMENT FOR FISCAL YEAR 2018-2019

EXECUTIVE SUMMARY:

Each year the Board is requested to approve a contract and fee schedule for the Martin County Health Department via resolution.

DEPARTMENT: Administration

PREPARED BY: **Name:** Sherilyn Scraders

Title: Health and Human Services Specialist

REQUESTED BY: Martin County Health Department

PRESET:

PROCEDURES: None

BACKGROUND/RELATED STRATEGIC GOAL:

1. **Agreement/Contract drafted by:** State of Florida Department of Health.
2. **Parties to the Agreement/Contract:** State of Florida Department of Health and Martin County Board of County Commissioners.
3. **Purpose of the Agreement/Contract:** To enable the Martin County Health Department to set a fee schedule for their clients and to allow for the operation of the Martin County Health Department.
4. **New/Renewal/Modified:** This is a new contract for Fiscal Year 2018-19.
5. **Duration:** Fiscal Year 2018-19 (FY2018-19).
6. **Benefits to Martin County:** Enables Martin residents to avail themselves of the services provided by the Martin County Health Department.
7. **Cost to Martin County:** \$823,739 FY2018-19 Budget.

The contract between Martin County Board of County Commissioners and the State of Florida, Department of Health for operation of the Martin County Health Department contract year 2018-19 reflects a total Martin County Health Department (MCHD) Operating Budget of **\$6,078,637** (a decrease of \$744,284 from the FY 2017-18 contract total). The budget includes cash and non-cash/in-kind State contributions of the service valued at \$3,130,477 and cash, earned revenue, and non-cash/in-kind County contributions of the facility valued at \$2,948,60.

Funding sources and amounts are listed in attachment II, Part II and services provided, along with planned staffing. Client units and dollar values are listed in attachment II, Part III of the contract. The Martin County Board of County Commissioners has allocated \$823,739 in FY 2018-19 a portion of which will be invoiced outside of the scope of this contract.

The MCBCC FY 2018-19 allocation will be provided to the MCHD as general funding, allowing it to exercise discretion in spending the funds where most needed to address the core public health needs and goals of the County.

In addition to approving the contract, the Board must adopt a Resolution authorizing the MCHD's FY 2018-19 Fee Schedule. The collection of fees is authorized by F.S. 154.06. Revenues from the County-authorized FY 2018-19 fees are projected to total \$675,927 (an increase of \$21,643 over FY 2017-18 attributable to ongoing growth and demand for environmental health and vital statistics services). Clinic service fee rates are based on Medicaid cost-based reimbursement rate; State Statute, or the cost to provide goods and services and have been increased by \$.03 per visit. Clinical services, where appropriate, are provided and billed on a sliding fee scale based on the client's verified income.

ISSUES:

None

LEGAL SUFFICIENCY REVIEW:

This item has been reviewed for legal sufficiency to determine whether it is consistent with applicable law, has identified and addressed legal risks, and has developed strategies for legal defensibility.

RECOMMENDED ACTION:

RECOMMENDATION

1. Move that the Board adopt a Resolution authorizing a contract with the Florida Department of Health, and approving the Martin County Health Department FY 2018-19 Fee Schedule.
2. Authorize the Chairman to sign the Contract between Martin County Board of County Commissioners and State of Florida Department of Health for Operation of the Martin County Health Department Contract Year 2018-19.

ALTERNATIVE RECOMMENDATIONS

1. *Pull* this item from the Consent Agenda.
2. Move that the Board provide staff direction concerning the Contract, Fee Schedule, and Resolution.

FISCAL IMPACT:

RECOMMENDATION

\$823,739 in FY 2018/19

Funding Source	County Funds	Non-County Funds
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Subtotal		
Project Total		

ALTERNATIVE RECOMMENDATIONS

None

DOCUMENT(S) REQUIRING ACTION:

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