

Macon County



MACON COUNTY BOARD OF COMMISSIONERS OCTOBER 11, 2016 AGENDA

1. Call to order and welcome by Chairman Corbin
2. Announcements
 - (A) "Go Blue Friday" for colon cancer awareness on October 21, 2016 – Lynn Wright
3. Moment of Silence
4. Pledge of Allegiance
5. Public Hearing(s) – **6:15 p.m.** Macon County Community Transportation Program Application – Transit Director Kim Angel

Immediately following the public hearing, the board may consider taking action on the following items:

- (A) Public Transportation 5310 Program Resolution
 - (B) Community Transportation Program Resolution (Section 5311)
 - (C) 5311 Designee Certification Form
 - (D) Public Transportation Consolidated Capital Call For Projects Program Resolution
6. Public Comment Period
 7. Additions to agenda
 8. Adjustments to and approval of the agenda
 9. Reports/Presentations
 - (A) Charters of Freedom monuments – Foundation Forward
 - (B) NCACC Safety Award – Charlie Eaton, Deputy Director, NCACC Risk Management Services
 - (C) Recommendations from the Community Funding Pool – Karen Wallace
 - (D) Broadband discussion with providers

10. Old Business

- (A) Award of bid for playground equipment and ground covering repairs and replacement for Wesley's Park – County Manager
- (B) Capital Project Ordinance for Radio Communications Upgrade – Finance Director
- (C) Consideration of letter of support for airport project – County Manager

11. New Business

- (A) Macon County Public Health 2016/17 Billing Guide and Fee Schedule – Public Health Director Jim Bruckner
- (B) Agreement with Wolfe Realty Check – HR Director and County Attorney
- (C) Assignment of bid regarding Watauga Vista, Tract D

12. Consent Agenda – Attachment #12

All items below are considered routine and will be enacted by one motion. No separate discussion will be held except on request of a member of the Board of Commissioners.

- A. Minutes of the September 13, 2016 regular meeting
- B. Budget Amendments #47-51
- C. Tax Releases

13. Appointments

14. Closed session (if necessary)

15. Adjourn/Recess

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Transit

SUBJECT MATTER: Public Hearing on Macon County Community Transportation Program Application

COMMENTS/RECOMMENDATION:

The public hearing has been advertised for a 6:15 p.m. start. A copy of the public hearing notice is attached, as well as the four resolutions that Transit Director Kim Angel will be asking the board to consider. As you will note on the hearing notice, the total local share requested for Fiscal Year 2017-18 is \$116,494, and Ms. Angel will be at the meeting to provide additional details.

Attachments 5 Yes No

Agenda Item 5

PUBLIC HEARING NOTICE

This is to inform the public that a public hearing will be held on the proposed Macon County Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than November 4, 2016. The public hearing will be held on October 11, 2016 at 6:15 p.m. before the Macon County Board of Commissioners.

Those interested in attending the public hearing and needing either auxiliary aids or services under the Americans with Disabilities Act (ADA) or a language translator should contact Kim Angel, Transit Director on or before October 5, 2016, at telephone number 828-349-2222 or via email at kangel@maconnc.org.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in Macon County, NC as well as provides transportation options and services for the communities within this service area. These services are currently provided using fleet vehicles consisting of Light Transit Vehicles, Conversion Vans, and Mini-vans. Services are rendered by Macon County Transit.

The total estimated amount requested for the period July 1, 2017 through June 30, 2018

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>
Administrative	\$ 189,531	\$ 28,431 (15%)
Capital	\$ 105,625	\$ 10,563 (10%)
Operating (ALL systems; No State Match will be provided for Operating Assistance)	\$ 155,000	\$ 77,500 (50%) or more
TOTAL PROJECT	\$ 450,156	\$ 116,494
	Total Funding Request	Total Local Share

This application may be inspected at Macon County Transit, 36 Pannell Ln, Franklin, NC 28734 from 8:00 a.m. – 5:00 p.m, Monday-Friday. Written comments should be directed to Kim Angel, Transit Director, 36 Pannell Ln., Franklin, NC 28734 before October 10, 2016.

End of Notice

Note: AN ORIGINAL COPY of the published Public Hearing Notice must be attached to a signed Affidavit of Publication. **Both the Public Hearing Notice and the Affidavit of Publication** must be submitted with the CTP grant application. Systems are no longer required to publish the Public Hearing Notice in LEP publications if their LEP Plan states they do not meet the Safe Harbor Provisions. However,

PUBLIC TRANSPORTATION 5310 PROGRAM RESOLUTION

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Status and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for public transportation projects; and

WHEREAS, the purpose of the Section 5310 program is to enhance mobility for seniors and individuals with disabilities throughout the country, by removing barriers to transportation services and expanding the transportation mobility options available. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all area.

WHEREAS, NCDOT has been designated as the State agency with principle authority and responsibility for administering the Section 5310 Program for small urbanized and rural areas; and

WHEREAS, (Legal Name of Applicant) Macon County hereby assures and certifies that it will comply with the federal and state statutes, regulations, executive orders, and all small administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U.S.C.

NOW, THEREFORE, be it resolved that the (Authorized Official's Title)* County Manager of (Name of Applicant's Governing Body) Macon County is hereby authorized to submit a grant for federal and state funding, provide the required local match, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide public transportation services.

I (Certifying Official's Name)*Michael A. Decker (Certifying Official's Title) Deputy Clerk to the Board do hereby certify that the above is true and correct copy of an excerpt from the minutes of a meeting of the (Name of Applicant's Governing Board) Macon County Board of Commissioners duly held on the 11 day of October, 2016.

Signature of Certifying Official

Date

***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (date) _____

Notary Public Signature _____

Printed Name and Address

My commission expires (date) _____

Affix Notary Seal Here

COMMUNITY TRANSPORTATION PROGRAM RESOLUTION

Section 5311 FY 2018 RESOLUTION

Applicant seeking permission to apply for Community Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (*Board Member's Name*) _____ and seconded by (*Board Member's Name or N/A, if not required*) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural public transportation services consistent with the policy requirements for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, Macon County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project, prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

NOW, THEREFORE, be it resolved that the County Manager of Macon County is hereby authorized to submit a grant application for federal and state funding, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural public transportation services.

I Michael A. Decker, Deputy Clerk to the Board do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the Macon County Board of Commissioners duly held on the 11th day of October, 2016.

Signature of Certifying Official

***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (*date*) _____

*Notary Public**

Printed Name and Address

My commission expires (*date*) _____

Affix Notary Seal Here



5311 DESIGNEE CERTIFICATION FORM

Resolution No. _____

Resolution authorizing the filing of applications with the North Carolina Department of Transportation– Public Transportation Division for grant years FY2018 – FY2022, for federal transportation assistance authorized by 49 U.S.C. 5311, United States Code, other federal statutes administered by the Federal Transit Administration or state statutes administered by the State of North Carolina.

WHEREAS, the State of North Carolina has been delegated authority to award federal financial assistance for a transportation project;

WHEREAS, the grant or cooperative agreement for federal financial assistance will impose certain obligations upon the applicant, and may require the applicant to provide the local share of the project cost;

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

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

1. That the County Manager is authorized to execute and file an application for federal assistance on behalf of Macon County with the State of North Carolina for federal assistance authorized by 49 U.S.C. Chapter 5311 United States Code, other federal statutes or state statutes authorizing a project administered by the Federal Transit Administration.
2. That the County Manager is authorized to execute and file with its applications the annual certifications and assurances and other documents the State of North Carolina requires before awarding a federal assistance grant or cooperative agreement.
3. That the County Manager is authorized to execute grant and cooperative agreements with the State of North Carolina on behalf of Macon County.

5311 DESIGNEE CERTIFICATION FORM

The undersigned duly qualified County Manager, acting on behalf of Macon County, certifies that the foregoing is a true and correct copy of a resolution adopted at a legally convened meeting of the Macon County Board of Commissioners held on October 11, 2016.

[If the Applicant has an official seal, impress here.]

(Signature of Recording Officer)

Deputy Clerk to the Board
(Title of Recording Officer)

(Date)

**PUBLIC TRANSPORTATION CONSOLIDATED CAPITAL CALL FOR
PROJECTS PROGRAM RESOLUTION**

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Status and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for public transportation projects; and

WHEREAS, NCDOT has been designated as the State agency with principle authority and responsibility for administering capital projects for small urbanized and rural areas; and

WHEREAS, MACON COUNTY hereby assures and certifies that it will comply with the federal and state statutes, regulations, executive orders, and all small administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U.S.C.

WHEREAS, MACON COUNTY understands and agrees that capital project requests will be funded with 5310, 5311 (RTAP or ADTAP), 5339, state funds or a combination thereof. The applicant agrees they will adhere to the compliance of the grant used to fund the project.

NOW, THEREFORE, be it resolved that the County Manager of Macon County is hereby authorized to submit a grant for federal and state funding, provide the required local match, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide public transportation services.

I Michael A Decker, Deputy Clerk to the Board do hereby certify that the above is true and correct copy of an excerpt from the minutes of a meeting of the Macon County Board of Commissioners duly held on the 11 day of October, 2016.

Signature of Certifying Official

Date

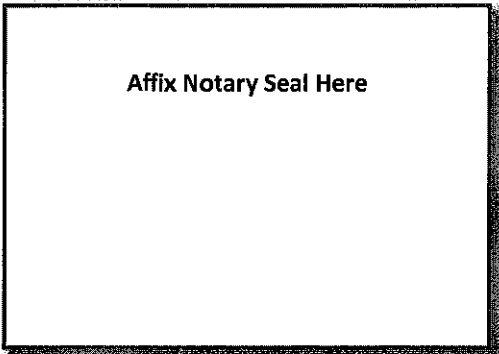
***Note that the authorized official, certifying official, and notary public should be three separate individuals.**

Seal Subscribed and sworn to me (date) _____

Notary Public Signature _____

Printed Name and Address

My commission expires (date) _____



MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Foundation Forward, Inc.

SUBJECT MATTER: Charters of Freedom monuments

COMMENTS/RECOMMENDATION:

A representative of Foundation Forward, Inc., a Morganton, NC-based organization, will be at the meeting to discuss an education project that provides access to the "charters of freedom" by building monuments displaying the Declaration of Independence, the Constitution and the Bill of Rights. Additional information about the project is attached for your review.

Attachments 1 Yes No

Agenda Item 9A

FOUNDATION FORWARD, INC.

A 501(c)(3)

Foundation Forward is an Education project that provides Access to Your Charters of Freedom by building monuments displaying The Declaration of Independence, The Constitution, and The Bill of Rights in your Community. These monuments are placed in prominent outdoor locations central to the community, where there is high visibility, high foot traffic, and easy access for school children. These monuments are similar to the display of the original founding documents in the Rotunda of The National Archives in Washington, DC.

Your Charters of Freedom monuments are a gift from Foundation Forward to your local citizens for the benefit of the local education system, for those in school and the continuing education of others. School classes and community service groups will be encouraged to take field trips to the monuments to see and learn about these documents, our founding fathers, State and Local government, State and Local History, and local heroes. Education materials and programs will be provided by Foundation Forward on an on-going basis.

Foundation Forward set its first Charters of Freedom Monument on the Old Burke County Courthouse Green in Downtown Morganton, North Carolina. The project began on May 3, 2012 and was dedicated July 2, 2014.

Downtown Murphy, North Carolina in Cherokee County was the setting for the second Charters of Freedom Monument; dedicated Constitution Day, September 17, 2014.

Since then, three more monuments have been set in Asheville, NC, Jacksonville, Illinois, and Kokomo, Indiana.

At each of these five sites the monuments displayed your three founding documents:

**The Declaration of Independence on the left.
The United States Constitution in the center.
The Bill of Rights on the right.**

The six documents are the size of the originals on 1/4" etched bronze. Each document weighs over 60 lbs. and is protected by 3/4" laminated glass panel. The structure is made of either 4" polished granite panels, or 4" limestone on a reinforced concrete foundation and core. In the back of the center display is a vault with a time capsule containing letters for local officials, community leaders, organizations, and veterans. All time capsules will be opened Constitution Day, September 17, 2087.

The monuments are built to last 300 – 500 years.

CHARTERS OF FREEDOM MONUMENT

FOR YOUR COMMUNITY

FOUNDATION FORWARD, INC. WILL ASSIST YOU WITH PLANS AND FUNDING ASSISTANCE SO YOU CAN BUILD A CHARTERS OF FREEDOM MONUMENT IN YOUR COMMUNITY.

FOUNDATION FORWARD will:

1. Approach the County Commissioners and city of The County Seat to propose the project and work toward approval. Letters of Intent will be exchanged and the project will begin.
2. Assist in initiating Community Support which is vital to the success of bringing Your Charters of Freedom Monument to your home community. The more people participate, the more they take ownership of the project. Funding models will be provided to engage the "Doers" and "Donors" of your community to support and fund the project.
3. Hire a local contractor to do the foundation and core work according the prints supplied by Foundation's architect.
4. Contract with the suppliers to provide the rock work, bronze documents, glazing, bronze plaques, vault, time capsule, and all installation work. This will be a turn-key job by Foundation Forward.

YOUR COMMUNITY will:

1. Be responsible for site work: moving sprinkler lines, tree and shrub removal, power line relocation, grading, etc.
2. Be responsible for landscaping: grass, gravel, benches, sidewalks, etc.

"WHY DO I WANT A CHARTERS OF FREEDOM MONUMENT IN MY COMMUNITY?"

Education – Teachers can take their classes on field trips to the monuments and learn about the Founding Fathers, the founding of our country, your state and local history, and local heroes.

Access – No longer will your community need to travel to see our founding documents on display in Washington, DC. They will now have their own display of the founding documents in their local community, future generations growing up with Their Constitution and Their Bill of Rights.

Community – Your Charters of Freedom Monument will become the focal point of many celebrations, bringing activities to the area. As part of the attractions in the area, the monument will become a destination for many travelers in the area, including those who have Monuments in their communities.

Direct Link to Founding Fathers – By helping to preserve the documents our Founding Fathers gave this country you will have a direct link to their efforts to establish a government to serve and protect the people.

Giving Back – Providing a Charters of Freedom Monument is an opportunity to give in a unique way that will last 100's of years.

Legacy – Your Charters of Freedom Monument will be a gift, from you and your associates to the citizens of your community. Your great grandchildren will take their grandchildren to the monuments and show what their ancestors did for the community and country.

COMMUNITY SUPPORT & FUNDING

Your Community Support is vital to the success of bringing Your Charters of Freedom Monument to your home community. The more people participate the more they take ownership of the project.

All funds will be deposited into a local bank account designated for construction of Your Charters of Freedom Monument. Residual amounts will be used to develop educational resources for use with your county schools so your children and future generations will experience the most from Your Charters of Freedom Monument.

Foundation Forward, Inc. is not seeking, nor will it accept any government funding.

COMMUNITY SUPPORT

Foundation Forward, Inc. will assist you in presenting this project to local Civic, Service, Community, Business Groups and Home Gatherings to help engage the community awareness and funding support. Newspaper and Radio ads will be supplied along with Support Letter lists for contacting able donors and for distributing information. Schools, Libraries, Veterans, and Historians will be engaged to form campaigns for fund raising. The Community Support Program will last about 90 days or until funding is complete.

ANGEL DONOR

INDIVIDUALS who will step up and support the entire funding of the monument for their community or another community will be recognized on The Dedication Plaque which will read: "This Charters of Freedom Monument Gifted By _____ to the Citizens of _____ County, and Dedicated This Day _____, 20____."

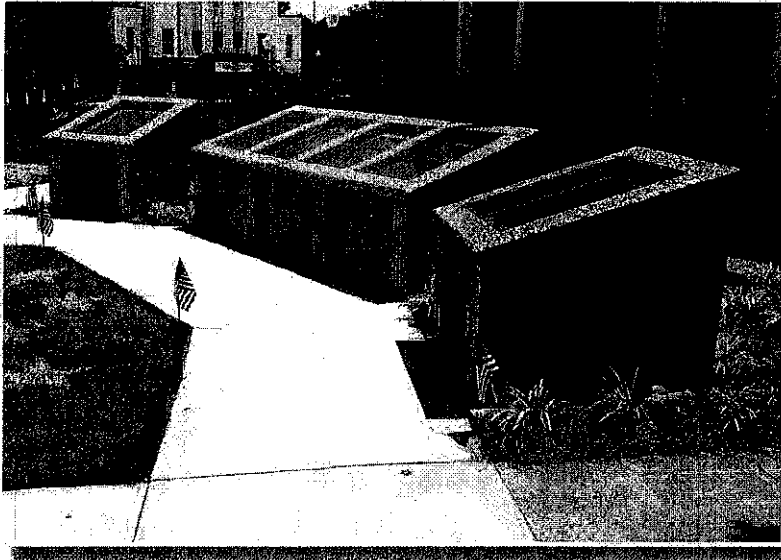
YOUR BUSINESS SUPPORT – The Gift – The Reward – The Legacy

Your company can fund the building of Your Charters of Freedom Monument and gift it to the community in the name of your company and all its employees listed on the dedication plaque. Bank loans exist which will spread payments over five years, while the tax deduction may be taken in the first year as a gift to the 501(c)(3).

The Gift to your community. The Reward to your employees. The Legacy of your company and your family.

CORPORATE SUPPORT

Sponsorships are available to organizations on a local, regional, and national basis. Contributing to the general fund of Foundation Forward, Inc. provides the means needed to build the monuments in communities across the country that need help, while supporting the overhead necessary to make it all possible.



**BURKE COUNTY
MORGANTON,
NORTH CAROLINA**

Dedicated July 2, 2014

- 4" Granite Panels
- 1/4" Etched Bronze Documents
- 3/4" Laminated Glass

Gifted by Vance and Mary Jo Patterson To The Families of Burke County.

**MORGAN COUNTY
JACKSONVILLE,
ILLINOIS**

Dedicated May 30, 2015

- 3 1/2" Limestone Panels
- 1/4" Etched Bronze Documents
- 3/4" Laminated Glass

Gifted by Vance and Mary Jo Patterson To The Families of Morgan County.



STEPS TO BUILDING YOUR CHARTERS OF FREEDOM MONUMENT

Phase One - Introduction:

- We will contact your County Manager or County Administrator and request their assistance and advice in initiating and introducing the project to the County.
- We will contact your County Sheriff or lead law enforcement officer. The person holding this office has a great deal of respect for the United States Constitution and will most likely be an ardent supporter of the project.
- We will contact your Superintendent of Schools. This is an educational project and the local School Superintendent will facilitate building community support for the project from an educational perspective.

Phase Two - Initial Presentations and Planning:

- We will work directly with your County Manager or County Administrator to add the presentation to the public meeting agenda of the county governing body. The initial presentation will include offering Your Charters of Freedom Monuments as a gift to the citizens of your County. Following the presentation, you should allow time for comments, questions, and preliminary approval by consensus from the county governing body.
- Upon approval, Foundation Forward, Inc. will send a Letter of Intent to the county governing body gifting the monument to the county.
- The county will then send a Letter of Intent to Foundation Forward, Inc. stating that they will accept the gift on behalf of the citizens of the county.
- The county governing body will select a site for the Your Charters of Freedom Monuments.
- A Community Board of Advisors should be selected to assist Foundation Forward, Inc. with the following:
 - Community Support and awareness, such as setting up contacts in local Service Groups and Civic Organizations
 - Setting up home gatherings for community support
 - Identifying potential individual project donors
 - Identifying potential corporate sponsorships
- Foundation Forward, Inc. will join the local Chamber of Commerce

Phase Three - Community Support and Education:

- Foundation Forward will open a checking account designated exclusively for the funding of Your Charters of Freedom Monuments for your county
- Initiate Community Support Programs including:
 - Chamber of Commerce Presentations
 - Civic Groups Presentations
 - Service Groups Presentations
 - Home Groups Presentations
 - Community Support drives
 - Other support opportunities unique to your area

Phase Four - Construction and Dedication:

- Funding has been successfully achieved and construction begins on the monuments. The installation will be completed by Foundation Forward, Inc. including foundation, core, stone and masonry settings, bronze, glazing, and finishing.
- Once Your Charters of Freedom Monuments are completed, a patriotic ceremony of dedication will be planned for the Citizens of your county.

YOUR Charters of FREEDOM

The Charters of Freedom are our country's founding documents. These three original documents; The Declaration of Independence, The United States Constitution, and The Bill of Rights are on display in the National Archives in Washington, D.C. They are open to the public and free to view.

The Declaration of Independence was primarily penned by Thomas Jefferson between June 11 and June 28, 1776. The document was finalized and approved on July 9, 1776. All 13 colonies signed the parchment document by August 2, 1776.

The first draft of The United States Constitution was approved on August 6th, 1787. Only after the ratification of the first ten amendments, known as our Bill of Rights, was the final draft of The Constitution ratified on September 17, 1787.

During the process of ratification of The Constitution, there was a demand for a bill of rights to defend individual liberties from a possible oppressive government. James Madison worked to get 17 amendments through the House. These were later reduced to 12 amendments by the Senate. Of these 12 amendments, 10 were approved on December 15, 1791 and added to The Constitution. These first 10 amendments are our Bill of Rights.

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: North Carolina Association of County Commissioners

SUBJECT MATTER: Safety Award

COMMENTS/RECOMMENDATION:

Charlie Eaton, the Deputy Director for the NCACC's Risk Management Service, will be here to present the county with a safety award. Macon County won the NCACC Liability & Property Pool's 2016 Safety Award for having the lowest number of auto claims per 100 vehicles in the large county class.

Attachments _____ Yes No

Agenda Item 9B

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Community Funding Pool

SUBJECT MATTER: Recommendations for Fiscal Year 2016-17

COMMENTS/RECOMMENDATION:

Karen Wallace will be at the meeting to present the recommendations for funding.

Attachments 1 Yes No

Agenda Item 9C

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY:

SUBJECT MATTER:

COMMENTS/RECOMMENDATION:

At the September 13th regular meeting, the board adopted a revised Wireless Telecommunication Facilities Ordinance, and stemming from that decision, requested that the County Manager contact the county's various internet providers and ask that representatives from each attend the board's October regular meeting for a discussion of plans to expand broadband service into the county.

Attachments _____ Yes No

Agenda Item 9D

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Governing Board

SUBJECT MATTER: Award of bid for playground equipment and ground covering repairs and replacement for Wesley's Park

COMMENTS/RECOMMENDATION:

The bid opening for this project was scheduled for Thursday, October 6th at 3:30 p.m., and once a bid tabulation is available, it will be forwarded under separate cover. Otherwise, the County Manager will have an update on the project at Tuesday's meeting.

Attachments _____ Yes X No

Agenda Item 10A

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Finance

SUBJECT MATTER: Capital Project Ordinance for Radio
Communications Upgrade

COMMENTS/RECOMMENDATION:

The Finance Director is seeking approval of a Capital Project Ordinance for the Radio Communications Upgrade project in the amount of \$400,000, a copy of which is attached.

Attachments 1 Yes No

Agenda Item 10B

**MACON COUNTY, NORTH CAROLINA
CAPITAL PROJECT ORDINANCE
RADIO COMMUNICATIONS UPGRADE**

BE IT ORDAINED by the Macon County Board of Commissioners, Macon County, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

SECTION 1. The project authorized is the Radio Communications Upgrade funded by a transfer from the general fund.

SECTION 2. The officers of this unit are hereby directed to proceed with the capital project within the terms of the grant and financing agreement and the budget contained herein.

SECTION 3. The following amounts are appropriated for the project:

Construction	<u>\$400,000</u>
Total	<u>\$400,000</u>

SECTION 4. The following revenues are anticipated to be available to complete the project:

Transfer from the General Fund	<u>\$400,000</u>
Total	<u>\$400,000</u>

SECTION 5. The Finance Director is hereby directed to maintain within the Capital Project Funds sufficient specific detailed accounting records to satisfy the requirements of the financing institution and the General Statutes of the North Carolina.

SECTION 6. The Finance Director is hereby authorized to transfer appropriations between line items within the capital projects fund.

SECTION 7. Copies of this capital project ordinance shall be furnished to the County Manager and the Finance Director for direction in carrying out this project.

ADOPTED this 11th day of October, 2016.

Kevin Corbin, Chairman
Macon County Board of Commissioners

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Governing Board

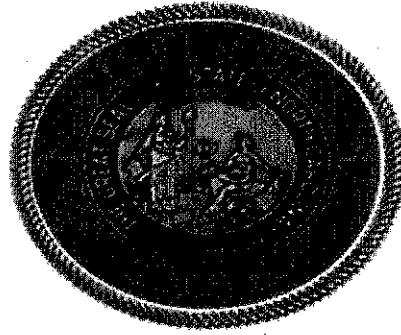
SUBJECT MATTER: Letter of support for airport project

COMMENTS/RECOMMENDATION:

Please see the attached draft letter for more details.

Attachments 1 Yes No

Agenda Item 10C



October 11, 2016

Mr. David Wasserman, PE
NCDOT Strategic Prioritization Office
1534 Mail Service Center
Raleigh, NC 27699-1534

Re: **Letter of Support** to Provide Local Funding Match for Aviation Project

Dear Mr. Wasserman,

Macon County submitted an Aviation project via the Southwestern RPO for scoring and ranking in NCDOT's strategic prioritization process developed in accordance with the Strategic Transportation Investments (STI) law. Macon County understands that a local match is required for STI-funded Aviation projects. This letter confirms this understanding.

Macon County will be required to provide a 10% non-federal local match for the following project, if it is programmed for future funding per the STI-prioritization process:

A150971: 1A5 Macon County Airport runway extension

Macon County is aware that local funding will be required when the project is authorized by NCDOT, and the project is subject to additional requirements to be described in agreements with NCDOT. Macon County also understands that this letter of commitment does not guarantee that any project will be included in the NCDOT 10-year work program.

Sincerely,

Kevin Corbin
Chairman, Macon County Board of Commissioners

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Public Health

SUBJECT MATTER: 2016/17 Billing Guide and Fee Schedule

COMMENTS/RECOMMENDATION:

Public Health Director Jim Bruckner will be at the meeting to present the changes to the department's billing guide and fee schedule for 2016/17. Copies of both documents will be attached separately with the e-mail forwarding the agenda packet. Also attached will be the Environmental Health Refund Policy as referenced in the Billing Guide.

Attachments 3 Yes No

Agenda Item 11A

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Human Resources

SUBJECT MATTER: Agreement with Wolfe Reality Check

COMMENTS/RECOMMENDATION:

Sheriff Holland has been advised by legal counsel that his office should no longer perform background checks for "non-criminal justice employment purposes." With the exception of Social Services and Public Health, the county's HR Department has for years utilized the sheriff's department to perform such checks for pre-employment purposes. As that is no longer an option, we have been looking for a third-party vendor to provide this service, and my recommendation is to go with Wolfe Reality Check. I have been working with the County Attorney to ensure that we have a proper agreement and the necessary forms to carry this out. That work is still in progress and we will provide an update at the meeting. Meanwhile, we are essentially under a hiring freeze, as the personnel policy calls for a completed background check for any new perspective employee.

Attachments _____ Yes No

Agenda Item 11B

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Governing Board

SUBJECT MATTER: Assignment of Bid – Watauga Vista, Tract D

COMMENTS/RECOMMENDATION:

Please see the attached assignment of bid for more details. The County Attorney, Jeff Goss with Ridenour and Goss, or representatives of the tax department can provide more information at the meeting.

Attachments 1 Yes No

Agenda Item 11C

STATE OF NORTH CAROLINA

ASSIGNMENT OF BID

COUNTY OF MACON

THIS ASSIGNMENT OF BID is made by and between ROBERT DODD and THE COUNTY OF MACON, a North Carolina Body Politic.

RECITALS

WHEREAS, the County of Macon initiated a tax foreclosure proceeding upon twenty-one separate tax parcels titled in the name of "Watauga Vista, Inc." which appears of record in File No. 09 CVS 631 in the Office of the Clerk of Superior Court for Macon County; and,

WHEREAS, on or about June 23, 2016, after due advertisement and notice of sale, the County of Macon did cause that certain property bearing tax parcel identification number 7517-36-0743 and described in the tax foreclosure action as "Tract D" to be sold at public auction, at which sale the County of Macon became the last and highest bidder in the amount of \$1,508.21 pursuant to a Report of Sale filed on June 23, 2016; and,

WHEREAS, more than ten (10) days elapsed without the filing of any upset bids and the sale to the County of Macon was then confirmed by that certain Order of Confirmation (Tract D) filed on July 26, 2016; and,

WHEREAS, Robert Dodd now desires to purchase an assignment of the County of Macon's bid in the above referenced sale pursuant to section 105-376(a) of the North Carolina General Statutes;

NOW, THEREFORE, in consideration of the mutual promises set forth herein below, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

AGREEMENT

1. Transfer and Assignment. Dodd hereby offers to purchase an assignment, and by its acceptance the County of Macon does hereby agree to sell an assignment, of all of the County of Macon's right, title, and interest in and to the County's bid at the tax foreclosure sale of Tract D as described above. The County of Macon does hereby transfer and assign its winning bid in the amount of \$1,508.21 onto Dodd.

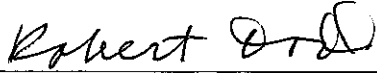
2. Compensation. For this transfer and assignment, Dodd agrees to pay the County of Macon the sum of Seven Hundred Fifty and no/100 Dollars (\$750.00). Simultaneously with the submission of this offer, Dodd has tendered the full purchase price in the amount of \$2,258.21, in certified funds, to be held in trust at Ridenour & Goss, P.A.

3. Effectiveness of Assignment. This Assignment of Bid shall become immediately effective upon acceptance by the County of Macon and shall transfer onto Dodd all rights and responsibilities associated therewith, including the obligation to tender the purchase price to the Commissioner, Jeffrey Goss, who shall prepare and record a good and sufficient deed for the real property to Dodd upon the receipt of the purchase price. The County of Macon shall be released from all obligation, right, and responsibility in connection with the tax foreclosure sale of Tract D as described above.

4. Miscellaneous. Each of the parties hereto agrees to execute such other and further documents as may be reasonably necessary to effectuate any of the foregoing. This Assignment shall be governed by the laws of the State of North Carolina.

IN WITNESS WHEREOF, Robert Dodd has executed this Assignment of Bid for the purposes stated herein as of the date stated below.

Offered this the 20 day of September, 2016.



Robert Dodd

Accepted this the ____ day of _____, 2016.

THE COUNTY OF MACON,
A North Carolina Body Politic

By: _____
Kevin Corbin, Chairman
Macon County Board of Commissioners

Attest: _____
Derek Roland, Ex Officio Clerk
Macon County Board of Commissioners

Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 09/20/16 12:35:45 PM

NTX

HIGHLANDS

0005 6490000 0022



BANK OF AMERICA TWO TWO FIVE EIGHT CTSCTS

***\$2,258.21

Pay

To The Order Of RIDENOUR & GOSS, RA TRUST ACCOUNT

Remitter (Purchased By): ROBERT C DODD JR.

Bank of America, N.A.
SAN ANTONIO, TX

Belinda J. Saines
AUTHORIZED SIGNATURE

⑈0958401224⑈ ⑆114000019⑆ 001641000710⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

MACON COUNTY BOARD OF COMMISSIONERS

AGENDA ITEM

MEETING DATE: October 11, 2016

DEPARTMENT/AGENCY: Governing Board

SUBJECT MATTER: Consent Agenda

DEPARTMENT HEAD COMMENTS/RECOMMENDATION:

- A. **Minutes** – Consideration of the minutes from the September 13, 2016 regular meeting, which will be forwarded to you in a separate e-mail.
- B. **Finance** – Consideration of Budget Amendments #47 through #51, per Attachment 12B.
- C. **Tax releases** – Consideration of tax releases in the amount of \$2,757.44, per Attachment 12C. The monthly ad valorem tax report for August – which does not require board action – is also attached for your information and review.

COUNTY MANAGER'S COMMENTS/RECOMMENDATION:

Attachments Yes No

Agenda Item 12(A), (B) and (C)

MACON COUNTY BUDGET

48

AMENDMENT #

FROM:

John Fay

DEPARTMENT:

HOUSING

EXPLANATION:

NEW PROGRAM BUDGET REVENUE

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
514088	DUKEWXNEW		
513831-447249	REVENUE	50,000	0
514088-550001	Salary	7,672	
514088-550201	Medicare/FICA	587	
514088-550203	Hospitalization	1,232	
514088-550205	Workman's Compensation	50	
514088-550206	Life Insurance	50	
514088-550207	Retirement - General	456	
514088-550701	County 401K	153	
514088-556031	WAP Admin	433	
514088-556034	WAP Program Operations	39,367	
514088-556035	WAP Health & Safety	0	
LINE ITEM TOTAL		50,000	0

REQUESTED BY DEPARTMENT HEAD

RECOMMENDED BY FINANCE OFFICER

APPROVED BY COUNTY MANAGER

ACTION BY BOARD OF COMMISSIONERS

APPROVED AND ENTERED ON MINUTES DATED

CLERK

MACON COUNTY BUDGET

49

NOTES

Amendment 1 is due to grantor's contract change. This change reflects an \$84 contract increase to Program Operations.

AMENDMENT #

FROM:

John Fay

DEPARTMENT:

HOUSING

EXPLANATION:

move budgets between line items

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
514085	WEATHERIZATION DOE WAP #6940		
514085-550001	Salary		
514085-550201	Medicare/FICA		
514085-550203	Hospitalization		
514085-550204	Unemployment Insurance		
514085-550205	Workmen's Compensation		
514085-550206	Life Insurance		
514085-550207	Retirement General		
514085-550701	County 401 k		
514085-556030	WAP Training & Tech Asst		
514085-556031	WAP Administration		
514085-556034	WAP Program Operations	84	
513831-447246	Weatherization DOE 2017	84	
	Total		

REQUESTED BY DEPARTMENT HEAD

RECOMMENDED BY FINANCE OFFICER

APPROVED BY COUNTY MANAGER

ACTION BY BOARD OF COMMISSIONERS

APPROVED AND ENTERED ON MINUTES DATED

CLERK

Fay
Sherrill

MACON COUNTY BUDGET

NOTES

AMENDMENT # 50

Amendment 1 is due to grantor's contract change.

FROM: John Fay

DEPARTMENT: HOUSING

EXPLANATION: move budgets between line items

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
514086	WEATHERIZATION LIHEAP 17 #6940		
514086-550001	Salary		862
514086-550201	Medicare/FICA		
514086-550203	Hospitalization		
514086-550204	Unemployment Insurance		
514086-550205	Workmen's Compensation		
514086-550206	Life Insurance		
514086-550207	Retirement General		
514086-550701	County 401 k		
514086-556031	WAP Administration		
514086-556034	WAP Program Operations		8,990
514086-556035	WAP Health & Safety	1,000	
513831-447247	Weatherization LIHEAP 17		8,852
	Total		

REQUESTED BY DEPARTMENT HEAD

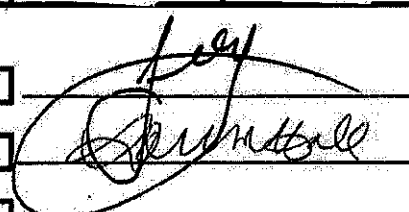
RECOMMENDED BY FINANCE OFFICER

APPROVED BY COUNTY MANAGER

ACTION BY BOARD OF COMMISSIONERS

APPROVED AND ENTERED ON MINUTES DATED

CLERK



MACON COUNTY BUDGET

51

NOTES

Amendment 1 is due to grantor's contract change.

AMENDMENT #

FROM:

John Fay

DEPARTMENT:

HOUSING

EXPLANATION:

move budgets between line items

ACCOUNT	DESCRIPTION	INCREASE	DECREASE
514087	WEATHERIZATION HARRP 17 #6940		
514087-550001	Salary		
514087-550201	Medicare/FICA		
514087-550203	Hospitalization		
514087-550204	Unemployment Insurance		
514087-550205	Workman's Compensation		
514087-550206	Life Insurance		
514087-550207	Retirement General		
514087-550701	County 401 k		
514087-556031	WAP Admin		
514087-556034	WAP Program Operations		9,780
513831-447248	Weatherization HARRP 17		9,780
	Total		

REQUESTED BY DEPARTMENT HEAD

RECOMMENDED BY FINANCE OFFICER

APPROVED BY COUNTY MANAGER

ACTION BY BOARD OF COMMISSIONERS

APPROVED AND ENTERED ON MINUTES DATED

CLERK

Keep
[Signature]

Macon County Tax Office
5 West Main Street
Franklin, NC 28734



Phone: (828) 349-2149
Fax: (828) 349-2564
tmedowell@maconnc.org

TO: MACON COUNTY COMMISSIONERS

FROM: Macon County Tax Office
Teresa McDowell, Tax Collections Supervisor

DATE: October 4, 2016

RE: Releases for September, 2016

Attached please find the report of releases for real estate that require your approval in order to continue with the process of releasing these amounts from the tax accounts. Please feel free to contact me if you should have any questions. The report of releases is attached.

AMOUNT OF RELEASES FOR SEPTEMBER, 2016: \$2,757.44

Tax Collections
10/04/16

Detail Transactions by Group

RTC020303
Page 1

Group Number REL*16*09

Abatement

Effective Date 09/02/16

Seq Nbr	Date	Account Number	Taxbill Number	Tax Code	Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discont Amount	Trn Cde	Check Number	Trans Rev	Descriptn
1	09/02/16	3870	16A7504377930	G01 F04 L01	13.26- 2.04- 95.00-	13.26- 2.04- 0.00	0.00 0.00 0.00	95.00-	0.00 0.00 0.00					
***			HOLLAND, FREDDIE RICHARD		110.30-	15.30-	0.00	95.00-	0.00	0.00	R			CLERICA
2	09/06/16	14699	16A6582037602	G01 F03	19.69- 3.48-	19.69- 3.48-	0.00 0.00		0.00 0.00					
***			WASHBURN, MARY E LEDFORD		23.17-	23.17-	0.00	0.00	0.00	0.00	R			CLERICA
3	09/06/16	11868	16A11868.01	L02	95.00-	0.00	0.00	95.00-	0.00					
***			CHESS, THOMAS F		95.00-	0.00	0.00	95.00-	0.00	0.00	R			CLERICA
4	09/09/16	46027	16A7449242095	G01 F10 H01	872.50- 27.00- 410.00-	872.50- 27.00- 410.00-	0.00 0.00 0.00		0.00 0.00 0.00					
***			TRAVIS, DOROTHY HOBBY TRUSTEE		1309.50-	1309.50-	0.00	0.00	0.00	0.00	R			CLERICA
5	09/14/16	68617	16A68617.01	G01 F02 L01	3.76- 0.82- 95.00-	3.76- 0.82- 0.00	0.00 0.00 0.00	95.00-	0.00 0.00 0.00					
***			MCCALL, MARY ANN		99.58-	4.58-	0.00	95.00-	0.00	0.00	R			CLERICA
6	09/14/16	130495	16A130495.03	G01 F04	55.35- 8.52-	55.35- 8.52-	0.00 0.00		0.00 0.00					
***			DODD, SAMUEL KENT		63.87-	63.87-	0.00	0.00	0.00	0.00	R			CLERICA
7	09/16/16	135980	16A7523017885	G01 F04	499.59- 76.87-	499.59- 76.87-	0.00 0.00		0.00 0.00					
***			PINE GROVE BAPTIST CHURCH, INC		576.46-	576.46-	0.00	0.00	0.00	0.00	R			CLERICA
8	09/23/16	7071	16A7504522193	G01 F04 L02	49.45- 7.61- 95.00-	49.45- 7.61- 0.00	0.00 0.00 0.00	95.00-	0.00 0.00 0.00					
***			WOOTEN, WM G & RUTH		152.06-	57.06-	0.00	95.00-	0.00	0.00	R			
9	09/23/16	7071	16A7504522193	G01	0.00	0.00	0.00		0.00					
***			WOOTEN, WM G & RUTH		0.00	0.00	0.00	0.00	0.00	0.00				XX
10	09/26/16	119004	16A119004.12	G01 F01	76.78- 9.79-	76.78- 9.79-	0.00 0.00		0.00 0.00					

Detail Transactions by Group

Tax Collections
10/04/16

Effective Date 09/02/16

Abatement

Group Number REL*16*09

Seq Nbr	Date	Account Number	Taxbill Number	Tax Code	Transaction Amount	Levy Amount	Penalty Amount	Addl Chgs	Interest Amount	Discont Amount	Trn Cde	Check Number	Trans Descriptn	Rev
***		LEGACY FITNESS			86.57-	86.57-	0.00	0.00	0.00	0.00	R	CLERICA		
11	09/26/16	119004	15A119004.12	G01 F01	69.80- 8.90-	69.80- 8.90-	0.00	0.00	0.00	0.00				
***		LEGACY FITNESS			78.70-	78.70-	0.00	0.00	0.00	0.00	R	CLERICA		
12	09/26/16	119004	13A119004.12	G01 F01	76.73- 8.25-	76.73- 8.25-	0.00	0.00	0.00	0.00				
***		LEGACY FITNESS			84.98-	84.98-	0.00	0.00	0.00	0.00	R	CLERICAL		
13	09/26/16	119004	12A119004.12	G01 F01	69.75- 7.50-	69.75- 7.50-	0.00	0.00	0.00	0.00				
***		LEGACY FITNESS			77.25-	77.25-	0.00	0.00	0.00	0.00	R	CLERICA		

Tax Code Totals

F01*12- FR FIRE	7.50-
F01*13- FR FIRE	8.25-
F01*15- FR FIRE	8.90-
F01*16- FR FIRE	9.79-
F02*16- CL CH FR	0.82-
F03*16- OTTO FR	3.48-
F04*16- CULL FR	95.04-
F10*16- HLDS FR	27.00-
G01*12- GEN TAX	69.75-
G01*13- GEN TAX	76.73-
G01*15- GEN TAX	69.80-
G01*16- GEN TAX	1590.38-
H01*16- HLD CITY	410.00-
L01*16- RES FEE	190.00-
L02*16- COM FEE	190.00-

Total for Group REL*16*09 2757.44- 2377.44- 0.00 380.00- 0.00 0.00

***** Totals By Tax Cycle *****
Cycle Current Delinquent
A 2516.51- 240.93-

MACON COUNTY MONTHLY
AD VALOREM TAX COLLECTIONS REPORT

Sep-16

Month to Date	Beginning Balance	Levy Added	Less Releases	Less Write-Offs	Equals Adj Levy	Gross Payments	Less Refunds	Misc Dr/Cr	Net Payments	Outstanding Balance
General Tax	17443507.1	746.65	-13455.77	-14.96	17430783	-2233179.56	7977.22	10453.81	-2214748.53	15216034.47
Fire Districts	2068482.73	34.24	-1167.49	-2.01	2067347.47	-238194.31	0	1475.98	-236718.33	1830629.14
Landfill User Fee	1823434	95	-665	-0.45	1822863.55	-210061.76	0	950	-209111.76	1613751.79
Totals	21335423.8	875.89	-15288.26	-17.42	21320994.02	-2681435.63	7977.22	12879.79	-2660578.62	18660415.4

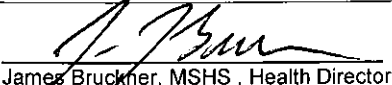
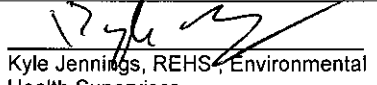
Year to Date	Beginning Balance	Levy Added	Less Releases	Less Write-Offs	Equals Adj Levy	Gross Payments	Less Refunds	Misc Dr/Cr	Net Payments	Outstanding Balance	Collection Percentage
General Tax	0	26201089.7	-17714.26	-1279.92	26182095.53	-11168443.79	15138.13	187244.6	-10966061.06	15216034.47	41.88
Fire Districts	0	2950354.99	-1685.17	-188.42	2948481.4	-1119811.12	0	1958.86	-1117852.26	1830629.14	37.91
Landfill User Fee	0	2547235	-1805	-4.23	2545425.77	-933000.75	0	1526.77	-931673.98	1613751.79	36.6
Totals	0	31698679.7	-21204.43	-1472.57	31676002.7	-13221255.66	15138.13	190530.23	-13015587.3	18660415.4	41.09

41.88% COLLECTED ON 2016 COUNTY GENERAL TAXES, LATE LISTING PENALTIES, DISCOVERIES AND DEFERRED TAXES AS OF 9/30/2016 AS COMPARED TO 39.57% COLLECTED ON 2015 TAXES AS OF 9/30/2015

Policy and Procedure
MACON COUNTY PUBLIC HEALTH CENTER

Title: Refunds

Policy 299.4	Revision #: 3	Page 1 of 3
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Section/ Program/ Program Area:	Environmental Health Policy and Procedures Administration	Original Effective Date:	4/7/98	This Revision Effective:	10/01/15
Persons Affected	Environmental Health Supervisor and Program Specialists, Environmental Health Specialists and Administrative agent				
Approved By: Date:	 James Bruckner, MSHS, Health Director <u>10.1.15</u>	 Kyle Jennings, REHS, Environmental Health Supervisor <u>10.1.15</u>	_____ _____		

	Date of Revision	Summary of Changes	Section
Revision History	9/24/08	Elaboration of content & put into new template	All
	09/13/12	Changed policy number from 200.4 to 299.4 Added Definitions	All 3.0
	10/01/15	Removed "contractor" from definition of Agent	3.0

1.0 Purpose

To establish a policy or procedure for issuance of refunds

2.0 Policy

In the normal course of providing environmental health services it will be necessary to issue refunds for fees charged by the Environmental Health Section. The purpose of this policy and accompanying procedures is to maintain consistency and fairness in deciding when and under what circumstances refunds are to be issued. In order to facilitate a consistent refund policy, all Environmental Health agent shall refer to and apply the plan and procedures outlined in this policy when discussing the Section refund policy with the general public or when submitting request for a refund disbursement.

3.0 Definitions

- 3.1 Agent:** employee, board member, consultant, vendor, volunteer or others acting on behalf of the MCPH who are subject to this Policy/Plan.
- 3.2 Consumer:** is any individual who uses services provided by the agency whether clinical or non-clinical in nature.

4.0 Applicable Law, Rules and References

North Carolina G.S. 130A-39(g)

5.0 Responsibilities

The Environmental Health Supervisor is responsible for signing and approving all refunds of the Section. It shall be the responsibility of the program supervisor to make recommendations to the

Policy and Procedure
MACON COUNTY PUBLIC HEALTH CENTER

Title: Refunds

Policy 299.4	Revision #: 3	Page 2 of 3
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Health Director regarding refunds on specific services. The Environmental Health Supervisor may approve exceptions to the policy where unusual or extenuating circumstances exists.

6.0 Procedure

6.1. GENERAL PROCEDURES:

- 6.1.1 This policy and/or procedure will remain in effect until revision is needed and users are informed of the revision.
- 6.1.2 **General Information:** Fees are generally to be considered non-refundable when a particular service has been rendered by the agency. Service is considered rendered when an appointment has been made; an Environmental Health Specialist (EHS) has made the initial site visit; or has otherwise substantially delivered the requested service. Fees cannot be refunded because the consumer no longer wishes to pursue the original project. Fees may be transferred to other services provided the original service has not been rendered. Transfers of fees must be accomplished within 60 days of the cancellation request for the original service. Applications not acted upon within 60 days will be considered inactive until notified by the consumer. Inactive applications may be refunded upon request within one year of the initial application date. Only the Section Supervisor upon recommendation of the Program Specialist may approve exceptions to this policy.

6.2 SPECIFIC PROCEDURES:

- 6.2.1 **Improvement Permits** - May be refunded if the service has not been rendered. Refunds for this service are to be the full amount of the original fee. Refunds are not to be issued where the EHS determines that the property cannot be used for the intended project, or if the consumer has failed to meet site requirements necessary for site evaluation prior to the expiration date. Determination of the suitability or unsuitability of a site for particular project is considered completion of the service regardless of the outcome or the amount of time spent making the determination.
- 6.2.2 **Authorization to Construct** - May be refunded if the service has not been rendered. Refunds for this service are to be the full amount of the original fee. Refunds are not to be issued where the EHS determines that the property cannot be used for the intended project, or if the consumer has failed to meet site requirements necessary for site evaluation prior to the expiration date. Determination of the suitability or unsuitability of a site for particular project is considered completion of the service regardless of the outcome or the amount of time spent making the determination.
- 6.2.3 **Repair Permit** – May be transferred and applied toward additional Permit requirement.

Policy and Procedure
MACON COUNTY PUBLIC HEALTH CENTER

Title: Refunds

Policy 299.4	Revision #: 3	Page 3 of 3
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- 6.2.4 Authorization to Construct/Existing System Expansion or Change** – May be refunded if the service has not been rendered. Refunds for this service are to be the full amount of the original fee. No refund is authorized where denial of request has been issued.
- 6.2.5 Existing System Inspection**- May be refunded if the original service has not been rendered. May be transferred and applied toward additional Permit requirement. Refunds or transfers are to be the full amount of the original fee.
- 6.2.6 Annual Mobile Home Park Inspection**- May be refunded only if the service has not been rendered.
- 6.2.7 Well Construction/Repair** - May be refunded only if the service has not been rendered.
- 6.2.8 Other Fees**- Refunds for other fees charged by the Environmental Health Section will be in accordance with the policy as indicated in "General Information".

7.0 Reference Plans and Policies –

- 7.1 Fee Plan** – Approved annually by the Board of Health

Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
J0133		Doxycycline/Acyclovir	0.00			
J0456		Azithromax	0.00			
J0696		Ceftriazone	0.00			
J1050		Injection, Medroxyprogesterone Acetate, 150 MG (.34 per unit)	51.00	14.00		
J1725		17P Injection	21.00			
J2790		Rho (D) Immune Globulin (Rhlg), full dose, 300mcg	134.00			
J7297		Liletta		50.00		
J7298		Mirena (replaces J7302)	528.00	279.00		
J7300		Intrauterine copper contraceptive device, Paragard T380A	428.00	226.00		
J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	528.00			
J7307		Nexplanon	700.00	364.00		
S0030		Metronidazole	0.00			
2000F		BPV Measurement of ocular blood flow with interpretation	5.00			
11981		Nexplanon insertion	65.00			
11982		Nexplanon removal	80.00			
11983		Nexplanon removal with reinsertion	145.00			
54050		Destroy Penis Lesion(s) - Simple Chemical	228.00			
54065		Destruction Penis Lesion(s) - Extensive Cryosurgery	387.00			
56501		TCA Vulva	229.00			
56515		Destroy Vulva Lesion(s) - Complex	394.00			
57170		Diaphragm fitting with instructions	91.00			
57452		Colposcopy of the cervix including upper/adjacent vagina	191.00			
57454		Colposcopy of the cervix including upper/adjacent vagina w/biopsy of cervix or endocervical curettage	269.00			
57455		Colposcopy of cervix including upper/adjacent vagina w/biopsy of cervix	253.00			
57456		Colposcopy of the cervix including upper/adjacent vagina w/endocervical curettage	239.00			
58100		Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	109.00			

Proposed Fees:

Red - denotes a fee increase

Blue – denotes a fee reduction

Black - denotes new fee

Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
58300		Insert intrauterine device	132.00			
58301		Removal of IUD	169.00			
59025		Fetal Non-Stress Test	62.00			
59425		Prenatal visits: 4 to 6 visits	1,000.00			
59426		Prenatal visits: 7 or more visits	1,300.00			
59430		After Delivery Care	121.00			
69210		Remove impacted ear wax	86.00			
86580		TB Test	6.00			
86580P		TB Test - Patient Pay	6.00			
G0008		Administration Fee - Flu Shot (Medicare)	14.00			
G0009		Administration Fee - Pneumonia Shot (Medicare)	14.00			
G0010		Administration Fee - Hep B (Medicare)	14.00			
Q2038		Influenza vaccine quadrivalent 6-36 months	16.00			
Q2037		Flu Virus Vaccine (Fluvirin) Medicare	16.00			
Q2038		Flu Virus Vaccine (Fluzone) Medicare	16.00			
Q2039		Flu Virus Vaccine (Unspecified) Medicare	16.00			
90471		Vaccine Administration Fee	14.00			
90472		Vaccine Administration Fee-Each Additional	14.00			
90473		Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	20.00			
90474		Each additional intranasal or oral route vaccine (single or combination vaccine/toxoid)	20.00			
90621		Meningococcal B	125.00			
90632		Hep A - Adult	51.00			
90633		Hep A - Pediatric	35.00			
90636		Twinrix Vaccine	66.00			
90645		Hib - child - HbOC 4 dose schedule	31.00			
90646		Hib - Adult - booster only	31.00			
90647		Hib - PRP_OMP 3 dose schedule	31.00			

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Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
90648		Hib - child - PRP-T 4 dose schedule	31.00			
90649		Gardasil (HPV)	152.00			
90650		HPV bivalent 2vHPV (Cervarix)	137.00			
90651		HPV 9 3 dose	182.00			
90657		Flu Shot (6-35 months)	11.00			
90658		Flu Shot (3 yrs & >)	11.00			
90660		Flumist - State Supplied				
90662		Fluzone High Dose (65 & >)	36.00			
90670		Prevnar	162.00			
90672		Quadrivalent Flu Mist	40.00			
90675		Rabies Vaccine - Exposure	275.00			
90676		Rabies Vaccine - Preventive	275.00			
90680		Rotateq	81.00			
90685		Influenza virus vaccine,quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	16.00			
90686		Influenza virus vaccine,quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	16.00			
90687		Influenza virus vaccine,quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	16.00			
90688		Influenza virus vaccine,quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	16.00			
90691		Typhoid Vaccine	61.00			
90696		Kinrix - (DTaP-IPV)	55.00			
90698		Penticil - (DTaP-IPV/Hib)	130.00			
90700		DTAP	34.00			
90707		MMR	65.00			
90710		MMRV	78.00			
90713		IPV	36.00			
90714		Td	31.00			

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Macon County Public Health Fee Schedule						
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90716		Varicella Vaccine	105.00			
90715		Tdap	41.00			
90717		Yellow Fever Vaccine	125.00			
90723		Pediarix - (DTaP- HepB-IPV)	75.00			
90732		Pneumonia Vaccine	75.00			
90733		Meningococcal	118.00			
90734		Menactra	116.00			
90736		Zostavax (Shingles Vaccine)	190.00			
90738		Japanese Encephalitis Vaccine	296.00			
90744		Hep B - Pediatric	32.00			
90746		Hep B - Adult	50.00			
92552		Hearing Test	39.00			
92567		Tympanometry	18.00			
92587		Evoked otoacoustic emissions; limited (single stimulus level, either transient)	63.00			
93000		EKG with Interpretation and Report		40.00		
93010		EKG additional testing		30.00		
96110		Developmental Screening	13.00			
96372		Therapeutic Injection	20.00			
97802		Medical nutrition therapy; initial assessment and intervention, individual,	45.00			
97803		Medical nutrition therapy; re-assessment and intervention, individual,	22.00			
98967		Telephone Education, 15 min/unit	0.00			
98960		Individual Education, face to face	0.00			
98961		Group Education, face to face	0.00			
99080		Special reports such as insurance forms & complete physical forms	15.00			
99172		Visual Acuity Screening Test - Color	5.00			
99173		Visual Acuity Screening Test	5.00			
99201		Office Visit (OV) new patient (pt) minor-phys time approx. 10 minutes	83.00			

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99202		OV new pt, moderate-phys time approx 20 minutes	124.00			
99203		OV new pt, moderate-phys time approx 30 minutes	180.00			
99204		OV new pt, complex-phys time approx 45 minutes	280.00			
99205		OV new pt, severe-phys time approx 60 minutes	326.00			
99211		OV established (estab) pt, minimal w/wo phys, time approx 5 min (inc limited specialty PE)	43.00			
99212		OV estab. pt, minor-phys time approx 10 min. (inc. Employment PE)	72.00			
99213		OV estab. pt, moderate. phys time approx 15 min. (inc. DOT PE)	121.00			
99214		OV estab. pt, severe. phys time approx 25 min.	209.00			
99215		OV estab. pt, severe. phys time approx 40 min.	262.00			
99381		New Patient (NP) physical exam: < 1 year	211.00			
99382		NP physical exam: 1 to 4 Years	227.00			
99383		NP physical exam: 5 to 11 years	226.00			
99384		NP physical exam: 12 to 17 years	249.00			
99385		NP physical exam: 18 to 39 years	242.00			
99386		NP physical exam: 40 to 64 years	287.00			
99387		NP physical exam: 65 years and over	310.00			
G0438		Initial Visit Medicare Only Once in a lifetime	310.00			
99391		Established Patient (EP) physical exam: < 1 year	200.00			
99392		EP physical exam: 1 to 4 years	200.00			
99393		EP physical exam: 5 through 11 years	200.00			
99394		EP physical exam: 12 to 17 years	216.00			
99395		EP physical exam: 18 to 39 years	217.00			
99396		EP physical exam: 40 to 64 years	242.00			
99397		EP physical exam: 65 years and older	250.00			
G0439		Medicare Subsequent Annual Wellness Visit	250.00			
99406		Tobacco Education (3-10 min)	12.00			
99407		Tobacco Education over 10 min	23.62			

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Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
99408		Substance Abuse	31.00			
99409		Substance Abuse over 30 min	63.00			
99420		Additional Assessments	9.00			
99495		Transitional care management services/moderate	121.00			
99496		Transitional care management services/high	209.00			
99499		Other Evaluation and Management Services (Replaced LU202)	25.00			
99412		Preventive medicine, group counseling, appx 60 minutes	91.00			
DENTAL						
D0120		Periodic oral evaluation	38.00			
D0140		Limited oral evaluation - problem focused	66.00			
D0145		Oral Evaluation, pt < 3yrs	48.00			
D0150		Comprehensive oral evaluation - new or established patient	69.00			
D0160		Detailed and extensive oral evaluation - problem focused, by report	100.00			
D0170		Re-evaluation - limited, problem focused (established patient; not post-op)	44.00			
D0210		Intraoral - complete series (including bitewings)	141.00			
D0220		Intraoral -periapical first film	30.00			
D0230		Intraoral - periapical each additional film	24.00			
D0240		Intraoral - occlusal film	32.00			
D0250		Extraoral - first film	42.00			
D0260		Extraoral - each additional film	35.00			
D0270		Bitewing - single film	22.00			
D0272		Bitewings - 2 films	36.00			
D0273		Bitewings - 3 films	50.00			
D0274		Bitewings - 4 films	63.00			
D0330		Panoramic film	116.00			
D1110		Prophylaxis - adult	81.00			
D1120		Prophylaxis - child	56.00			

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D1201		Topical Fluoride w/ Prophylaxis	82.00			
D1205		Topical Fluoride w/ Prophylaxis	82.00			
D1206		Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	51.00			
D1208		Topical application of fluoride (prophylaxis not included)	35.00			
D1351		Sealant - per tooth	44.00			
D1510		Space maintainer - fixed - unilateral	283.00			
D1515		Space maintainer - fixed - bilateral	395.00			
D1555		Remove Fix Space Maintainer	51.00			
D2140		Amalgam - 1 surface, primary or permanent	95.00			
D2150		Amalgam - 2 surfaces, primary or permanent	123.00			
D2160		Amalgam - 3 surfaces, primary or permanent	149.00			
D2161		Amalgam - 4 or more surfaces, primary or permanent	181.00			
D2330		Resin-based composite - 1 surface, anterior	118.00			
D2331		Resin-based composite - 2 surfaces, anterior	150.00			
D2332		Resin-based composite - 3 surfaces, anterior	184.00			
D2335		Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	217.00			
D2336		Resin based composite - 1 surface pstr perm	138.00			
D2391		Resin-based composite - 1 surface, posterior	138.00			
D2392		Resin-based composite - 2 surfaces, posterior	180.00			
D2393		Resin-based composite - 3 surfaces, posterior	223.00			
D2394		Resin-based composite - 4 or more surfaces, posterior	275.00			
D2751		Crown, non- precious metal (porcelain)	1,000.00			
D2910		Recement inlay/onlay or part	25.00			
D2920		Recement Crown	28.00			
D2930		Prefabricated stainless steel crown - primary tooth	223.00			
D2940		Sedative filling	85.00			
D2950		Core buildup, including any pins	194.00			

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D2951		Pin retention - per tooth, in addition to restoration	48.00			
D3220		Therapeutic pulpotomy (excluding final restoration)	138.00			
D3310		Root canal therapy - anterior (excluding final restoration)	572.00			
D3320		Root canal therapy - bicuspid (excluding final restoration)	700.00			
D3330		Root canal therapy - molar (excluding final restoration)	869.00			
D4211		Gingivectomy or gingivoplasty 1 to 3 contiguous teeth/quadrant	182.00			
D4341		Periodontal scaling and root planing 4 or more contiguous teeth	198.00			
D4342		Periodontal scaling and root planing 1 to 3 teeth/quadrant	188.00			
D4355		Full mouth debridement to enable comprehensive evaluation and diagnosis	146.00			
D4910		Periodontal Maintenance	98.00			
D5110		Complete Denture - Maxillary	1138.00			
D5120		Complete Denture - Mandibular	1138.00			
D5130		Immediate Denture - Maxillary	1234.00			
D5140		Immediate Denture - Mandibular	1234.00			
D5211		Maxillary Partial Denture - Resin Base	844.00			
D5212		Mandibular Partial Denture - Resin Base	844.00			
D5213		Maxillary partial denture - cast metal framework resin base	1230.00			
D5214		Mandibular Partial Denture - cast metal framework resin base	1230.00			
D5410		Adjust Complete Denture Maxillary	62.00			
D5411		Adjust Complete Denture Mandibular	62.00			
D5421		Adjust Partial Denture Maxillary	62.00			
D5422		Adjust Partial Denture Mandibular	62.00			
D5510		Repair Broken Complete Denture	150.00			
D5520		Replace Missing or Broken Tooth	128.00			
D5610		Repair Resin Denture Base	150.00			
D5640		Replace Broken Teeth	128.00			
D5650		Add tooth to existing partial denture	156.00			
D5660		Add clasp to existing partial denture	234.00			

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D5730		Reline Complete Maxillary Denture	264.00			
D5731		Reline Complete Mandibular Denture	264.00			
D5740		Reline Maxillary Partial Denture	258.00			
D5741		Reline Mandibular Partial Denture	258.00			
D6930		Recement bridge	88.00			
D7111		Extraction, coronal remnants - deciduous tooth	92.00			
D7140		Extraction, erupted tooth or exposed root	123.00			
D7210		Surgical removal of erupted tooth	217.00			
D7220		Removal of impacted tooth - soft tissue	271.00			
D7230		Removal of impacted tooth - partially bony	354.00			
D7240		Removal of impacted tooth - completely bony	424.00			
D7250		Surgical removal of residual tooth roots (cutting procedure)	234.00			
D7310		Alveoloplasty in conjunction with extractions - 4 or more tooth spaces, per quadrant	223.00			
D7311		Alveoloplasty in conjunction with extractions 1 to 3 tooth spaces	190.00			
D7320		Alveoloplasty not in conjunction with extractions - 4 or more tooth spaces, per quadrant	364.00			
D7321		Alveoloplasty not in conjunction with extractions - 1 to 3 tooth spaces, per quadrant	308.00			
D7410		Excision of benign lesion up to 1.25 cm	177.56			
D7510		Incision and drainage of abscess - intraoral soft tissue	241.00			
D7530		Removal of foreign body from mucosa, skin, or subcutaneous tissue	250.00			
D9110		Palliative (emergency) treatment of dental pain - minor procedure	97.00			
D9940		Occlusal Bite Guard	400.00			
LU401		MI Paste	12.25			
OTHER SERVICES						
99499		Lice Treatment	0.00			
S9982		Copy of Medical Records (per sheet charge not to exceed \$15.00)	0.25			

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Macon County Public Health Fee Schedule						
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99402		HIV Post-Test Results	0.00			
T1001		TB Screening Form	10.00			
86580		PPD given, high risk (State Supplied)	0.00			
3510F		PPD, positive result, contact	0.00			
3510F		PPD, negative result, contact	0.00			
3510F		PPD, positive result, low risk	0.00			
3510F		PPD, negative result, low risk	0.00			
LU121		TB Directly Observed Therapy (DOT)	0.00			
LU122		TB Directly Observed Preventive Terapy (DOPT)	0.00			
LU123		PPD, not read, contact	0.00			
LU124		PPD, not read, low risk	0.00			
3510F		PPD, positive result, high risk	0.00			
3510F		PPD, negative result, high risk	0.00			
3510F		PPD, not read, high risk	0.00			
LU265		Treatment of LTBI initiated, high risk	0.00			
LU266		Treatment of LTBI, initiated, low risk	0.00			
LU267		Treatment of LTBI, initiated, contact	0.00			
LU268		Treatment of LTBI completed, high risk	0.00			
LU269		Treatment of LTBI completed, low risk	0.00			
LU270		Treatment of LTBI completed,contact	0.00			
LU271		Treatment of LTBI incomplete	0.00			
LU272		Treatment of LTBI incomplete, low risk	0.00			
LU273		Treatment of LTBI incomplete, contact	0.00			
LU274		PPD given, contact	0.00			
S9981		Miscellaneous Services (ex. Medical records payment from Disability Determination, shipping charges)	15.00			
LU402		Medicaid Co-Payment	3.00			
G0431		Hair Drug Testing	100.00			

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H0049		Expanded Hair Drug Testing	110.00			
S0280		Medical home program, comprehensive care coordination and planning, Initial Plan	50.00			
S0281		Med home prog, comp care coord and planning, main. of plan (postpartum)	150.00			
T1002		RN Services	19.50			
HEALTH EDUCATION SERVICES						
G0108		DSMT (Individual) 1/2 Hour Units	54.00			
G0109		DSMT (Group) 1/2 Hour Units	19.00			
G0447		Face To Face Behavioral Counseling for Obesity, Individual, 15 min un	25.00			
G0473		face To Face Behavioral Counseling for Obesity, Group, 30 min un	25.00			
O430T		Diabetes Prevention Program	60.00			
97802		MNT Individual/Initial (15 Min Units)	28.00			
97803		MNT Re-Check/Individual (15 Min Units)	24.00			
S9465		Diabetic management program, dietician visit (BCBS)	35.00			
S9470		Nutritional counseling, dietician visit (BCBS)	35.00			
		Baby Think It Over 4 Classes	350.00			
		Body Fat Monitor & Calipers	10.00			
		Body Fat Testing by Calipers	7.00			
		Body Fat Testing by Monitor	5.00			
		BTIO Keys	6.00			
		Challenge Course	10.00			
		CPR Breathing Barriers	6.00			
		Adult 1st Aid / CPR / AED	90.00			
		CPR w/AED (Adult & Child) - ELIMINATED	0.00			
		Adult CPR/AED	70.00			
		Adult & Pediatric CPR/AED	90.00			
		Pediatric CPR/AED	70.00			

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		CPR w/AED (Child) + Infant CPR + FAB - ELIMINATED	0.00			
		CPR w/AED (Adult & Child) + FAB - ELIMINATED	0.00			
		Adult & Pediatric 1st Aid/CPR/AED	110.00			
		First Aid-Basic	70.00			
		Healthy Heart Screening	35.50			
S9445		Individual Health Education	20.00			
		Life Worksite Wellness (A)	40.00			
		Life Worksite Wellness (B)	37.50			
		Life Worksite Wellness (C)	35.00			
		Life Worksite Wellness (D)	32.50			
		Life Worksite Wellness (E)	30.00			
		Locking Clips	1.00			
		Face Shield	2.00			
LABORATORY						
36415		ROUTINE VENIPUNCTURE	9.00			
36416		CAPILLARY BLOOD DRAW	4.00			
80048		BMP- METABOLIC PANEL TOTAL CA	27.00			
80050		GENERAL HEALTH PANEL	38.00			
80051		ELECTROLYTE PANEL	29.00			
80053		CMP - COMPREHEN METABOLIC PANEL	29.00			
80055		PRENATAL - OBSTETRIC PANEL	57.00			
80061		LIPID PANEL	30.00			
80069		RENAL FUNCTION PANEL	29.00			
80074		HEPATITIS PANEL- ACUTE (A,B,C)	46.00			
80076		HEPATIC FUNCTION PANEL	27.00			
G0431		DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00			
80335		AMITRIPTYLINE (Replaces 80152)	43.00			

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80156		CARBAMAZEPINE, TOTAL- TEGRETOL	32.00			
80157		TEGRETOL, FREE	70.00			
80158		CYCLOSPORINE - BLOOD	43.00			
80162		DIGOXIN	31.00			
80164		VALPROIC ACID (DIPROPYLACETIC ACID)	30.00			
80177		LEVETIRACETAM		38.00		
80178		LITHIUM	31.00			
80184		PHENOBARBITAL	39.00			
80185		DILANTIN - PHENYTOIN, TOTAL	32.00			
80188		PRIMIDONE- MYSOLINE (W/PHENOB)	41.00			
80195		SIROLIMUS(RAPAMUNE) BLOOD	49.00			
80197		TACROLIMUS	82.00			
80198		THEOPHYLLINE	38.00			
80299		QUANTITATIVE ASSAY DRUG	137.00			
80300		DRUG SCREEN, QUALITATE/MULTI w/ confirmation (Replaces 80100)	50.00			
80301		DRUG SCREEN MULTICHANNEL PER DATE OF SERVICE (Replaces 80100)	50.00			
80302		DRUG SCREEN SINGLE DRUG EACH PROCEDURE (Replaces 80100)	50.00			
80303		DRUG SCREEN THIN LAYER CHROMATOGRAPHY (Replaces 80100)	50.00			
80304		DRUG SCREEN NOT OTHERWISE SPECIFIED (Replaces 80100)	50.00			
80320		DRUG SCREEN - ALCOHOL (Replaces 80101)	73.00			
80335		ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 1 OR 2	40.00			
80336		ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS 3-5	40.00			
80337		ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	40.00			
81001		URINALYSIS, AUTO W/SCOPE"	22.00			
81002		URINALYSIS NONAUTO W/O SCOPE (P&G)	16.00			
81003		URINALYSIS, AUTO, W/O SCOPE"	17.00			
81025		URINE PREGNANCY TEST	19.00			
81220		CYSTIC FIBROSIS GENE ANALYSIS (CFTR)	130.00			

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82024		ACTH	50.00			
82040		ALBUMIN	29.00			
82043		MICROALBUMIN / CREAT RATION - RANDOM URINE	34.00			
82055		ALCOHOL - BLOOD (ETHANOL)	40.00			
82075		ALCOHOL- BREATH ETHANOL	40.00			
82085		ALDOLASE	28.00			
82088		ALDOSTERONE	45.00			
82103		ALPHA-1-ANTITRYPSIN, TOTAL "	32.00			
82104		ALPHA-1-ANTITRYPSIN, PHENOTYPE	45.00			
82105		ALPHA-FETOPROTEIN, SERUM"	30.00			
82131		AMINO ACIDS, SINGLE QUANT"	45.00			
82140		AMMONIA	38.00			
82150		AMYLASE	30.00			
82157		ANDROSTENEDIONE	46.00			
82164		ANGIOTENSIN I ENZYME TEST	31.00			
82175		ARSENIC	60.00			
82232		BETA-2 MICROGLOBULIN SERUM	41.00			
82239		BILE ACIDS, TOTAL	37.00			
82247		BILIRUBIN, TOTAL"	29.00			
82248		BILIRUBIN, DIRECT"	29.00			
82274		FECAL OCCULT BLOOD,IMMUNOASSAY	50.00			
82306		VITAMIN D	40.00			
82308		CALCITONIN, SERUM	40.00			
82310		CALCIUM	29.00			
82330		CALCIUM- ionized	30.00			
82340		CALCIUM IN URINE	31.00			
82374		CARBON DIOXIDE-BLOOD	36.00			
82375		CARBON MONOXIDE-BLOOD	38.00			

Proposed Fees:

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Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
82378		CEA-CARCINOEMBRYONIC ANTIGEN	33.00			
82380		CAROTENE, BETA	37.00			
82384		THREE CATECHOLAMINES	54.00			
82390		CERULOPLASMIN	32.00			
82435		CHLORIDE-BLOOD	29.00			
82436		CHLORIDE- URINE	29.00			
82465		CHOLESTEROL-BLD/SERUM	29.00			
82491		CHROMOTOGRAPHY, QUANT, SING"	125.00			
82542		LAMOTRIGINE (LAMICTAL) SERUM	58.00			
82507		CITRATE - urine 24 hour	45.00			
82523		COLLAGEN CROSSLINKS	125.00			
82530		CORTISOL, FREE - URINE 24 HOUR	37.00			
82533		CORTISOL- TOTAL	31.00			
82550		CPK TOTAL	25.00			
82552		CPK ISOENZYMES	34.00			
82553		CPK, MB FRACTION"	114.00			
82565		CREATININE	25.00			
82570		CREATININE- URINE 24 HOUR/RANDOM	30.00			
82575		CREATININE CLEARANCE TEST	31.00			
82595		CRYOGLOBULIN- semiquant, REFLEX	29.00			
82607		VITAMIN B-12	30.00			
82627		DEHYDROEPIANDROSTERONE- DHEAS	37.00			
82668		ERYTHROPOIETIN	32.00			
82670		ESTRADIOL	47.00			
82672		ESTROGEN	45.00			
82677		ESTRIOL	20.00			
82705		FATS/LIPIDS, FECES, QUAL"	34.00			
82710		FECAL FATS, QUANTITATIVE	41.00			

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Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
82728		FERRITIN	26.00			
82731		FETAL FIBRONECTIN	192.00			
82746		FOLIC ACID SERUM	30.00			
82784		GAMMAGLOBULIN IgA, IgD, IgG, IgM, each	25.00			
82785		GAMMAGLOBULIN IgE	32.00			
82941		GASTRIN, SERUM	35.00			
82947		GLUCOSE, BLOOD QUANT"	18.00			
82950		O'SULLIVAN GLUCOSE TEST	28.00			
82951		GLUCOSE TOLERANCE TEST (GTT) 2HR	31.50			
82952		GLUCOSE TOLERANCE TEST -ADDITIONAL specimen	10.50			
82952		GTT-ADDED SAMPLES	10.50			
82955		G6PD ENZYME- QUANT	35.00			
82977		GGT	29.00			
82985		GLYCATED PROTEIN	44.00			
83001		FSH- GONADOTROPIN (FSH)	32.00			
83002		LH - GONADOTROPIN (LH)	35.00			
83010		HAPTOGLOBIN, QUANT"	34.00			
83020		SICKLE CELL TO STATE LAB	0.00			
83021		HEMOGLOBIN CHROMOTOGRAPHY	86.00			
83036		A1C Hgb - GLYCOSYLATED HEMOGLOBIN TEST	29.00			
83090		HOMOCYSTINE	57.00			
83498		HYDROXY-PROGESTERONE, 17-d alpha	45.00			
83516		IMMUNOASSAY NONANTIBODY	100.00			
83520		IMMUNOASSAY RIA	100.00			
83525		INSULIN	30.00			
83527		INSULIN-FREE	33.00			
83540		IRON	25.00			
83550		IRON BINDING TEST	10.00			

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Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
83615		LACTATE (LD) (LDH) ENZYME	29.00			
83655		LEAD (adult)	29.00			
83690		LIPASE	30.00			
83695		LIPOPROTEIN(A)	36.00			
83701		ELECTROPHORETIC SEP & QUANT WITH HR REFRACTION	45.00			
83704		LIPOPROTEIN PARTICLES-QUANTITATION	75.00			
83718		HDL- DIRECT LIPOPROTEIN	25.00			
83721		LDL DIRECT - LIPOPROTEIN	29.00			
83735		MAGNESIUM	25.00			
83825		MERCURY	54.00			
83835		METANEPHRINES- TOTAL - 24 HOUR URINE	49.00			
83874		MYOGLOBIN- URINE OR SERUM QUANT	39.00			
83880		BNP- T-TYPE NATRIURETIC PEPTIDE	68.00			
83883		NEPHELOMETRY NOT SPEC	40.00			
83891		MOLECULE ISOLATE NUCLEIC	35.00			
83894		MOLECULE GEL ELECTROPHOR	26.00			
83898		MOLECULE NUCLEIC AMPLI, EACH"	26.00			
83900		MOLECULE NUCLEIC AMPLI 2 SEQ	30.00			
83901		MOLECULE NUCLEIC AMPLI ADDON	26.00			
83909		SEPARATION+ID BY HIGH RESOLUTION	15.00			
83912		GENETIC EXAMINATION	26.00			
83914		MUTATION ID OLA/SBCE/ASPE	26.00			
83921		ORGANIC ACID, SINGLE, QUANT"	125.00			
83930		OSMOLALITY- BLOOD	31.00			
83935		OSMOLALITY- URINE	31.00			
83945		OXALATE -24 HR URINE	36.00			
83970		PTH- PARATHYROID HORMONE-INTACT	31.00			
83986		BODY FLUID ACIDITY Nitrazine paper	9.00			

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Macon County Public Health Fee Schedule						
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84066		PROSTATE ACID PHOSPHATASE	32.00			
84075		ALKALINE PHOSPHATASE	29.00			
84100		PHOSPHORUS- INORGANIC -SERUM	29.00			
84105		PHOSPHORUS- INORGANIC - URINE	29.00			
84132		POTASSIUM- SERUM	29.00			
84133		POTASSIUM- URINE	31.00			
84134		PREALBUMIN	33.00			
84144		PROGESTERONE	35.00			
84146		PROLACTIN	33.00			
84153		PSA, TOTAL	30.00			
84154		PSA, FREE	33.00			
84155		PROTEIN - TOTAL/REFLECT SERUM	24.00			
84156		PROTEIN, URINE RANDOM or 24 hour	29.00			
84165		PROTEIN ELEC-PHORESIS, SERUM QUANT	30.00			
84166		PROTEIN ELEC-PHORESIS/URINE/CSF	34.00			
84207		VIT B6 - PLASMA	49.00			
84244		RENIN	40.00			
84295		SODIUM- SERUM	29.00			
84300		SODIUM- URINE 24 HOUR	29.00			
84305		SOMATOMEDIN	40.00			
84402		TESTOSTERONE- FREE	52.00			
84403		TESTOSTERONE- TOTAL	32.00			
84425		VITAMIN B-1 THIAMINE	42.00			
84436		T4- TOTAL THYROXINE	23.00			
84439		T4- FREE THYROXINE	27.00			
84443		TSH- THYROID STIM HORMONE	28.00			
84445		TSI-THYROID STIMULATING IMMUNG	77.00			
84446		VIT E - SERUM	37.00			

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84450		AST (SGOT) TRANSFERASE	29.00			
84460		ALT (SGPT) ALANINE AMINO	29.00			
84466		TRANSFERRIN	33.00			
84478		TRIGLYCERIDES	29.00			
84479		T3 or T4 UPTAKE or THBR	28.00			
84480		T3- TRIIODOTHYRONINE (T3)	32.00			
84481		T3-FREE ASSAY (FT-3)	34.00			
84482		T3- REVERSE	49.00			
84484		TROPONIN, QUANT"	110.00			
84520		BUN -UREA NITROGEN	29.00			
84540		UREA NITROGEN -24 HR URINE	32.00			
84550		URIC ACID- BLOOD	25.00			
84560		URIC ACID- URINE	29.00			
84585		VMA- URINE 24 HOUR	37.00			
84590		VITAMIN A	40.00			
84591		Vitamin B7 - Biotin	125.00			
84597		VIT K - 1	200.00			
84630		ZINC	30.00			
84681		C-PEPTIDE	32.00			
84702		HCG- QUANT SERUM	30.00			
84703		HCG-QUAL SERUM	32.00			
85002		BLEEDING TIME TEST	40.00			
85004		WBC DIFFERENTIAL -AUTOMATED	27.00			
85007		WBC DIFFERENTIAL- MANUAL bld smear	16.00			
85014		HEMATOCRIT	18.00			
85018		HEMOGLOBIN	18.00			
85025		CBC W/AUTO DIFF WBC	26.00			
85041		RBC COUNT AUTOMATED	31.00			

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Macon County Public Health Fee Schedule						
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85045		RETICULOCYTE COUNT AUTOMATED	29.00			
85048		WBC-COUNT - BLOOD (LEUKOCYTE) AUTOMATED	29.00			
85049		PLATELET COUNT AUTOMATED	29.00			
85060		BLOOD SMEAR INTERPRETATION	30.00			
85220		FACTOR V ACTIVITY	95.00			
85240		FACTOR VIII ACTIVITY	95.00			
85250		FACTOR IX ACTIVITY	95.00			
85300		ANTITHROMBIN III TEST	51.00			
85301		ANTITHROMBIN III ANTIGEN TEST	43.00			
85302		PROTEIN C ANTIGEN	63.00			
85303		PROTEIN C ACTIVITY	54.00			
85305		PROTEIN S, TOTAL	61.00			
85306		PROTEIN S FREE	61.00			
85307		ACTIVATED PROTEIN C (ACP) RESISTANCE	55.00			
85379		FIBRIN DEGRADATION, QUANT"	45.00			
85384		FIBRINOGEN	30.00			
85610		PT / INR PROTHROMBIN TIME	28.00			
85613		RUSSELL VIPER VENOM, DILUTED"	54.00			
85651		SED RATE, NONAUTOMATED"	29.00			
85660		SICKLE CELL TEST-RBC REDUCTION-reflex fraction.	100.00			
85670		THROMBIN TIME PLASMA	44.00			
85705		THROMBOPLASTIN INHIBITION	75.00			
85730		PTT- THROMBOPLASTIN TIME, PARTIAL"	28.00			
85732		THROMBOPLASTIN TIME, SUBSTITUTION EA	75.00			
86038		ANA- ANTINUCLEAR ANTIBODIES-DIRECT	30.00			
86060		ANTISTREPTOLYSIN O, TITER"	29.00			
86140		C-REACTIVE PROTEIN	30.00			
86146		BETA 2 GLYCOPROTEIN 1 ANTIBODIES, IGG, IGM - Replaces 86142	32.00			

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86141		C-REACTIVE PROTEIN, HS - CARDIAC	31.00			
86147		CARDIOLIPIN ANTIBOD, each class	37.00			
86160		COMPLEMENT, ANTIGEN"	33.00			
86162		COMPLEMENT, TOTAL (CH50)"	31.00			
86200		CCP-CYCLIC CITRUL...PEPTIDE AB	45.00			
86215		DNASE (DEOXYRIBONUCLEASE) ANTIBODY	42.00			
86225		DNA ANTIBODY- NATIVE OR DOUBLE STRAND	32.00			
86226		DNA ANTIBODY, SINGLE STRAND"	45.00			
86235		NUCLEAR ANTIGEN ANTIBODY-EXTRACTABLE	34.00			
86255		FLUORESCENT ANTIBODY, SCREEN"	35.00			
86256		FLUORESCENT ANTIBODY, TITER"	35.00			
86300		CA IMMUNOASSAY TUMOR,	38.00			
86300		CA 27.29 -IMMUNOASSAY TUMOR,	36.00			
86301		CA 19-9- MMUNOASSAY TUMOR,	35.00			
86304		CA 125- MUNOASSAY TUMOR,	33.00			
86308		MONO- HETEROPHILE ANTIBODIES-QUALITATIVE	33.00			
86334		IMMUNOFIX E-PHORESIS, SERUM"	27.00			
86335		IMMUNFIX E-PHORSIS/URINE/CSF	51.00			
86336		INHIBIN A	20.00			
86340		INTRINSIC FACTOR ANTIBODY	36.00			
86359		T CELLS; TOTAL COUNT	35.00			
86360		CD4 / CD8, ABSOLUTE COUNT/RATIO"	73.00			
86376		MICROSOMAL ANTIBODY	31.00			
86382		RABIES TITER - NEUTRALIZATION TEST, VIRAL	70.00			
86431		RA -RHEUMATOID FACTOR, QUANT"	30.00			
86480		TB- INTERFERON GOLD TEST	69.00			
86580		TB INTRADERMAL TEST	6.00			
86592		RPR- BLOOD SEROLOGY, QUALITATIVE"	28.00			

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86593		RPR-TITER BLOOD SEROLOGY, QUANT	30.00			
86611		BARTONELLA ANTIBODY CAT SCRATCH	50.00			
86617		LYME DISEASE ANTIBODY-CONFIRMATORY WB	58.00			
86618		LYME DISEASE IGM ANTIBODY	45.00			
86632		CHLAMYDIA IGM ANTIBODY	40.00			
86644		CMV ANTIBODY- IGG	31.00			
86645		CMV ANTIBODY, IGM"	33.00			
86663		EPSTEIN-BARR ANTIBODY-EA EARLY ANTIGEN	25.00			
86664		EPSTEIN-BARR ANTIBODY-EBNA NUCLEAR AG	25.00			
86665		EPSTEIN-BARR ANTIBODY-VIRAL CAPSID(VCA)	25.00			
86677		HELICOBACTER PYLORI - IGG QUANT	39.00			
86689		HTLV/HIV WB CONFIRMATORY	70.00			
86694		HERPES SIMPLEX TEST- TYPE 1 & 2 IGM	39.00			
86695		HERPES SIMPLEX TYPE 1 IGG	41.00			
86696		HERPES SIMPLEX TYPE 2	44.00			
86701		HIV-1	33.00			
86703		HIV-1/HIV-2, SCREENING	38.00			
86704		HEP B CORE ANTIBODY, TOTAL"	32.00			
86705		HEP B CORE ANTIBODY, IGM"	31.00			
86706		HEP B SURFACE ANTIBODY- QUALITAtive	29.00			
86707		HEP BE ANTIBODY	33.00			
86708		HEP A ANTIBODY, TOTAL"	31.00			
86709		HEP A ANTIBODY, IGM"	31.00			
86735		MUMPS TITER - IGG ANTIBODY	32.00			
86747		PARVOVIRUS ANTIBODY-B19 IGG-IGM	66.00			
86757		RICKETTSIA AB-ROCKY MTN SPOTTED FEVER	48.00			
86762		RUBELLA ANTIBODY TITER IGG	30.00			
86765		RUBEOLA ANTIBODY TITER IGG	33.00			

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86777		TOXOPLASMA GONDII IGG ANTIBODY	34.00			
86780		TP-PA SYPHILIS CONFIRM TEST	67.00			
86787		VARICELLA-ZOSTER ANTIBODY TITER	34.00			
86790		VIRUS ANTIBODY NOS	143.00			
86800		THYROGLOBULIN ANTIBODY	34.00			
86803		HEPATITIS C AB TEST	31.00			
86804		HEP C AB TEST, CONFIRM"	155.00			
86850		ANTIBODY SCREEN- RBC	30.00			
86870		ANTIBODY IDENTIFICATION- RBC	42.00			
86880		COOMBS TEST, DIRECT"	36.00			
86900		BLOOD TYPING, ABO"	30.00			
86901		BLOOD TYPING, RH (D)"	38.00			
87045		STOOL (FECES) CULTURE to State Lab	0.00			
87070		CULTURE, BACTERIA, OTHER WITH PRESUMPTIVE ID	25.00			
87071		CULTURE, BACTERIA, OTHER	25.00			
87075		CULTURE ANAEROBIC BACTERIA, EXCEPT BLOOD"	88.00			
87077		CULTURE AEROBIC ORGANISM IDENTIFICATION	25.00			
87081		CULTURE SCREEN ONLY	25.00			
87086		URINE CULTURE/COLONY COUNT	18.00			
87088		URINE BACTERIA CULTURE	22.00			
87149		CULTURE IDENTIFICATION BY NEUCLEIC ACID	25.00			
87168		MACROSCOPIC EXAM ARTHROPOD (nits-lice)	17.00			
87172		PINWORM EXAM	15.00			
87177		OVA AND PARASITES SMEARS-concentration	30.00			
87186		SUSCEPTIBLE - MICROBE , MIC"	39.00			
87205		GRAM STAIN- SMEAR,	18.00			
87207		SMEAR, SPECIAL STAIN"	119.00			
87209		SMEAR, COMPLEX STAIN- richrome, iron etc	30.00			

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87210		WET MOUNT, SALINE/INK"	15.00			
87230		C.DIFFICILE B TOXIN - (QUAL)	40.00			
87324		CLOSTRIDIUM difficile toxin A and B, EIA	40.00			
87338		HELICOBACTER PYLORI, STOOL ANITGEN, EIA	63.00			
87340		HEPATITIS B SURFACE AG, EIA"	29.00			
87350		HEPATITIS BE AG, EIA"	32.00			
87390		HIV-1 AG, EIA - STATE LAB	0.00			
87425		ROTAVIRUS AG, EIA"	38.00			
87490		CHLAMYDIA TRACH BY DNA PROBE	33.00			
87491		CHLAMYDIA TRACH, DNA, TO State Lab	0.00			
87491		CHLAMYDIA TRACH, DNA, LabCorp swab or ua	30.00			
87517		HEPATITIS B, DNA, QUANT - PCR	262.00			
87521		HEPATITIS C, RNA, AMP PROBE - QUAL	115.00			
87522		HEPATITIS C, RNA, QUANTISURE (IU)	115.00			
87590		N.GONORRHOEAE, DNA, DIR PROB"	33.00			
87591		N.GONORRHOEAE, DNA, AMP PROB	30.00			
87623		HPV, DNA, AMP PROBE" (Replaces 87621)	40.00			
87880		STREP A ASSAY W/OPTIC	48.00			
87902		HEPATITIS C GENOTYPE, DNA, "	228.00			
88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL	20.00			
88175	90	PAP COLLECTION FEE	20.00			
Q0091		PAP COLLECTION FEE - Medicare	16.75			
89055		WBC - STOOL	33.00			
89321		SEMEN ANAL, SPERM DETECTION"-AMC	30.00			
99000		HANDLING FEE	15.00			
99070		MATERIALS AND SUPPLIES-each container	7.50			
G0328		HEMOCCULTS X 3 (MEDICARE)	18.00			
Q0114		FERN TEST		20.00		

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99000		Handling Fee/ COC DRUG COLLECTION FEE	15.00			
99000		Handling Fee / COC PATERNITY COLLECTION	15.00			
		ENVIRONMENTAL HEALTH				
		On-Site Waste Water (OSWW)				
		Improvement Permit (IP Only) 240-360 Gallons per day/2-3 Bedrooms	500.00			
		Authorization to Construct (AC Only) 240-360 Gallons per day/2-3 Bedrooms	500.00			
		IP/AC 240-360 Gallons per day/2-3 Bedrooms	500.00			
		Improvement Permit (IP Only) 480-600 Gallons/4-5 Bedrooms	1,000.00			
		Authorization to Construct (AC Only) 480-600 Gallons per day/4-5 Bedrooms	1,000.00			
		IP/AC 480-600 Gallons per day/4-5 Bedrooms	1,000.00			
		Commercial Improvement Permit (IP) - also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal			
		Commercial Authorization to Construct (AC) also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal			
		Commercial IP/AC - also applies to residential over 6 bedrooms & systems with 2 or more homes	1.65 per gal			
		RV Permit Only 0-120 Gallons per day	250.00			
		Addition to System (Per Bedroom) -0-120 Gallons per day - IP/AC/RV	250.00			
		Relocate Tank	225.00			
		Consultative Visit	125.00			
		Mobile Home Reconnect Site Visit	125.00			
		Additions to Structure	125.00			
		Return Visit Fee	125.00			
		Residential Repair Permit	0.00			
		Commercial Repair Permit	.42 per gal			

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		***Engineer Option Permit (EOP) fee is 30% of standard fee			30% standard fee	
		Private Drinking Water Wells (PDWW)				
		Private Drinking Water Well (PDWW) Permit	375.00			
		Consultative Visit	125.00			
		Return Site Visit	125.00			
		Abandonment of a Well (no charge if done in conjunction with a PDWW Permit)	0.00			
		Renewal of Permit before Expiration (no changes in permit)	175.00			
		Well Repair	0.00			
		Water Test Fees/Sampling All fees include a \$5 charge for handling and processing of specimens (data entry, packaging, tracking, courier costs and explanation/interpretation of test results).				
		Full Panel Inorganic Chemistry and Microbiology				
		New Private Water Well	79.00			
		Existing Private Water Well	79.00			
		Microbiology				
		Inorganic Chemistry and Microbiology	20.00			
		New Private Water Well	30.00			
		Existing Private Water Well	31.00			
		Inorganic Chemistry and Microbiology	50.00			
		New Private Water Well	34.00			
		Existing Private Water Well	35.00			
		Inorganic Chemistry and Microbiology	45.00			
		New Private Water Well	34.00			

Proposed Fees:

Red - denotes a fee increase

Blue – denotes a fee reduction

Black - denotes new fee

Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
		Existing Private Water Well	30.00			
		Inorganic Chemistry				
		Inorganic Panel - <i>(Metals, Anions, Nitrate/ Nitrite)</i>	73.00			
		Inorganic Panel - <i>(Metals, Anions)</i>	68.00			
		Inorganic Panel – <i>(Coal Ash Testing)</i>	73.00			
		Hexavalent Chromium	57.00			
		Metals Panel	64.00			
		Individual Metals - <i>(1-3 maximum from above + Uranium)</i>	50.00			
		Lead follow-up testing (up to 3 samples from same location)	70.00			
		Anions – <i>(Fluoride, Chloride, Sulfate)</i>	34.00			
		Disinfection By-Products – <i>(Bromide, Bromate, Chlorite, Chlorate)</i>	34.00			
		Fluoride – <i>Physician, Dentist request</i>	34.00			
		Nitrate/Nitrite	31.00			
		Arsenic speciation	34.00			
		Organic Chemistry				
		Pesticides				
		Chlorinated Pesticides	79.00			
		Nitrogen-Phosphorus Pesticides	79.00			
		EDB, DBCP and TCP	79.00			
		Herbicides				
		Glyphosate	79.00			
		Chlorinated Acid Herbicides	79.00			
		Carbamates	79.00			
		Synthetic Organic Chemicals (SOC) Scan	79.00			
		Petroleum products	79.00			
		Volatile Organic Chemicals (Sample collection must be performed by a Registered EH Specialist.	129.00			
		FOOD AND LODGING				

Proposed Fees:

Red - denotes a fee increase

Blue – denotes a fee reduction

Black - denotes new fee

Macon County Public Health Fee Schedule						
Code	Modifier	Description	Fees Beginning July 2016	Proposed Fee Change Approved by BOH 8/23/16	Proposed Fee Change Approved by BOH 9/27/16	Proposed Fee Change Approved by BOCC
		Food Service Establishment Plan Review - New/<24 seats	200.00			
		Food Service Establishment Plan Review - Existing/<24 seats	150.00			
		Food Service Establishment Plan Review - New/>25 seats	200.00			
		Food Service Establishment Plan Review - Existing/>25seats	200.00			
		Food Stand Plan Review	100.00			
		Temporary Food Establishment Permit	75.00 per event			
		Tattoo Parlor Plan Review - New	200.00			
		Tattoo Parlor Plan Review - Existing	150.00			
		Tattoo Parlor Plan Review - Owner/Operator (annually)	700.00			
		Tattoo Parlor Permit - Each Additional Artist (annually)	500.00			
		Pool Plan Review	200.00			
		Pool Application Fee (annually)	100.00			
		Additional Pool or Spa	50.00			
		ANIMAL SERVICES				
		Microchipping for general public	15.00			
		Adoption - Cat	65.00			
		Adoption - Dog	65.00			
		Adoption - Special	45.00			
		Reclaim Fee	25.00			
		Citation - Option 1 (at officer's discretion)	25.00			
		Citation - Option 2 (at officer's discretion)	50.00			
		Pet Carrier	5.00			
		Quarantine Fee (per day)	10.00			
		Sponsor Fee	65.00			

Proposed Fees:

Red - denotes a fee increase

Blue – denotes a fee reduction

Black - denotes new fee

MACON COUNTY PUBLIC HEALTH

FY 16-17

**Billing and Collection Policies
And
Fee Schedules**

Effective

**Presented to and Approved by Board of Health on 8/23/16
Presented to and Approved by Board of Commissioners on _____**

BILLING AND COLLECTION POLICIES

RATIONALE

North Carolina law¹ allows a local board of health to impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State.

- Fees may be based on a plan recommended by the Health Director;
- The plan must be approved by the Board of Health and the Board of County Commissioners;
- And, fees collected under the authority of this subsection are to be deposited to the account of the local health department so that they may be expended for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.

The State requires local health departments to provide certain services, and no one may be denied these services. It is in the best interest of our community for the Health Center to:

- Assure that all residents can get all legally required public health services.
- Provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The Health Director has the right to waive fees for individuals who for a good cause are unable to pay.²

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help identify and cover the full cost of providing public health services. As much as possible, fees are based on the true cost of providing a particular service (calculated as direct costs plus indirect costs). Throughout the year, ongoing cost analyses are performed and fee schedules shall be adjusted by the Health Director, with approval from the Board of Health and the Board of Commissioners in the amount of the increased cost for provision of said services. A list of Health Center fees is available upon request.

The information in the document below is the fee plan for FY 16, effective on July 1, 2015. This Billing Guide for FY16 replaces all earlier plans.

COST OF SERVICE DETERMINATION

Costs for services received through the Health Center are based on the actual cost of the service. Cost analysis takes into account all of the resources associated with providing a particular service and calculates the actual cost to provide that service. Cost analysis includes the calculation of direct and indirect costs for services and then adding these figures together to determine the actual cost of the service.

Calculating direct cost: Direct costs are expenses that can be easily related to the provision of a specific service, i.e., physician and support staff salaries and benefits, medical supplies, lab tests, and other resources consumed at the time of the service.

Calculating indirect costs: Indirect costs involve resources that are not directly consumed during the provision of a service, but without them the provision of that service would not be possible, i.e., administrative staff salaries and benefits, training costs, facility costs, insurance premiums, office equipment and supplies, and recruiting and marketing expenses.

¹ North Carolina General Statute 130A-39(g)

² IAW Title X 8.4.3 (42 CFR 59.2)

PAYMENT BY CONSUMER OR RESPONSIBLE THIRD PARTY (SELF PAY)

Fees are charged for services and collected at the Health Center. See attachment for fee schedule. All fees are the responsibility of the consumer, consumer or responsible third party and may be subject to the sliding fee scale. No consumer will be refused services solely on their inability to pay for said services. All fees may be paid by cash, check, or major credit card. Full payment is expected at the time of service. Consumers will be informed of their account status at each visit. An itemized receipt showing total charges, as well as any discounts will be provided to individuals at time of payment. Third parties authorized or legally responsible to pay for consumers at or below 100% of the Federal Poverty Level are properly billed. Fees for adult dental services will be collected before the service is rendered. Prepayment of co-pays for all services in which co-payments apply will be required and collected when services are rendered.

Fees will be charged to individuals in families with annual gross incomes exceeding specified levels of a scale based on current Federal Poverty Income Guidelines. Verification of income and family size must be provided to determine a consumer's eligibility status. Falsification of this information will permanently disqualify consumers from using sliding fee scale. Eligibility will be reevaluated as consumer's income and household status changes or at least annually. If income cannot be verified at the time of screening, the charge for all services will be at 100% pay and a Payment Agreement will be presented to the consumer for signature until verification is provided. If verification of income is received within thirty days of a service, the charge will be retroactively adjusted to reflect percent pay based on verification received. Verification received after thirty days will be applied only to future services. Eligibility of Medicaid will be determined where applicable. Individuals will be requested to provide all social security numbers and names used for employment purposes. If an individual refuses to provide information to verify income, they will not be eligible for the sliding fee scale and will be at 100% pay.

Customary visit services for mandatory childhood immunizations, community outreach, Tuberculosis (TB), TB related X-rays, Sexually Transmitted Disease control (STD), and other epidemiological investigations are provided at no cost to the consumer but may be billed to Medicaid or other third party agent. Separate fees may be charged for drugs, supplies, laboratory services, X-rays and other technological services, if appropriate. The costs of services performed by providers not affiliated with Macon County Public Health are the responsibility of the consumer. Fees may be charged or waived for educational services provided to individuals or groups, such as orientation, preceptorship, field training or classes.

Charges not eligible for sliding scale discount include:

- a. Environmental Health services
- b. Non-mandated immunization services
- c. Miscellaneous/general services (see Miscellaneous/General section below)
- d. Out-of-county residents (see Out-of-County Service Restrictions section below)
- e. Specific insurance situations (see Insurance section below for details)

Bills will be mailed monthly to individuals who have not paid charges in full for services rendered (exception Family Planning for those that request no mail be sent to their home). All bills will show total charges, as well as any discount that may have been provided. Arrangements may be made for payment plans when required for good cause.

PAYMENT BY THIRD PARTY

Verification of enrollment under Medicare, Medicaid, insurance or other third party payment plan is required by presentation of a valid card at the time of service. The Health Center is required to bill only participating third party payers for services rendered. Services that are billed to third parties are billed at 100% of the total charge with no discount applied unless there is a contracted reimbursement rate that must be billed per the third party agreement. When the claim is returned from the third party payer all discounts are applied at that time. (i.e., any applicable sliding fee scale adjustment) For services rendered to consumers with insurance where the Health Center is not a participating provider, the consumer will be responsible for full payment of service when the service is delivered. The consumer

is responsible for charges not covered by third party payers. Co-pay amounts must be paid at the time of services and are not subject to the sliding fee eligibility scale.

Sliding fee scale discount does not apply in the following situations:

- a. Consumers with insurance in which MCPH is not participating provider.
- b. Consumers with any insurance who choose not to use their coverage (exception those requesting confidential services [i.e. Family Planning services and Communicable Disease Services](#)).
- c. Insurance co-payments (when MCPH is a participating provider)

ACCOUNT COLLECTIONS AND BAD DEBT

The Health Center will issue all consumers a monthly statement of fees that have been incurred and are due. Consumers are expected to make payment at the time services are rendered. If a balance is carried forward consumers who have not made a payment on their account for any service(s) received from Macon County Public Health for 120 days shall be required to pay their past due balance before another service shall be rendered (see Service Denial for further information).

The Health Center may use the following resources to pursue collection of consumer accounts: billing statements, past due notices, collection agencies or credit bureaus, and the NC Local Government Debt Setoff Clearinghouse (ref: NCGS 105A-1 et seq.) as administered by the NC Department of Revenue

Accounts will be reviewed annually for bad debt status, and at that time with the approval of the BOH and the BOCC's the amounts may be written off for accounting purposes if no further collection is anticipated. Any payments received for write-off debts will be accepted and credited to appropriate accounts. At no time will a consumer be notified that the account has been written off as a bad debt. Bad debt may be reinstated at time of service unless it is determined uncollectible (i.e. bankruptcy, death), at which time it will be written off permanently.

CONSUMER DONATION POLICY

A consumer may choose to make a donation to the agency. The consumer will never be asked to make a donation, but if offered the donation is accepted. Donations are not required, and are not a prerequisite for the provision of any service. Billing requirements set out above in the Payment by Consumer section are not waived because of consumer donations. (ref: Donation Policy 101.9)

RETURNED CHECK POLICY

A \$25.00 fee will be charged for a returned check written to Macon County Public Health (MCPH). The consumer will be notified via certified letter. All returned checks will be made good via cash, money order, and/or certified check. If a consumer has two returned checks within a one-year period, he/she will be required to pay for services in advance via cash, money order, or certified check for the period of one year. After the one-year period expires, if another returned check occurs, all future bills must be paid with cash, money order, or certified check prior to the provision of services.

REFUNDS

In the event that a consumer or other third-party has overpaid their responsible charges, the credit balance is either: applied to future charges or refunded to the payer within thirty (30) days of discovery or request. Refunds for Environmental Health services are determined by attached policy and procedure.

SERVICE DENIAL

No individual may be denied Health Center mandated services e.g. communicable disease services (STD/TB) and immunizations. These services are provided at no charge to the consumer. Individuals who do not meet program guideline criteria may be denied specific services. Consumers covered by Medicaid who fail to make required co-payments will not be denied services. Individuals who have not paid proper charges for previous services (unless state and federal program rules prohibit services restriction or denial) may be required to pay fees beforehand, be denied access to services (see Account Collections and Bad Debts), or be denied subsequent services pending demonstration of a good faith effort to make payment within the past ninety (90) days.

OUT OF COUNTY SERVICE RESTRICTIONS

Macon County supports its low-income citizens by subsidizing the cost for certain health care services. To assure that Macon County citizens have maximum access to Health Center services only those services mandated by [Federal Law](#), North Carolina General Statutes or approved in this plan will be provided to non-Macon County residents. If an individual moves out of Macon County, they are encouraged to obtain services from another provider. Consumers are required to report any change of address at time of service.

COMPLIANCE WITH TITLE VI AND VII, OF 42 US CODE CHAPTER 21

The MCPH complies with Title VI and Title VII of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the regulations. Staff will not discriminate against any consumers because of age, sex, race, creed, national origin, or disability. Staff will ensure consumers with LEP are provided adequate language assistance so they have meaningful access to the agency's services.

PROGRAM SPECIFIC INFORMATION

ADULT HEALTH

Provides limited health screening services for adults. Services provided through this program are not eligible for sliding fee scale payment or third party billing. Exception: Colposcopies may be billed to third parties.

Eligibility:

- Must be a resident of Macon County; Exception: Colposcopies.
- Must be 18 years and older.
- Adult Health Services are not eligible for sliding fee scale payment. Services will be paid for prior to any service being rendered. Any additional fees associated with a visit will be added to the consumers account and paid in full at checkout.

COMMUNICABLE DISEASE CONTROL

Deals with the investigation and follow-up of all reportable communicable diseases. Testing, diagnosis, treatment, and referring as appropriate, of a variety of STD's. Provides follow-up and treatment of TB cases and their contacts. No fees are charged directly to consumers for these services as stated in Program Rules (exception Medicaid or other third party agent can be billed with the consumer's permission).

Eligibility:

- No residency or financial requirements

BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility:

- Must be a resident of Macon County;
- uninsured or underinsured;
- without Medicare Part B or Medicaid;
- between ages 40 - 64 for breast screening services and 18 - 64 for cervical screening services;
- have a household income at or below 250% of the federal poverty level.
- No charge for those who qualify for the program; family size shall be determined as follows:
Consumer, spouse of consumer and all children under 18 years of age, including step-children who live in the home.
- Proof of income must be provided.

WOMEN'S HEALTH

Provides limited health screening services (pap smears and/or breast exams) for women who do not meet the qualifications of the NC BCCCP Program. Grant funds may be available to cover the cost of repeat pap smears for women below 250% of federal poverty level when funding is available. Services provided are not eligible for sliding fee scale payment or third party billing.

Eligibility:

- Must be a resident of Macon County; 18 years and older.
- Women's Health Services are not eligible for sliding fee scale payment. Services will be paid for prior to any service being rendered. Any additional fees associated with a visit will be added to the consumers account and paid in full at checkout

CHILD HEALTH

Well child exams conducted by (appropriate provider); exam includes medical, social, development, nutritional history, lab work, and physical exam. MCPH accepts self-pay; some Private Insurances; Health Choice; Medicaid

Eligibility:

- Residents of Macon County; Birth to 20 years;
- Discounts are used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Child Health services.

EMPLOYEE HEALTH

Provides acute episodic medical care and chronic disease management services. This program is not intended to replace an individual's primary care provider.

Eligibility:

- All employees must participate in the county's "Health Risk Assessment"

- New employees in the waiting period for their health insurance to start
- Employees and retirees and their dependents on the county health insurance plan
- Select part-time employees as determined by the county manager.

WORKSITE WELLNESS

Employee health services are available for all employers in Macon County. Employee health services are available on a per program basis or under an annual contract arrangement. Individual program fees will vary and are based on salary expense to prepare and deliver the program; current mileage rates if travel is required; as well as any materials, laboratory, or medical supplies costs. An administrative supplement of 10% is added for each individual program. Comprehensive worksite wellness programs are available under contract for organizations and companies with at least 50 employees. This program, also known as the LIFE program, provides employee health screenings followed by customized programs and consultation services to address the health needs of the employees. Fees for the LIFE program range from \$30 to \$50 per employee per year depending upon the cost to provide the services, the number of programs provided, as well as the organization's ability to provide in-kind assistance.

IMMUNIZATIONS

Provide all required and recommended vaccines that are available for infants, school aged children and college bound individuals. Also provide a wide range of vaccines for adults to include foreign travel vaccinations. MCPH accepts some Private Insurances, Health Choice, Medicaid, and Medicare. In some instances charges do not apply (e.g. state supplied vaccine). Sliding fee scale does not apply to immunizations.

Eligibility:

- No residency or financial requirements for immunizations.

CARE COORDINATION FOR CHILDREN (CC4C)

Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.

Eligibility:

- Macon County children birth to age three who are at risk for developmental delay or disability, long term illness and/or social, emotional disorders and children ages birth to five who have been diagnosed with developmental delay or disability, long term illness and/or social, emotional disorder may be eligible for the program.

FAMILY PLANNING

Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by (appropriate provider). MCPH accepts self-pay; some Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- This can be a "confidential service"
- ~~Women of childbearing age~~
- ~~Residents of Macon and other surrounding North Carolina Counties~~

- [Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Family Planning services.](#)
- [Services are provided without regard to residence requirements and without a referral by a physician \(42 U.S.C. 300 et seq./42 CFR 59.5 \(b\) \(5\)\).](#)
- [Proof of income must be provided. \(Exception: for those requesting “Confidential Services” that do not have proof of income or by producing proof of income may put their confidentiality at risk, they may write a statement of declaration of income.\)](#)
- [Where legally obligated or authorized to receive third party reimbursement including public or private sources all reasonable efforts must be made to obtain said payment without application of any discounts. Family Income should be accessed before determining whether co-payments or additional fees are charged. Families with income at or below 250% of Federal Poverty should not pay more in co-payments or additional fees than what they otherwise pay when a Schedule of Discounts is applied. \(42 U.S.C. 300 et seq./42 CFR 59.5 \(a\) \(9\)\).](#)
- A Family Planning consumer will never be refused a Family Planning service, or asked to meet with the Health Director due to a delinquent account; however they may be referred to Debt set-off.
- Income information reported on the Family Planning financial eligibility screening can be used through other programs rather than re-verification of income or relying on the consumer declaration.

MISCELLANEOUS/GENERAL SERVICES

Include: daycare, DOT, foster care, employment or other specialty physical exams; laboratory services, etc.

Eligibility:

- Residents of Macon County (exception, pregnancy tests)
- These services are not eligible for sliding fee scale payment. Services will be paid for prior to any service being rendered. Any additional fees associated with a visit will be added to the consumers account and paid in full at checkout.

MATERNAL HEALTH

Prenatal care is medical care recommended for women during pregnancy. The aim of good prenatal care is to detect any potential problems early, to prevent them if possible (through recommendations on adequate nutrition, exercise, vitamin intake etc), and to direct the woman to appropriate specialists, hospitals, etc. if necessary. Visits are monthly during the first two trimesters (from week one to week 28 of pregnancy), every two weeks from 28 to week 36 of pregnancy and weekly after week 36 (until the day of delivery that could be between week 38 and 40 weeks). MCPH accepts self-pay; some Private Insurances; Medicaid or potentially Medicaid eligible.

Eligibility:

- Residents of Macon - eligibility policy and residency requirements attached
- Maternal Health consumers will be required to have 2 proofs of residency
- Proof of income is required.
- [Schedule of Discounts is used for incomes between 101 – 250% of Federal Poverty. Consumers whose income exceeds 250% of Federal Poverty are charged using the departments Schedule of Fees. Consumers whose income is at or below 100% of Federal Poverty are not charged for Maternal Health services.](#)
-

OB CARE COORDINATION MANAGEMENT (OBCM)

Case manager assists pregnant women in receiving needed prenatal care and pregnancy related services.

Eligibility:

- Residents of Macon County

Primary Care

Provides primary care services for residents between the ages of 21-59. Consumers are required to complete an application to determine eligibility prior to receiving services. Third party insurance will be billed appropriately. Self-pay consumers may qualify for sliding fee scale discount based on their family size and household income with the maximum discount of 20%. Sliding fee discount is based on 200% of federal poverty.

Eligibility:

- Resident of Macon County between the ages of 21-59

WOMEN, INFANTS, AND CHILDREN NUTRITION PROGRAM (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who meet the follow criteria:

- Be a resident of Macon County;
- Be at medical and/or nutritional risk;
- Have a family income less than 185% of the US Federal Poverty Level;
- Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement

CHILDRENS DENTAL PROGRAM

The Macon County Children's Dental Clinic (Molar Roller) provides comprehensive general dental services to children from birth to 20 years of age. Self-pay consumers may qualify for sliding fee scale based on their family size and household income. Sliding fee discount is based on 250% of Federal Poverty with a maximum discount of 75%.

Eligibility:

- Resident of Macon County.

ADULT DENTAL PROGRAM

The Macon County Adult Dental Clinic provides comprehensive general dental services to adults 21 years of age and above. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 200% of federal poverty with a maximum discount of 50%.

Eligibility:

- Residents of Macon County.
- Charges not eligible for sliding fee scale discount include: Services not covered by Medicaid or Health Choice and those covered by insurances which MCPH is not a participating provider.
- Fees for adult dental services will be collected before the service is rendered.

HEALTHY COMMUNITIES (HEALTH EDUCATION/HEALTH PROMOTION)

Health education/health promotion services are provided to individuals and/or groups. The focus is to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities; and is designed to enable people to increase control over, and to improve, their health. Details, policies and fees are specific to each program or activity offered. Fees for these programs and activities are subject to change and appropriately adjusted throughout the year.

Eligibility:

- Residents of Macon and other North Carolina Counties

CPR/AED and First Aid Training:

Various components of American Red Cross Standard First Aid and/or CPR/AED for lay responders are offered on-site at Macon County Public Health's location at Lakeside Drive in Franklin. Classes are offered for a fee approximately every month. The specific educational components offered may vary from month to month to best suit the current needs of the public. Pre-registration and pre-payment are required. A maximum of twelve individuals may be enrolled in a single instructor class. Fees for the specific educational components are based on current American Red Cross pricing and are subject to change.

NUTRITION SERVICES:**DSME Services:**

Macon County Public Health offers Diabetes Self-Management Education/Training services accredited by the American Diabetes Association. The registered dietitians are credentialed and certified providers with some third party payors. For consumers with third party insurance, a physician referral and medical diagnosis of diabetes is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered.

Diabetes Prevention Program (DPP)

Macon County Public Health offers Diabetes Prevention Program accredited by The Center for Disease Control and Prevention. Because there is no established billing code for this program accepted by third party payors and to incentivize consumers to participate, a small program fee will be established for each participant (Exception: Medicaid or Medicaid Eligible consumers). To further incentivize participation, participants have the opportunity to receive three gift cards: First, a \$15 gift card upon completion of 5 of the first 8 weekly sessions; second, a \$15 gift card upon completion of 5 of the second 8 weekly sessions; and third, a \$30 gift card if they attend 5 of the 8 monthly sessions to complete the program. Medicaid or Medicaid eligible consumers are eligible for a Center for Disease Control and Prevention (CDC) sponsored scholarship and therefore are not charged a fee for the program, but are eligible for the incentives.

MNT Services:

Macon County Public Health offers Medical Nutrition Therapy services. The registered dietitians are credentialed and certified providers with some third party payers. For consumers with third party insurance, a physician referral and a covered medical diagnosis is required in order for the insurance to be billed and costs covered accordingly. Self-pay consumers may qualify for a sliding fee discount based on family size and household income. Sliding fee discount is determined on 250% of federal poverty with a maximum discount of 20% in which the consumer is responsible for payment to the health center prior to service being rendered to consumer.

ENVIRONMENTAL HEALTH

Fees for Environmental Health Services are collected at time of application.

REFUND POLICY: Attached

Guidelines for Determining Elements of the Sliding Fee Scale

Eligibility screening is required on all new consumers or when family size and/or income changes occur, or at 12 month intervals. A consumer's percentage of pay is documented on the Financial Eligibility Application in the consumer's medical record and in HIS. Consumer income information reported can be used to determine eligibility for other sliding fee based programs (i.e. Adult Health, Child Health, Prenatal, Family Planning and Dental).

Definition for Family Size and Countable Gross Income for the following clinics:

Adult Health, Child Health, Prenatal, Family Planning and Dental

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

An economic unit must have its own source of income.

Example: consumer with no income must be considered part of a larger economic unit that provides support to the household. Groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered a separate household.

EXCEPTIONS TO ECONOMIC UNIT

- A. Un-emancipated minors and others requesting confidential services will be considered a family unit of one, and fees will be assessed based on their own income.
- B. A foster child assigned by DSS shall always be considered a family of one.

Determination of Gross Income:

The dollar amounts represent gross annual income; they refer to total cash receipts before taxes from all sources.

Household income sources include: Salaries and wages, earnings from self-employment (deduct business expenses, except depreciation); interest income, all investment and rental income; public assistance, unemployment benefits, worker's compensation, alimony, military allotments; Social Security benefits, VA benefits; retirement and pension pay; insurance or annuity plans; gaming proceeds and any other income not represented here that contributes to the household consumption of goods. This list is not all inclusive.

Documents acceptable for income verifications:

Current pay stub (noting the pay timeframe i.e.: weekly, bi-weekly etc.)

Signed statement from employer indicating gross earnings for a specified pay period, statement must include the business name, address and phone number and must be legible.

W-2 Forms

Unemployment letter/notice

Award letter from Social Security Office, VA or Railroad Retirement Board

1099's received from IRS

For Self-employment: Accounting records or income tax return for the most recent calendar year, entire tax return must be provided in order to allow deductions for business expenses.