

**CONTRACT BETWEEN
HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF THE
HERNANDO COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 2023-2024**

This contract is made and entered into between the State of Florida, Department of Health (“State”), and the Hernando County Board of County Commissioners (“County”), through their undersigned authorities, effective October 1, 2023. State and County are jointly referred to as the “parties”.

RECITALS

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

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

C. Hernando County Health Department (“CHD”) is one of the created County Health Departments.

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

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

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

2. TERM. The parties mutually agree that this contract shall be effective from October 1, 2023, through September 30, 2024, or until a written contract replacing this contract is entered into between the parties, whichever is later, unless this contract is otherwise terminated according to the termination provisions outlined in paragraph 8. below.

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

a. “Environmental health services” are those services that are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment that may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state, and local funds and shall include

those services mandated on a state or federal level. Examples of environmental health services include but are not limited to, food hygiene, safe drinking water supply, sewage, and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, and occupational health.

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

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

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

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

- i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions, or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 3,948,327.00 (*State General Revenue, State Funds, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.
- ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash, or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$823,000.00 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

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

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

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

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

County Health Department Trust Fund
Hernando County Health Department
7551 Forest Oaks Blvd.
Spring Hill, FL 34606

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

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

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

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

c. The CHD shall maintain books, records, and documents following the Generally Accepted Accounting Principles, as promulgated by the Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as

required by the State's Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which is subject to the confidentiality provisions of paragraphs 6.i. and 6.k., below. Books, records, and documents must be adequate to allow the CHD to comply with the following reporting requirements:

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

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

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

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

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

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

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

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

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

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD.

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

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

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

- i.* The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report; and
- ii.* A written explanation to the County of service variances reflected in the year-end DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount for the contract year. However, if the amount of the service-specific variance between actual and planned expenditures does not exceed three percent of the total planned expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the State's Office of Budget and Revenue Management.

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

- i.* March 1, 2024, for the reporting period of October 1, 2023, through December 31, 2023; and
- ii.* June 1, 2024, for the reporting period of October 1, 2023, through March 31, 2024; and
- iii.* September 1, 2024, for the reporting period of October 1, 2023 through June 30, 2024; and
- iv.* December 1, 2024, for the reporting period of October 1, 2023 through September 30, 2024.

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

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

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

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

8. TERMINATION.

a. Termination at Will. This contract may be terminated by either party without cause upon no less than 180 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties.

b. Termination Because of Lack of Funds. In the event funds to finance this contract become unavailable, either party may terminate this contract upon no less than 24 hours' notice.

c. Termination for Breach. This contract may be terminated by either party for a material breach of an obligation hereunder, upon no less than 30 days' notice. Waiver of a breach of any provisions of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this contract.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this contract, any renewal hereof, or any term, performance, or payment hereunder, extends beyond the CHD fiscal year beginning July 1, 2024, it is agreed that the performance and payment under this contract are contingent upon an annual appropriation by the Legislature, under section 287.0582, Florida Statutes.

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

For the State:

Danielle Taylor
Name
Health Officer
Title
7551 Forest Oaks Blvd.

Spring Hill, FL 34606
Address

Danielle.Taylor@flhealth.gov
Email Address
352-540-6800, ext. 82111
Telephone

For the County:

John Allocco
Name
Chairman
Title
15470 Flight Path Drive

Brooksville, FL 34604
Address

JAllocco@HernandoCounty.us
Email Address
352-754-4000
Telephone

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

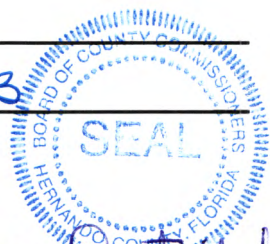
c. Captions. The captions and headings contained in this contract are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

d. Notices. Any notices provided under this contract must be delivered by certified mail, return receipt requested, in person with proof of delivery, or by email to the email address of the respective party identified in Section 9.b., above.

In WITNESS THEREOF, the parties hereto have caused this eight page contract, with its attachments as referenced, including Attachment I (two pages), Attachment II (six pages), Attachment III (one page), Attachment IV (two pages), and Attachment V (one page), to be executed by their undersigned officials as duly authorized effective the 1st day of October 2023.

**BOARD OF COUNTY COMMISSIONERS
FOR HERNANDO COUNTY**

SIGNED BY: [Signature]
NAME: John Allocco
TITLE: Chairman
DATE: 9-26-2023



ATTESTED TO:

SIGNED BY: [Signature]
NAME: Douglas A. Chorvat, Jr.
TITLE: Clerk of Circuit Court
DATE: September 26, 2023

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: [Signature]
NAME: Joseph A. Ladapo, M.D., Ph.D.
TITLE: State Surgeon General
DATE: 11-21-23

SIGNED BY: [Signature]
NAME: Danielle Taylor
TITLE: CHD Director or Administrator
DATE: 9/1/2023

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY
BY [Signature]
County Attorney's Office

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

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

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

- levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
 8. HIV/AIDS Program Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
 9. School Health Services Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
 10. Tuberculosis Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
 11. General Communicable Disease Control Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
 12. Refugee Health Program Programmatic and financial requirements as specified by the program office.

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

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

	Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/23	653501	569400	1222901
2. Drawdown for Contract Year October 1, 2023 to September 30, 2024	-653501	-85391	-738892
3. Special Capital Project use for Contract Year October 1, 2023 to September 30, 2024	0	0	0
4. Balance Reserved for Contingency Fund October 1, 2023 to September 30, 2024	0	484009	484009

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

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040 AIDS PREVENTION & SURVEILLANCE - GENERAL REVENUE	24,288	0	24,288	0	24,288
015040 CHD - TB COMMUNITY PROGRAM	30,597	0	30,597	0	30,597
015040 FAMILY PLANNING GENERAL REVENUE	57,231	0	57,231	0	57,231
015040 FLORIDA SPRINGS AND AQUIFER PROTECTION ACT	145,879	0	145,879	0	145,879
015040 PRIMARY CARE PROGRAM	170,884	0	170,884	0	170,884
015040 RACIAL & ETHNIC DISPARITIES - CHD EXPENSES	26,000	0	26,000	0	26,000
015040 SCHOOL HEALTH SERVICES	127,724	0	127,724	0	127,724
015050 CHD GENERAL REVENUE NON-CATEGORICAL	1,519,936	0	1,519,936	0	1,519,936
GENERAL REVENUE TOTAL	2,202,539	0	2,202,539	0	2,202,539
2. NON GENERAL REVENUE - STATE					
015010 ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	5,636	0	5,636	0	5,636
015010 TOBACCO STATE & COMMUNITY HEALTHY BABY	10,000	0	10,000	0	10,000
NON GENERAL REVENUE TOTAL	15,636	0	15,636	0	15,636
3. FEDERAL FUNDS - STATE					
007000 WIC BREASTFEEDING PEER COUNSELING PROG	45,000	0	45,000	0	45,000
007000 COASTAL BEACH WATER QUALITY MONITORING	3,487	0	3,487	0	3,487
007000 COMPREHENSIVE COMMUNITY CARDIO - PHBG	35,000	0	35,000	0	35,000
007000 STRENGTHENING STD PREVENTION AND CONTROL	52,000	0	52,000	0	52,000
007000 FAMILY PLANNING TITLE X - GRANT	130,801	0	130,801	0	130,801
007000 HEALTH DISPARITIES GRANT COVID-19	50,000	0	50,000	0	50,000
007000 PUBLIC HLTH INFRASTRUCTURE & WORKFORCE/CENTRAL 1	146,045	0	146,045	0	146,045
007000 INFANT MORTALITY	14,389	0	14,389	0	14,389
007000 IMMUNIZATION ACTION PLAN	102,375	0	102,375	0	102,375
007000 MCH SPECIAL PRJCT UNPLANNED PREGNANCY	23,812	0	23,812	0	23,812
007000 BASE COMMUNITY PREPAREDNESS CAPABILITY	90,472	0	90,472	0	90,472
007000 BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	72,243	0	72,243	0	72,243
007000 CRI MEDICAL COUNTERMEASURES DISPENSING	75,280	0	75,280	0	75,280
007000 WIC PROGRAM ADMINISTRATION	882,518	0	882,518	0	882,518
015075 SCHOOL HEALTH SERVICES	23,222	0	23,222	0	23,222
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT ADMIN	1,316	0	1,316	0	1,316
015075 REFUGEE HEALTH SCREENING REIMBURSEMENT SERVICES	15,084	0	15,084	0	15,084
FEDERAL FUNDS TOTAL	1,763,044	0	1,763,044	0	1,763,044
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 CHD STATEWIDE ENVIRONMENTAL FEES	87,552	0	87,552	0	87,552
001092 ON SITE SEWAGE DISPOSAL PERMIT FEES	450,000	0	450,000	0	450,000
001092 CHD STATEWIDE ENVIRONMENTAL FEES	800	0	800	0	800
001206 ON SITE SEWAGE DISPOSAL PERMIT FEES	33,000	0	33,000	0	33,000
001206 SANITATION CERTIFICATES (FOOD INSPECTION)	1,800	0	1,800	0	1,800
001206 SEPTIC TANK RESEARCH SURCHARGE	200	0	200	0	200
001206 SEPTIC TANK VARIANCE FEES 50%	1,400	0	1,400	0	1,400

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	600	0	600	0	600
001206 DRINKING WATER PROGRAM OPERATIONS	425	0	425	0	425
001206 REGULATION OF BODY PIERCING SALONS	200	0	200	0	200
001206 TANNING FACILITIES	250	0	250	0	250
001206 ONSITE SEWAGE TRAINING CENTER	7,500	0	7,500	0	7,500
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	1,850	0	1,850	0	1,850
001206 MOBILE HOME & RV PARK FEES	1,500	0	1,500	0	1,500
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	587,077	0	587,077	0	587,077
5. OTHER CASH CONTRIBUTIONS - STATE:					
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	33,000	0	33,000	0	33,000
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	653,501	0	653,501	0	653,501
OTHER CASH CONTRIBUTION TOTAL	686,501	0	686,501	0	686,501
6. MEDICAID - STATE/COUNTY:					
001057 CHD CLINIC FEES	0	29,600	29,600	0	29,600
001057 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	4,000	4,000	0	4,000
001148 CHD CLINIC FEES	0	104,900	104,900	0	104,900
001148 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	4,500	4,500	0	4,500
MEDICAID TOTAL	0	143,000	143,000	0	143,000
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	150	0	150	0	150
ALLOCABLE REVENUE TOTAL	150	0	150	0	150
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	364,765	364,765
PHARMACY DRUG PROGRAM	0	0	0	10,184	10,184
WIC PROGRAM	0	0	0	3,266,863	3,266,863
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	21,995	21,995
IMMUNIZATIONS	0	0	0	221,896	221,896
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	3,885,703	3,885,703
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 CHD LOCAL REVENUE & EXPENDITURES	0	823,000	823,000	0	823,000
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	823,000	823,000	0	823,000
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001077 CHD CLINIC FEES	0	88,000	88,000	0	88,000
001077 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	2,500	2,500	0	2,500
001094 CHD LOCAL ENVIRONMENTAL FEES	0	12,700	12,700	0	12,700
001110 VITAL STATISTICS CERTIFIED RECORDS	0	222,759	222,759	0	222,759
FEES AUTHORIZED BY COUNTY TOTAL	0	325,959	325,959	0	325,959
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	34,550	34,550	0	34,550

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part II, Sources of Contributions to County Health Department

October 1, 2023 to September 30, 2024

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001029 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	17,000	17,000	0	17,000
001090 CHD CLINIC FEES	0	3,100	3,100	0	3,100
001090 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	3,500	3,500	0	3,500
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	25,000	25,000	0	25,000
010300 MIGRANT LABOR HOUSING INSPECTION H-2A PROGRAM	0	250	250	0	250
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	5,000	5,000	0	5,000
011000 RYAN WHITE MEDICAL PROGRAM SUB GRANTS	0	30,500	30,500	0	30,500
011001 CHD HEALTHY START COALITION CONTRACT	0	2,503	2,503	0	2,503
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	85,391	85,391	0	85,391
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	206,794	206,794	0	206,794
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	150	150	0	150
COUNTY ALLOCABLE REVENUE TOTAL	0	150	150	0	150
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	871,008	871,008
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	154,177	154,177
BUILDING MAINTENANCE	0	0	0	200,532	200,532
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	79,416	79,416
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	1,305,133	1,305,133
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	5,254,947	1,498,903	6,753,850	5,190,836	11,944,686

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service

October 1, 2023 to September 30, 2024

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	5.26	2,555	2,962	123,180	105,589	123,180	107,334	384,933	74,350	459,283
SEXUALLY TRANS. DIS. (102)	7.11	946	1,397	132,056	113,198	132,056	115,068	437,278	55,100	492,378
HIV/AIDS PREVENTION (03A1)	0.50	0	192	10,290	8,820	10,290	8,966	38,366	0	38,366
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	3.62	227	627	79,795	68,400	79,795	69,529	202,111	95,408	297,519
ADAP (03A4)	0.00	0	0	0	0	0	0	0	0	0
TUBERCULOSIS (104)	0.57	8	135	12,842	11,008	12,842	11,190	47,632	250	47,882
COMM. DIS. SURV. (106)	1.35	0	10	39,146	33,556	39,146	34,109	139,138	6,819	145,957
HEPATITIS (109)	0.48	3,051	3,291	9,197	7,884	9,197	8,015	34,293	0	34,293
PREPAREDNESS AND RESPONSE (116)	2.37	0	6,413	60,452	51,819	60,452	52,675	225,398	0	225,398
REFUGEE HEALTH (118)	0.37	106	213	8,930	7,655	8,930	7,781	33,296	0	33,296
VITAL RECORDS (180)	2.37	13,429	42,414	45,524	39,023	45,524	39,667	0	169,738	169,738
COMMUNICABLE DISEASE SUBTOTAL	24.00	20,322	57,654	521,412	446,952	521,412	454,334	1,542,445	401,665	1,944,110
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	2.30	19	41	66,111	56,670	66,111	57,607	235,588	10,911	246,499
WIC (21W1)	15.14	5,461	30,538	302,287	259,119	302,287	263,402	1,055,254	71,841	1,127,095
TOBACCO USE INTERVENTION (212)	0.00	0	0	2,682	2,299	2,682	2,337	10,000	0	10,000
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.49	0	1,239	23,085	19,788	23,085	20,114	79,022	7,050	86,072
FAMILY PLANNING (223)	14.35	1,654	2,623	373,185	319,893	373,185	325,180	505,925	885,518	1,391,443
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	5,200	4,459	5,200	4,531	19,390	0	19,390
HEALTHY START PRENATAL (227)	0.00	0	0	0	0	0	0	0	0	0
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	0
HEALTHY START CHILD (231)	0.00	0	0	0	0	0	0	0	0	0
SCHOOL HEALTH (234)	3.07	0	461,071	73,260	62,799	73,260	63,837	258,553	14,603	273,156
COMPREHENSIVE ADULT HEALTH (237)	1.50	780	878	38,578	33,069	38,578	33,617	126,802	17,040	143,842
COMMUNITY HEALTH DEVELOPMENT (238)	3.58	0	0	97,113	83,245	97,113	84,622	362,093	0	362,093
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	0
PRIMARY CARE SUBTOTAL	41.43	7,914	496,390	981,501	841,341	981,501	855,247	2,652,627	1,006,963	3,659,590
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.06	84	90	1,953	1,674	1,953	1,701	7,280	1	7,281
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.17	25	101	3,832	3,285	3,832	3,338	8,131	6,156	14,287
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.08	0	0	2,623	2,248	2,623	2,285	1	9,778	9,779
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	11.15	6,488	14,676	234,360	200,893	234,360	204,214	873,708	119	873,827
Group Total	11.46	6,597	14,867	242,768	208,100	242,768	211,538	889,120	16,054	905,174
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.17	119	61	3,242	2,779	3,242	2,824	12,019	68	12,087
FOOD HYGIENE (348)	0.29	65	238	5,518	4,730	5,518	4,809	20,572	3	20,575

ATTACHMENT II

HERNANDO COUNTY HEALTH DEPARTMENT

Part III, Planned Staffing, Clients, Services and Expenditures By Program Service Area Within Each Level of Service

October 1, 2023 to September 30, 2024

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
BODY PIERCING FACILITIES SERVICES (349)	0.14	39	35	2,660	2,280	2,660	2,319	6,197	3,722	9,919
GROUP CARE FACILITY (351)	0.12	82	173	2,291	1,964	2,291	1,995	4,128	4,413	8,541
MIGRANT LABOR CAMP (352)	0.01	0	5	225	193	225	196	589	250	839
HOUSING & PUB. BLDG. (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARK (354)	0.14	55	160	2,777	2,381	2,777	2,420	10,353	2	10,355
POOLS/BATHING PLACES (360)	0.21	90	280	4,943	4,237	4,943	4,307	18,328	102	18,430
BIOMEDICAL WASTE SERVICES (364)	0.45	468	967	8,454	7,247	8,454	7,367	31,317	205	31,522
TANNING FACILITY SERVICES (369)	0.05	13	48	903	774	903	788	3,367	1	3,368
Group Total	1.58	931	1,967	31,013	26,585	31,013	27,025	106,870	8,766	115,636
Groundwater Contamination										
STORAGE TANK COMPLIANCE SERVICES (355)	0.00	0	0	0	0	0	0	0	0	0
SUPER ACT SERVICES (356)	0.44	3	575	10,167	8,715	10,167	8,858	12,902	25,005	37,907
Group Total	0.44	3	575	10,167	8,715	10,167	8,858	12,902	25,005	37,907
Community Hygiene										
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.00	0	0	0	0	0	0	0	0	0
LEAD MONITORING SERVICES (350)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC SEWAGE (362)	0.00	0	0	0	0	0	0	0	0	0
SOLID WASTE DISPOSAL SERVICE (363)	0.00	0	0	0	0	0	0	0	0	0
SANITARY NUISANCE (365)	0.14	85	97	2,661	2,281	2,661	2,319	4,961	4,961	9,922
RABIES SURVEILLANCE (366)	0.44	12	233	9,519	8,160	9,519	8,294	4	35,488	35,492
ARBORVIRUS SURVEIL. (367)	0.00	0	0	0	0	0	0	0	0	0
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
INDOOR AIR (371)	0.00	0	0	0	0	0	0	0	0	0
RADIOLOGICAL HEALTH (372)	0.06	0	0	1,950	1,671	1,950	1,698	7,268	1	7,269
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.64	97	330	14,130	12,112	14,130	12,311	12,233	40,450	52,683
ENVIRONMENTAL HEALTH SUBTOTAL	14.12	7,628	17,739	298,078	255,512	298,078	259,732	1,021,125	90,275	1,111,400
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	0	0	0	0	0	0	0
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	10,393	8,909	10,393	9,055	38,750	0	38,750
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	10,393	8,909	10,393	9,055	38,750	0	38,750
TOTAL CONTRACT	79.55	35,864	571,783	1,811,384	1,552,714	1,811,384	1,578,368	5,254,947	1,498,903	6,753,850

ATTACHMENT III

HERNANDO COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS COMPLIANCE AND NON-DISCRIMINATION CERTIFICATE

1. The CHD agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the Department.
2. The CHD assures that it will comply with the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
3. Assurance of Civil Rights Compliance: The CHD hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the CHD agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Department of Agriculture shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or

4. Confidentiality of Data, Files, and Records: The CHD agrees to restrict the use and disclosure of confidential USDA, Women, Infant, and Children (WIC) applicant and participant information as specified in 7 CFR § 246.26(d)(1)(i) in accordance with 7 CFR § 246.26(d)(1)(ii), as applicable.

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

ATTACHMENT V
HERNANDO COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

N/A

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

<u>CONTRACT YEAR</u>	<u>STATE</u>	<u>COUNTY</u>	<u>TOTAL</u>
2022-2023*	\$ _____ 0	\$ _____ 0	\$ _____ 0
2023-2024**	\$ _____ 0	\$ _____ 0	\$ _____ 0
2024-2025***	\$ _____ 0	\$ _____ 0	\$ _____ 0
2025-2026***	\$ _____ 0	\$ _____ 0	\$ _____ 0
PROJECT TOTAL	\$ _____ 0	\$ _____ 0	\$ _____ 0

SPECIAL PROJECTS CONSTRUCTION/RENOVATION PLAN

PROJECT NUMBER: _____

PROJECT NAME: _____

LOCATION/ADDRESS: _____

PROJECT TYPE:

NEW BUILDING	_____	ROOFING	_____
RENOVATION	_____	PLANNING STUDY	_____
NEW ADDITION	_____	OTHER	_____

SQUARE FOOTAGE: _____ 0

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

START DATE *(Initial expenditure of funds)* : _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____ 0

CONSTRUCTION COSTS: \$ _____ 0

FURNITURE/EQUIPMENT: \$ _____ 0

TOTAL PROJECT COST: \$ _____ 0

COST PER SQ FOOT: \$ _____ 0

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

* Cash balance as of 9/30/23

** Cash to be transferred to FCO account.

*** Cash anticipated for future contract years.

Florida Department of Health in Hernando County Fee Schedule (2023-2024)

The following services are established by the Hernando County Board of County Commissioners in compliance and coordination with Section 330 of the Public Health Service Act of 1996. The Hernando County Health Department (HCHD) shall offer services as described below and shall charge fees based on reasonable costs (not less than the Medicaid fee for service reimbursement rates) in accordance with contractual obligations, reimbursement rates, the reasonable cost to support the service and maintain consistent services, sliding fee scales, and nominal fees per Florida Statutes, The Florida Administrative Code, state and federal regulations and guidelines. Fees for all services shall be set internally by the HCHD and updated in accordance with the Medicaid/Medicare fee schedule or at least annually. The HCHD may provide but is not limited to the services listed below.

Clinical Service	Fee
Nursing Services	Sliding fee (Uninsured)
Laboratory Testing Services	Sliding fee (Uninsured)
Colposcopy or Colposcopy w/Biopsy	Sliding fee plus \$75.00 client co-pay (uninsured)
Titers	Flat Fee (cost)

Community/Core Public Health Services	Fee
Child Immunizations (recommended/required in the State of Florida)	Free for those under age 19 through the Vaccine for Children Program
School Physicals	\$35.00
Immunizations Certificates without administration of vaccine & College Forms	\$10
Pregnancy, HIV, Syphilis, Hep C Testing	No charge
Sexually Transmitted Disease Services & Hep. C Treatment Program	Sliding fee (Uninsured)
Family Planning Services	<ul style="list-style-type: none"> • Sliding fee for adults • Teen confidential visits (free) • Teen non-confidential visits based on family income (Sliding scale or eligible for insurance billing)
Adult Immunizations	Flat Fee (cost) + \$20 Admin fee (1 st immunization) Flat Fee (cost) + \$15 Admin Fee (each additional imm.)
Rabies Preventative Treatment	Sliding fee for Uninsured (office visit) + Treatment cost + \$20 Admin fee (1 st imm.) Sliding fee (Uninsured) Vaccine cost + \$15 Admin fee (addl. Imm.)
TB Assessment / Testing (Blood test or Skin Test)	Flat fee (Blood Test - \$45.00, Skin Test- \$25.00)
TB Treatment	Sliding Fee (office visit for Uninsured) + medication provided free – If insured? We will bill your insurance
PrEP and nPEP	Office visit sliding fee (Uninsured) + medication provided free
Insulin & Epilepsy Program	Based on program eligibility
Women's Health Cancer Screening Exam	\$47.00
Syphilis Testing and Treatment – Hernando County Jail (If needed up to 3 visits for treatment depending on stage of syphilis)	\$50.00 and if needed, additional testing \$5.00 \$25.00 visit #2 \$25.00 visit #3

*Private Insurance = 100% of customary fee.

Other Service	Fee
Copy of Records	\$1.00 per single sided page for first 25 pages \$0.25 per single sided page above 25 pages
Certified Legal Copy	\$1.00 per single-sided page

**Hernando County Health Department
Vital Statistics Fee Schedule**

The fees unique to the Hernando County Health Department are approved as specified below.

Birth Certificate,	\$12.00
Each additional copy of Birth Certificate	\$10.00
Death Certificate	\$10.00
Plastic Sleeve	\$ 3.00
FedEx Fee	\$10.00

**Hernando County Health Department
Environmental Health County Fees**

Environmental Health fees are hereby adopted as authorized by the State of Florida Administrative Code or Policy unless otherwise indicated. The fees unique to the Hernando County Health Department are approved as specified below.

Scheduled On-Site Sewage Program and Inspection Fee (OSTDS)	\$50.00
Re-inspection Visit for OSTDS	\$50.00
Bacterial Water Test	\$25.00
Reinspection fee (Biomedical, Body Piercing, Group Home, Mobile Home Parks, Tanning, Tattoo/Permanent Makeup/Swimming Pools)	\$40.00
Plan Review fee (Biomedical, Body Piercing, Group Home, Mobile Home Parks, Tanning, Tattoo/Permanent Makeup & On-Site Sewage Program without application)	\$40.00
Review for private provider OSTDS inspections	\$35.00