

FORSYTH COUNTY
BOARD OF COMMISSIONERS

**BRIEFING
DRAFT**

MEETING DATE: June 13, 2019

AGENDA ITEM NUMBER: 9

SUBJECT: RESOLUTION APPROVING THE 2019-2020 PROPOSED FEE SCHEDULE RECOMMENDED BY THE CONSOLIDATED HUMAN SERVICES DIRECTOR, BASED UPON A PLAN PRESENTED BY THE HEALTH DIRECTOR AND APPROVED BY THE FORSYTH COUNTY CONSOLIDATED HUMAN SERVICES BOARD FOR SERVICES RENDERED BY THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH (FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:

SUMMARY OF INFORMATION:

ATTACHMENTS: YES NO

SIGNATURE: _____

COUNTY MANAGER

DATE: _____

**RESOLUTION APPROVING THE 2019-2020 PROPOSED FEE SCHEDULE
RECOMMENDED BY THE CONSOLIDATED HUMAN SERVICES DIRECTOR,
BASED UPON A PLAN PRESENTED BY THE HEALTH DIRECTOR AND
APPROVED BY THE FORSYTH COUNTY CONSOLIDATED HUMAN
SERVICES BOARD FOR SERVICES RENDERED BY THE FORSYTH
COUNTY DEPARTMENT OF PUBLIC HEALTH
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

WHEREAS N.C.G.S. 153A-77(d)(1) authorizes the consolidated human services board to set fees for departmental services based upon recommendations of the human services director;

WHEREAS N.C.G.S. 153A-77(d)(1) further states that fees under this subdivision are subject to the same restrictions on amount and scope that would apply if the fees were set by a county board of health;

WHEREAS for individuals without insurance or Medicaid coverage, such fees are subject to the N.C. Department of Public Health Sliding Fee Scale for Family Planning Clinics (“Sliding Fee Scale”), based upon income and family size; and

WHEREAS the Forsyth County Consolidated Human Services Director, upon a plan presented by the Health Director, recommends the attached 2019-2020 Proposed Fee Schedule for public health services; and on May 1, 2019, the Forsyth County Consolidated Human Services Board approved the 2019-2020 Proposed Fee Schedule and recommended its approval to the Forsyth County Board of Commissioners effective July 1, 2019;

NOW, THEREFORE, BE IT RESOLVED, that the Forsyth County Board of Commissioners hereby approves the attached 2019-2020 Proposed Fee Schedule, subject to the Sliding Fee Scale, for services rendered by the Forsyth County Department of Public Health, which is incorporated herein by reference, effective July 1, 2019.

Adopted this 13th day of June 2019.

N. C. Division of Public Health
 Women's and Children's Health Section
 Women's Health Branch, Family Planning & Reproductive Health Unit
 Annual Gross Family Income

Effective 2/2019

Sliding Fee Scale --101% to 250% of Poverty

Be Smart Family Planning Eligibility Included

***Be Smart Family Planning
 Eligibility****

| Family Size | Federal Poverty | Partial-Pay Bracket Twenty Percent | | Partial-Pay Bracket Forty Percent | | Partial-Pay Bracket Sixty Percent | | Partial-Pay Bracket Eighty Percent | | Full Pay | |
|-------------|-----------------|---------------------------------------|----------|--------------------------------------|-----------|--------------------------------------|------------------|---------------------------------------|-----------|-----------|-----------|
| | | From | To | From | To | From | To | From | To | | |
| 1 | \$12,490 | \$12,491 | \$17,174 | \$17,175 | \$21,858 | \$21,859 | \$24,356 | \$26,541 | \$26,542 | \$31,224 | \$31,225 |
| 2 | \$16,910 | \$16,911 | \$23,251 | \$23,252 | \$29,593 | \$29,594 | \$32,975 | \$35,934 | \$35,935 | \$42,274 | \$42,275 |
| 3 | \$21,330 | \$21,331 | \$29,329 | \$29,330 | \$37,328 | \$37,329 | \$41,594 | \$45,326 | \$45,327 | \$53,324 | \$53,325 |
| 4 | \$25,750 | \$25,751 | \$35,406 | \$35,407 | \$45,063 | \$45,064 | \$50,213 | \$54,719 | \$54,720 | \$64,374 | \$64,375 |
| 5 | \$30,170 | \$30,171 | \$41,484 | \$41,485 | \$52,798 | \$52,799 | \$58,832 | \$64,111 | \$64,112 | \$75,424 | \$75,425 |
| 6 | \$34,590 | \$34,591 | \$47,561 | \$47,562 | \$60,533 | \$60,534 | \$67,451 | \$73,504 | \$73,505 | \$86,474 | \$86,475 |
| 7 | \$39,010 | \$39,011 | \$53,639 | \$53,640 | \$68,268 | \$68,269 | \$76,070 | \$82,896 | \$82,897 | \$97,524 | \$97,525 |
| 8 | \$43,430 | \$43,431 | \$59,716 | \$59,717 | \$76,003 | \$76,004 | \$84,689 | \$92,289 | \$92,290 | \$108,574 | \$108,575 |
| 9 | \$47,850 | \$47,851 | \$65,794 | \$65,795 | \$83,738 | \$83,739 | \$93,308 | \$101,681 | \$101,682 | \$119,624 | \$119,625 |
| 10 | \$52,270 | \$52,271 | \$71,871 | \$71,872 | \$91,473 | \$91,474 | \$101,927 | \$111,074 | \$111,075 | \$130,674 | \$130,675 |
| 11 | \$56,690 | \$56,691 | \$77,949 | \$77,950 | \$99,208 | \$99,209 | \$110,546 | \$120,466 | \$120,467 | \$141,724 | \$141,725 |
| 12 | \$61,110 | \$61,111 | \$84,026 | \$84,027 | \$106,943 | \$106,944 | \$119,165 | \$129,859 | \$129,860 | \$152,774 | \$152,775 |

**** at or below
 195% of federal
 poverty level***