

903



**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
July 19, 2007

SUBJECT: Ordinance No. 734.10 Amending Ordinance No. 734.9, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for County Public Health Services and Supplies.

RECOMMENDED MOTION:

- 1.) That the Board of Supervisors introduce and set for a public hearing adoption of Ordinance No. 734.10
- 2.) That at the close of the public hearing, the Board of Supervisor adopt Ordinance No. 734.10

BACKGROUND: In March, 1994 the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update to Ordinance 734.8 was in September 2006 with Board adoption of Ordinance 734.9. As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), changes in contracts, the addition/deletion of services and changes in allowable reimbursement rates from third party payers, we are submitting Ordinance 734.10 to reflect the commensurate and applicable changes to the Department of Public Health fee schedule.

(Continued)

SH:ms

Susan D. Harrington
Susan Harrington, Director
Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	Budget Adjustment:	No
	Annual Net County Cost:	For Fiscal Year:	07/08

SOURCE OF FUNDS: Fees paid for services by public and third party payers.	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor, seconded by Supervisor and duly carried by unanimous vote, IT WAS ORDERED that the above ordinance is approved as introduced with waiver of the reading, and that the matter is set for public hearing on Tuesday, September 18, 2007, at 9:30 a.m.

Ayes: Buster, Tavaglione, Stone, and Ashley

Nays: None

Absent: Wilson

Date: August, 28, 2007

xc: CHA/Public Health, COB(2)

Nancy Romero
Clerk of the Board

By: *[Signature]*
Deputy

Prev. Agn. Ref.: Item 3.21, 08/31/06	District: ALL	Agenda Number:
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FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, AUDITOR-CONTROLLER
 BY: *[Signature]* 7/24/07
 MICHAEL G. ALEXANDER

COUNTY COUNCIL
 JUL 23 2007
 BY: *[Signature]*
 MICHAEL G. ALEXANDER

Dept' Recomm.: Consent Policy
 Per Exec. Ofc.: Consent Policy

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
Business Services:		
Returned Checks	\$20.00	\$20.00
Emergency Medical Services:		
Advanced Life Support (ALS): Ambulance Service Permit (per yr)(1)	\$6,000.00	\$6,000.00
Basic Life Support (BLS): Ambulance Service Permit (per yr)(2)	\$3,000.00	\$3,000.00
Each ambulance (per yr)	\$250.00	\$250.00
Educational Programs (per instructor hr)	\$50.00	\$50.00
EMS Dispatcher Certification (every two yrs)	\$15.00	\$15.00
EMT-I Certification and recertification (every two yrs)	\$25.00	\$25.00
EMT-I Certification and recertification - Late fee	\$10.00	\$10.00
EMT-P Initial Accreditation	\$75.00	\$75.00
EMT-P Reverification (every two yrs)	\$50.00	\$50.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee	\$25.00	\$25.00
Fees for medical services and most laboratory - See clinical services.		
First Responder Certification (every two yrs)	\$15.00	\$15.00
Initial Certification (MICN Challenge) Recertification: (every two yrs)	\$75.00	\$75.00
Lost Card Replacement	\$10.00	\$10.00
Policies & Procedure manual on CD	\$10.00	\$10.00
Mobile Intensive Care Nurse (MICN) Recertification (every two yrs)	\$50.00	\$50.00
Photocopying (per page)	\$0.05	\$0.05
Protocol Manual Update Subscriptions:		
Complete Manual (every two yrs)	\$5.00	\$5.00
Protocol Manuals:		
Complete Manual	\$50.00	\$50.00
Each Section	\$5.00	\$5.00
Injury Prevention Services:		
Car Seat - Sliding fee scale based on Income (Price range \$0 - \$40.00)	\$40.00	\$40.00
Bicycle Hemets - sliding fee scale (price range - \$3.00 - \$10.00)	\$10.00	\$10.00
Non Clinical Laboratory:		
Fees for Registration of Nondiagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	\$100.00	\$100.00
Additional Program	\$43.00	\$43.00
Additional Site	\$20.00	\$20.00
Additional Dates	\$12.00	\$12.00
Personnel Addition	\$12.00	\$12.00
Review Procedural Changes	\$20.00	\$20.00
Record Changes	\$12.00	\$12.00
Consultation Fee (per hr)	\$51.00	\$51.00
Miscellaneous Laboratory Fees:		
Routine Water Examination (MPN)	\$18.00	\$18.00
Special Water Examination	\$36.00	\$36.00
Rabies FRA	\$50.00	\$50.00
Disease Control:		
Fee for processing alien waiver	\$67.00	\$67.00
Fee for provision of TB Skin Testing Group: Class Fee	\$354.90	\$354.90
Per Capita Student Fee	\$9.40	\$9.40
Nursing:		
Denver Develop (DDST)	\$65.60	\$65.60
Detention Facility Inspection (per hr)	\$91.00	\$115.82
HIV/AIDS		
Education Classes for sex and drug offenders (set by Judge)	\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)	\$100.00	\$153.00
Therapeutic Med ID program (MMIC) discount	\$50.00	\$76.50

**RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1**

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
Nutrition		
Healthy You and ME Programs (per series, four(4) 1-hour sessions)	\$140.00	\$140.00
Community Education Presentation (per hr)	\$80.00	\$80.00
RD Nutrition Services (per hr)	\$80.00	\$80.00
RD Medical Nutrition Therapy (MNT) Visit Initial (per hour)	\$95.00	\$95.00
RD MNT Visit Follow Up (per 1/2 hour)	\$45.00	\$45.00
RD MNT Group Class (per 2 hour)	\$35.00	\$35.00
Staff Training (for non-County providers) (per hr)	\$80.00	\$80.00
RD Home Visit Initial (per hr)	\$95.00	\$95.00
RD Home Visit Follow up (per hr)	\$69.00	\$69.00
RD Detention Facility Inspection (per hr)	\$70.00	\$70.00
Vital Records:		
Certified copies, searches & certification of no record (the fees are the same)		
Birth (for government agencies)	\$10.00	\$10.00
Birth (for the general public)	\$17.00	\$17.00
Birth Search	\$17.00	\$17.00
Death Certificate (government agency & general public)	\$12.00	\$12.00
Fetal Death Certificate (government agency & general public)	\$9.00	\$9.00
Marriage (for the general public)	\$13.00	\$13.00
Marriage (for government agencies)	\$9.00	\$9.00
Death Search	\$12.00	\$12.00
Death listings (sent to mortuaries)	\$5.00	\$5.00
Fax Filing Fee- Per authorization number	\$1.00	\$1.00
Permit Issued by Crossfiling (in County)	\$11.00	\$11.00
Permit Issued by Crossfiling (Out of County)	\$3.00	\$3.00
Regular Permit (after hrs)	\$11.00	\$11.00
Regular Permit	\$11.00	\$11.00
Cross-File Permit	\$14.00	\$14.00
AVSS Technical Support per hr	\$95.00	\$95.00
Marriage License (Public, Declared, and non-clergy)	\$34.00	\$34.00
Confidential Marriage License	\$37.00	\$37.00
Petitions for Dissolution of Marriage, Legal Seraration or Nullity	\$4.00	\$4.00
AMENDMENT FEES (Issued by State Registrar Only)		
Adjudication of Facts of Parentage	\$20.00	\$20.00
Acknowledgment of Paternity	\$20.00	\$20.00
Amendment of Birth Record to Reflect Court Order Change of Name	\$20.00	\$20.00
Affidavit to Amend a Record*	\$20.00	\$20.00
Physician/Coroner's Amendment*	\$20.00	\$20.00
Amendment of Medical and Health Section Data - Death*	\$20.00	\$20.00
Affidavit to Amend a Marriage Record	\$20.00	\$20.00
Court Order of Adoption	\$20.00	\$20.00
Delayed Registration of Birth	\$20.00	\$20.00
Supplemental Name Report*	\$20.00	\$20.00
Court Ordered Delayed - Death	\$20.00	\$20.00
Court Ordered Delayed - Birth	\$20.00	\$20.00
Court Ordered Delayed - Marriage	\$20.00	\$20.00
Health Promotion and Professional Development		
License to Retail Tobacco	\$350.00	\$350.00
Office of Industrial Hygiene		
Industrial Hygiene Consultation - Non Acoustical	\$90.00	\$90.00
Industrial Hygiene Consultation - Acoustical	\$115.00	\$115.00
* Additional charges for meals, travel, lodging, laboratory and Postage		
Clinic Management:		
Copying Fee (1-50 pages-per page)	\$0.25	\$0.25
(51+ pages-per page)	\$0.10	\$0.10
MISP Co-pay (per visit)	\$5.00	\$5.00
Immunization Record	\$3.00	\$3.00
Medical Records Research	\$7.00	\$7.00
Minimum ATP Charge	\$30.00	\$30.00
Records by Supoena	\$15.00	\$15.00

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
B.C. PILLS (ALL) 13 PKG	\$13.80	\$13.80
B.C. PILLS (ALL) 3 PKG	\$13.80	\$13.80
B.C. PILLS (ALL) 9 PKG	\$13.80	\$13.80
BACITRACIN ONT500U/TB30GM	\$5.00	\$5.00
BANDAGE ELASTIC 2IN ACE	\$0.95	\$0.95
BANDAGE ELASTIC 3IN ACE	\$1.10	\$1.10
BANDAGE ELASTIC 4IN ACE	\$1.50	\$1.50
BANDAGE ELASTIC 5IN ACE	\$2.05	\$2.05
BASAL THERMOMETER	\$17.24	\$17.24
BCEDP CASE MGMNT OC =()	\$30.00	\$30.00
BENADRYL TABS #100	\$11.99	\$11.99
BENADRYL/DIPHEN 50MG INJ	\$13.00	\$13.00
BENADRYL/DIPHEN ELIXR 5ML	\$3.00	\$3.00
BENDRYL/DIPHN 25MG CAP EA	\$4.00	\$4.00
BETA-2 MICROGLOBULIN	\$34.66	\$34.66
BF VT 6 MIN N/PT	\$36.80	\$36.80
BICILLIN L.A. 2.4MU	\$57.00	\$57.00
BILAT HIPS & AP PELVIS	\$85.10	\$85.10
BILIRUBIN; DIRECT	\$5.36	\$5.36
BILIRUBIN; TOTAL	\$5.36	\$5.36
BIOPSY BACK/FLANK	\$123.00	\$123.00
BIOPSY ELBOW/UPPER ARM	\$169.00	\$169.00
BIOPSY FOREARM/WRIST	\$157.00	\$157.00
BIOPSY PELVIS/HIP	\$225.00	\$225.00
BIOPSY SHOULDER AREA	\$151.00	\$151.00
BIOPSY VULVA	\$67.60	\$67.60
BLOOD COLLECT SET 21-25GA	\$195.00	\$195.00
BLOOD CULTURE	\$16.53	\$16.53
BLOOD GROUP & RH	\$7.55	\$7.55
BLOOD SMEAR	\$11.00	\$11.00
BLOOD TYPING - ABO	\$5.13	\$5.13
BLOOD TYPING - RH	\$7.85	\$7.85
BONE AGE (HAND & WRISTS)	\$52.90	\$52.90
BREAST ABSCESS DRAIN DEEP	\$220.00	\$220.00
BREAST CYST ASPIR EA ADDL	\$30.00	\$30.00
BREAST CYST ASPIRATION	\$55.00	\$55.00
BURETTE W/FILTER	\$37.00	\$37.00
BURN 1ST DEGREE TREATMENT	\$55.00	\$55.00
BURN DRESS/DEBRIDE-LARGE	\$131.00	\$131.00
BURN DRESS/DEBRIDE-MEDIUM	\$108.00	\$108.00
BURN DRESS/DEBRIDE-SMALL	\$47.00	\$47.00
BURN DRESSING SIZE SMALL	\$26.00	\$26.00
BURN DRESSING SIZED MEDM	\$42.00	\$42.00
BURN DRESSING SZ LARGE	\$63.00	\$63.00
BURN NET - 30 YRDS	\$0.65	\$0.65
BUTOCONAZOLE NITRATE 2%	\$11.99	\$11.99
CA 125 (TUMOR ANTIGEN)	\$26.46	\$26.46
CALCIUM, TOTAL	\$6.56	\$6.56
CAMPYLOBACTER ANTIBODY	\$18.20	\$18.20
CAMPYLOBACTER CULTURE	\$13.80	\$13.80
CAPREOMYCIN 1 GM INJ	\$63.00	\$63.00
CAPTOPRIL 25MG TABS #10	\$4.00	\$4.00
CARBAMAZEPINE TOTAL	\$18.52	\$18.52
CARBON DIOXIDE (CO2)	\$6.25	\$6.25
CASE MGMT @TOS	\$57.50	\$57.50
CASE MGMT F/U TO VISIT	\$57.50	\$57.50
CAST APPLIC-HAND&FOREARM	\$95.91	\$95.91
CAST APPLIC-LONG ARM	\$106.61	\$106.61
CAST APPLIC-SHORT ARM	\$95.05	\$95.05
CAST APPLIC-SHORT LEG	\$98.05	\$98.05
CAST APPLIC-SHRT LEG WALK	\$96.34	\$96.34

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
CONTRACEP B.C. PILLS 10 PKG	\$120.00	\$120.00
CONTRACEP B.C. PILLS 13 PKG	\$156.00	\$156.00
CONTRACEP B.C. PILLS 3 PKG	\$36.00	\$36.00
CONTRACEP B.C. PILLS 9 PKG	\$108.00	\$108.00
CONTRACEP FOAM &12CONDOMS	\$17.24	\$17.24
CONTRACEP GEL/CREAM W/APP	\$17.24	\$17.24
CONTRACEP NORPLANT KIT	\$1,520.00	\$1,520.00
CONTRACEPT EMERG KIT	\$21.78	\$21.78
CONTRACEPTIVE JELLY TUBE	\$25.00	\$25.00
CONTRACEPTIVE-PARAGARD IUD	\$345.00	\$345.00
CONTRACEPTIVE-DIAPHRAGM	\$58.00	\$58.00
CONTRACEPTIVE FILM-DOZEN	\$17.24	\$17.24
CONTRACEPTIVE FOAM-1 PKG	\$17.24	\$17.24
CONTRACEPTIVE GEL	\$17.24	\$17.24
CONTRACEPTIVE SUPPOS 10/BOX	\$17.24	\$17.24
CONTRACP DEPOPROVER 150MG	\$55.00	\$55.00
CPK/CK-CREATINE KINASE	\$9.10	\$9.10
C-REACTIVE PROTEIN	\$8.35	\$8.35
CREATINE KINASE, TOTAL	\$9.35	\$9.35
CREATININE - SERUM	\$6.12	\$6.12
CREATININE CLEARANCE	\$16.00	\$16.00
CREATININE, URINE	\$8.72	\$8.72
CRTPTOSPR/GIAR	\$16.00	\$16.00
CRUTCHES	\$45.00	\$45.00
CRUTCHES-ADULT	\$43.41	\$43.41
CRUTCHES-ADULT TALL	\$43.41	\$43.41
CRUTCHES-CHILD	\$43.41	\$43.41
CRYO (NONACNE)-1ST LESION	\$39.00	\$39.00
CRYO VULVAR LESN(S) EXTEN	\$181.00	\$181.00
CRYOSURGERY OF CERVIX	\$136.00	\$136.00
CRYOTHERAPY PENIS LESION(S)	\$80.06	\$80.06
CRYPTOCOCCAL ANTIGEN	\$20.35	\$20.35
CULTURE BACTERIAL-STOOL	\$17.00	\$17.00
CULTURE BACT-OTHER SOURCE	\$15.00	\$15.00
CULTURE BACTERIAL-BLOOD	\$14.50	\$14.50
CULTURE BACT-THROAT/NOSE	\$14.00	\$14.00
CYCLOSERINE 250 MG CAP#28	\$9.00	\$9.00
CYTOHISTOLOGIC STUDY	\$38.74	\$38.74
CYTOPATH C/V THIN LAYER	\$25.76	\$25.76
CYTOPATHOLOGY OTHER STUDY	\$36.74	\$36.74
CYTOPATHOLOGY SLIDE (PAP)	\$15.00	\$15.00
DEBRID SKIN FULL THICKNESS	\$190.00	\$190.00
DEBRID SKN-SUBQ-MUSCL-BONE	\$257.00	\$257.00
DEBRIDE SKIN-SUBQ-MUSCL	\$190.00	\$190.00
DEBRIDEMENT WOUND	\$71.00	\$71.00
DECADRON ELIXIR 0.5MG/5ML	\$21.00	\$21.00
DENVER DEVELOP SCREENING	\$150.00	\$150.00
DEPO PROVERA-150 MG	\$66.42	\$66.42
DERMABOND	\$19.00	\$19.00
DIAPHRAGM	\$55.00	\$55.00
DIAPHRAGM FIT & INSTRUCT	\$55.00	\$55.00
DIFFERENTL BLD COUNT-MAN	\$5.25	\$5.25
DIFLUCAN 150MG 1 TAB	\$16.50	\$16.50
DIGOXIN	\$18.35	\$18.35
DILANTIN/PHENYTOIN;TOTAL	\$16.86	\$16.86
DOXYCYCLINE 100MG #14	\$11.00	\$11.00
DOXYCYCLINE 100MG 2 CAPS	\$6.00	\$6.00
DRESS/DEBRID MED/LG ANES	\$245.00	\$245.00
DRESSING A-B-D 5X9IN STER	\$0.65	\$0.65
DRESSING PETRLOATM-SMALL	\$0.50	\$0.50
DRESSING PETROLATM-LARGE	\$0.65	\$0.65

7/03/2007

Q:\Fiscal\Fee ordinance\FY07_08\Fee Ordinance updated 07-03-07/0708 PROPOSED

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
FUNGUS CULTURE-DEFINTV ID	\$18.50	\$18.50
FUNGUS CULTURE-SKIN/HR/NL	\$18.40	\$18.40
G6PD/GLUCOS-6-PHOSPH DEHY	\$16.00	\$16.00
GARDASIL (HPV)		\$135.05
GASTRIC LAVAGE (WASH)	\$49.57	\$49.57
GAUZE 1 X 8	\$0.65	\$0.65
GAUZE 2 X 5 YDS	\$0.65	\$0.65
GAUZE CLING 2X75IN STERIL	\$0.65	\$0.65
GAUZE CLING 3X57IN STERIL	\$43.00	\$43.00
GAUZE CLING 4.5X147IN STL	\$0.65	\$0.65
GAUZE PACKING 1/4 X 5YDS	\$0.65	\$0.65
GAUZE PACKING-1 IN	\$33.00	\$33.00
GAUZE PACKING-1 IN IDOFRM	\$44.00	\$44.00
GAUZE PACKING-1/2 IN	\$29.00	\$29.00
GAUZE PACKING1/2IN IDOFRM	\$35.00	\$35.00
GAUZE PACKING-1/4 IN	\$18.00	\$18.00
GAUZE PACKING1/4IN IDOFRM	\$32.00	\$32.00
GAUZE SPGS 4X4 16PKSTERIL	\$41.00	\$41.00
GAUZE SPONG COVER 4X3 STL	\$0.65	\$0.65
GAUZE SPONGES 2 X 2 STER	\$0.65	\$0.65
GAUZE SPONGES 4X4 2PK STL	\$0.65	\$0.65
GEN HLTH PANEL/CBC (2402)	\$5.75	\$5.75
GGT-GLUTAMYLTRANSFERASE	\$24.69	\$24.69
GLUCOSE BY MONT DEVICE	\$5.75	\$5.75
GLUCOSE QUANTITATIVE	\$4.99	\$4.99
GLUCOSE TOL BEVERAGE	\$0.80	\$0.80
GLUCOSE TOL, 1 HR(2 SPEC)	\$16.38	\$16.38
GLUCOSE STICK/ACCUCHECK	\$6.00	\$6.00
GLUCOSE-POST GLUCOSE DOSE	\$5.82	\$5.82
GLYCOHEMOGLOBIN	\$12.35	\$12.35
GONORRHEA CULTURE	\$12.00	\$12.00
GONORRHEA-AMPLIF PROBE	\$39.00	\$39.00
GRAM STAIN	\$8.00	\$8.00
HAND-2 VIEWS	\$35.65	\$35.65
HAND-3 VIEWS>	\$50.60	\$50.60
HANDLING CHARGE/REF LAB	\$20.54	\$20.54
HCG BETA SUBUNIT/QUANT	\$16.18	\$16.18
HCG-BETA SUBUNIT/RIA QUAL	\$9.55	\$9.55
HEEL SPUR PAD-SHOE INSERT	\$18.01	\$18.01
HEMATOCRIT-OUTSIDE LAB	\$4.31	\$4.31
HEMOGLOBIN/HEMOCUE	\$4.50	\$4.50
HEP A ANTIBODY (HAAb)	\$17.58	\$17.58
HEP B CORE ANTIB (HBcAb)	\$17.50	\$17.50
HEP B SURF ANTIG (HBsAg)	\$13.13	\$13.13
HEP B SURFACE ANTIBODY	\$15.00	\$15.00
HEP-A/HEP-B ADULT	\$117.58	\$117.58
HEP-B VAC IMMUNSUP/DIALYS	\$57.48	\$57.48
HEP-B VAC.5MCG SUP/20+YRS	\$30.71	\$30.71
HEPATITIS A & B PANEL	\$32.00	\$32.00
HEPATIC FUNCTION PANEL	\$10.85	\$10.85
HEPATITIS A AB	\$18.00	\$18.00
HEPATITIS A ANTIBODY-IGM	\$15.60	\$15.60
HEPATITIS A IGM	\$15.00	\$15.00
HEPATITIS B CORE ANTIBODY	\$18.00	\$18.00
HEPATITIS B CORE IGM	\$18.00	\$18.00
HEPATITIS B SURF ANTIBODY	\$16.00	\$16.00
HEPATITIS B SURF ANTIGEN	\$16.00	\$16.00
HEPATITIS BE ANT (HBcAb)	\$16.80	\$16.80
HEPATITIS C AMPLIF PROBE	\$69.00	\$69.00
HEPATITIS C ANTIBODY	\$21.00	\$21.00
HEPATITIS C RNA QUANT	\$99.00	\$99.00

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
IV SET BUTTERFLY 21-25 GA	\$5.00	\$5.00
IV SOLUTION-1ST 1000CC	\$28.00	\$28.00
IV SOLUTN-EACH ADD 1000CC	\$8.05	\$8.05
IV START KIT	\$45.00	\$45.00
IV TUBING	\$28.00	\$28.00
IV TUBING SECONDARY	\$9.00	\$9.00
KANAMYCIN 500 MG INJ	\$34.00	\$34.00
KETOROLAC INJ 60 MG	\$33.00	\$33.00
KNEE ONE OR TWO VIEWS	\$40.25	\$40.25
KNEE-3 VIEWS	\$57.50	\$57.50
KOH SLIDE SKIN/TISSUE	\$8.00	\$8.00
L.E. LATEX	\$14.10	\$14.10
LAC-I FACE/EARS 2.6-5 CM	\$177.00	\$177.00
LAC-I FACE/EARS <2.6 CM	\$159.00	\$159.00
LAC-I FACE/EARS >30 CM	\$499.00	\$499.00
LAC-I FACE/EARS 12.6-20	\$338.00	\$338.00
LAC-I FACE/EARS 20.1-30	\$431.00	\$431.00
LAC-I FACE/EARS 5.1-7.5	\$223.00	\$223.00
LAC-I FACE/EARS 7.6-12.5	\$263.00	\$263.00
LAC-I H&F/NK/GEN >30 CM	\$395.61	\$395.61
LAC-I H&F/NK/GEN 12.6-20	\$266.00	\$266.00
LAC-I H&F/NK/GEN 2.6-7.5	\$173.00	\$173.00
LAC-I H&F/NK/GEN 20.1-30	\$326.00	\$326.00
LAC-I H&F/NK/GEN 7.6-12.5	\$223.00	\$223.00
LAC-I TRK/ARM&LEG <2.6 CM	\$136.00	\$136.00
LAC-I TRK/ARM&LEG >30 CM	\$362.00	\$362.00
LAC-I TRK/ARM&LEG 12.6-20	\$247.00	\$247.00
LAC-I TRK/ARM&LEG 2.6-7	\$156.00	\$156.00
LAC-I TRK/ARM&LEG 20.1-30	\$303.00	\$303.00
LAC-I TRK/ARM&LEG 7.6-12.5	\$206.00	\$206.00
LAC-S BDY/SCLP/NK >30 CM	\$323.68	\$323.68
LAC-S BDY/SCLP/NK 12.6-20	\$200.00	\$200.00
LAC-S BDY/SCLP/NK 20.1-30	\$261.00	\$261.00
LAC-S BDY/SCLP/NK 7.6-12.5	\$157.00	\$157.00
LAC-S BODY/SCLP/NK 2.6-7.5	\$85.63	\$85.63
LAC-S FACE/EARS <2.6 CM	\$100.00	\$100.00
LAC-S FACE/EARS >30 CM	\$448.00	\$448.00
LAC-S FACE/EARS 12.6-20	\$370.00	\$370.00
LAC-S FACE/EARS 2.6-5 CM	\$134.00	\$134.00
LAC-S FACE/EARS 20.1-30	\$359.00	\$359.00
LAC-S FACE/EARS 5.1-7.5	\$185.00	\$185.00
LAC-S FACE/EARS 7.6-12.5	\$236.00	\$236.00
LANCET DEVICE	\$14.25	\$14.25
LDH ISOENZYMES	\$20.00	\$20.00
LDH-LACTATE DEHYDROGENASE	\$10.00	\$10.00
LE CELL PREP	\$18.90	\$18.90
LE-LATEX	\$12.95	\$14.10
LEAD	\$22.45	\$22.45
LESN FACE/MUC MEMB <.6CM	\$84.00	\$84.00
LESN FACE/MUC MEMB 1.1-2	\$129.00	\$129.00
LESN FACE/MUC MEMB 2.1-3	\$169.00	\$169.00
LESN FACE/MUC MEMB 3.1-4	\$222.00	\$222.00
LESN FACE/MUC MUMB .6-1CM	\$111.00	\$111.00
LESN HEAD/HD&FT/GEN <.6CM	\$74.00	\$74.00
LESN HEAD/HD&FT/GEN 1.1-2	\$117.00	\$117.00
LESN HEAD/HD&FT/GEN 2.1-3	\$146.00	\$146.00
LESN HEAD/HD&FT/GEN 3.1-4	\$172.00	\$172.00
LESN HEAD/HD&FT/GEN .6-1CM	\$103.00	\$103.00
LESN TRK/ARM/LEG .6-1CM	\$90.00	\$90.00
LESN TRK/ARM/LEG <.6CM	\$66.79	\$66.79
LESN TRK/ARM/LEG 1.1-2CM	\$108.00	\$108.00

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
NEEDLE BIOPSY OF BREAST	\$87.34	\$87.34
NEUPOGEN 300MCG INJ	\$36.00	\$36.00
NEWBORN SCREENING-3 TESTS	\$40.00	\$40.00
NITROFURANTOIN 100MG #14	\$23.45	\$23.45
NITROFURANTOIN 50MG	\$12.20	\$12.20
NITROPATCH .2MG EACH	\$43.00	\$43.00
NITROSTAT .4MG SUBLING	\$1.00	\$1.00
NORFLOX/NOROXIN 400MG TABS	\$15.00	\$15.00
NORPLANT INSERTION	\$75.00	\$75.00
NORPLANT KIT	\$472.00	\$472.00
NORPLANT REMOV W/REINSERT	\$160.00	\$160.00
NORPLANT REMOVAL ONLY	\$140.00	\$140.00
NOSEBLEED ANT SIMPLE	\$62.94	\$62.94
NUVA RING	\$45.00	\$45.00
O & P CONC+ID-DIREC	\$17.25	\$17.25
O & P TRICHROME STAIN	\$46.97	\$46.97
OBSTETRIC PANEL (7522)	\$43.69	\$43.69
OCCIPITAL NERVE BLOCK	\$100.00	\$100.00
OCCULT BLOOD	\$5.00	\$5.00
OCCULT BLOOD - FECES	\$5.00	\$5.00
OFLOXACIN 200MG 1 TAB	\$5.00	\$5.00
OFLOXACIN 400MG 1 TAB	\$10.00	\$10.00
ORTHO EVRA PATCH	\$15.00	\$15.00
OS CALCIS 2VW>	\$40.25	\$40.25
OVA & PARASITE DIRECT	\$10.00	\$10.00
OXYGEN - NASAL CANNULA	\$34.00	\$34.00
OXYGEN MASK - TUBING	\$46.00	\$46.00
OXYGEN PER 1/2 hr	\$21.00	\$21.00
PAP SMEAR	\$13.43	\$13.43
PARAGARD CONTRCEPTIVE	\$301.07	\$301.07
PARTIAL THROMBOPLASTN	\$7.64	\$7.64
PEAK FLOW METER DISP	\$115.00	\$115.00
PEDIALYTE 6 OZ	\$7.00	\$7.00
PEDIARIX, DTAP/HEPB/IPV	\$173.90	\$173.90
PELVIS 1 OR 2 VIEWS	\$54.05	\$54.05
PELVIS COMPLETE 3VW>	\$71.30	\$71.30
PENICILLIN G BENZATHINE	\$7.94	\$7.94
PENIS LESION REMOV-CHEM	\$74.00	\$74.00
PENTAMIDINE 300 MG	\$248.00	\$248.00
PHENOBARBITAL	\$15.80	\$15.80
PHN-CASE EVAL&INIT TRTMNT	\$34.65	\$34.65
PHN-MNTHLY EVAL&EXT TRTMN	\$17.47	\$17.47
PHOSPHOROUS-URINE	\$10.27	\$10.27
PINWORMS	\$10.00	\$10.00
PIP CHLAMYDIA	\$44.62	\$44.62
PIP EST ADULT PHYS 19-39	\$25.00	\$25.00
PIP EST ADULT PHYS 40-64	\$25.00	\$25.00
PIP EST ADULT PHYS 65+	\$25.00	\$25.00
PIP NEW ADULT PHYS 19-39	\$25.00	\$25.00
PIP NEW ADULT PHYS 40-64	\$25.00	\$25.00
PIP NEW ADULT PHYS 65+	\$25.00	\$25.00
PIP PAP	\$25.00	\$25.00
PIP PREGNANCY 1ST TRI	\$400.00	\$400.00
PIP PREGNANCY 2ND TRI	\$300.00	\$300.00
PIP PREGNANCY 3RD TRI	\$200.00	\$200.00
PIP PREGNANCY POSTPART	\$69.55	\$69.55
PLATELET COUNT	\$6.00	\$6.00
PLETHYSMOGRAPHY TOT BODY	\$55.00	\$55.00
PNEUMOCYST	\$16.00	\$16.00
PNEUMOCYSTIS CULTURE	\$8.00	\$8.00
PODOPHYLLIN 25% 1 APP 30 ML	\$55.00	\$55.00

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
RUBEOLA ANTIBODY	\$23.94	\$23.94
SACROLIAC JTS 2VW>	\$71.30	\$71.30
SACRUM & COCCYX 2VW>	\$57.50	\$57.50
SCAPULA COMPLETE	\$52.90	\$52.90
SCOLIOSIS/SUPINE & ERECT	\$52.90	\$52.90
SCREEN MAMMOGRAPHY BILAT	\$77.63	\$77.63
SCREENING CLINIC	\$85.00	\$85.00
SEDIMENTATION RATE	\$4.95	\$4.95
SEPTRA DS #14 TABS	\$12.00	\$12.00
SGOT/AST-ASPART AMINOTRNS	\$8.00	\$8.00
SGPT/ALT-ALANIN AMINOTRNS	\$8.00	\$8.00
SHOULDER 2VW>	\$52.90	\$52.90
SHOULDER IMMOBILIZER	\$36.00	\$36.00
SICKLE CELL	\$6.67	\$6.67
SILVADENE CREAM 1% 50GM	\$11.00	\$11.00
SINUSES PARANASAL <3VIEWS	\$44.85	\$44.85
SINUSES PARANASAL 3VW>	\$79.35	\$79.35
SKILLED NURSING SERVICE	\$110.00	\$110.00
SKIN STAPLER W/STAPLES	\$47.00	\$47.00
SKIN TEST CANDIDA	\$15.35	\$15.35
SKIN TEST COCCIDIOMYCOSIS	\$11.70	\$11.70
SKIN TEST TB/PPD	\$15.00	\$15.00
SKIN TEST TRICHOPHYTON	\$15.35	\$15.35
SKINTAG REMOVAL 1-15	\$78.00	\$78.00
SKTAG REMV EA ADTL 10 LSN	\$52.00	\$52.00
SKULL <4VW	\$52.90	\$52.90
SLING MUSLIN TRIANGULAR	\$1.85	\$1.85
SLING, TEAR	\$7.45	\$7.45
SODIUM SERUM	\$7.00	\$7.00
SOLUCORTEF/STEROID 50MG	\$25.00	\$25.00
SPECTINOMYCIN INJECT 2GM	\$50.00	\$50.00
SPHENOPALATINE GANGL BLK	\$90.00	\$90.00
SPINE THORASIC-3 VIEWS	\$62.10	\$62.10
SPLINT APPLIC-FINGER	\$30.00	\$30.00
SPLINT APPLIC-SHORT ARM	\$60.80	\$60.80
SPLINT APPLIC-SHORT LEG	\$65.08	\$65.08
SPLINT FINGER 1 X 18	\$3.05	\$3.05
SPLINT FINGER 1/2 X 18	\$2.15	\$2.15
SPLINT FINGER 3/4 X 18	\$2.55	\$2.55
SPLINT FINGER GUARD	\$6.00	\$6.00
SPLINT WRIST LARGE LEFT	\$24.00	\$24.00
SPLINT WRIST SMALL LEFT	\$24.00	\$24.00
SPLINT WRIST SMALL RIGHT	\$24.00	\$24.00
SPONGR-BIRTH CONTROL	\$17.24	\$17.24
SPONGES BIRTH CONTROL #12	\$17.24	\$17.24
SPONGES, 4X4 10 EACH	\$0.65	\$0.65
SPUTIM COLLECT CUP-72 HR	\$7.00	\$7.00
SPUTUM COLLECTION	\$20.00	\$20.00
SPUTUM COLLECTION-CLINIC	\$10.03	\$10.03
SPUTUM COLLECTION-HOME	\$6.90	\$6.90
STAPLE REMOVAL KIT	\$5.00	\$5.00
STAT SET-UP FEE	\$10.93	\$10.93
STERI STRIPS	\$10.00	\$10.00
STERNOCLAV JOINTS 3VW>	\$52.90	\$52.90
STERNUM 2VW>	\$52.90	\$52.90
STRAPPING-ANKLE	\$32.00	\$32.00
STRAPPING-HAND OR FINGER	\$59.94	\$59.94
STRAPPING-TOES	\$30.00	\$30.00
STOOL O & P CONC+ID-DIREC	\$17.25	\$17.25
STOOL O & P CONCENTRATION	\$15.00	\$15.00
STOOL O & P DIRECT	\$10.00	\$10.00

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC HEALTH FEES
Schedule 1

Description of Activity/Service	Current FY06/07 Fee:	Proposed FY07/08 Fee:
URINE CULTURE ID	\$11.00	\$11.00
URINE SENSITIVITY-MIC	\$11.95	\$11.95
US BREAST UNI OR BILAT	\$56.75	\$56.75
US GUID NEEDLE BIOPS S&I	\$76.97	\$76.97
VAC ADMIN CHOLERA	\$9.00	\$9.00
VAC ADMIN COMVAX VFC	\$9.00	\$9.00
VAC ADMIN DT CHILD VFC	\$9.00	\$9.00
VAC ADMIN DTAP VFC	\$9.00	\$9.00
VAC ADMIN HEP A ADULT	\$9.00	\$9.00
VAC ADMIN HEP A CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP B ADULT	\$9.00	\$9.00
VAC ADMIN HEP B CHILD VFC	\$9.00	\$9.00
VAC ADMIN HEP-A	\$9.00	\$9.00
VAC ADMIN HEP-B	\$9.00	\$9.00
VAC ADMIN HIB VFC	\$9.00	\$9.00
VAC ADMIN IPV POLIO	\$9.00	\$9.00
VAC ADMIN IPV POLIO VFC	\$9.00	\$9.00
VAC ADMIN MENINGOCOCCAL	\$9.00	\$9.00
VAC ADMIN MMR	\$9.00	\$9.00
VAC ADMIN MMR VFC	\$9.00	\$9.00
VAC ADMIN PNEUMO STATE	\$9.00	\$9.00
VAC ADMIN PNEUMOCOCCAL	\$9.00	\$9.00
VAC ADMIN RABIES	\$9.00	\$9.00
VAC ADMIN RABIES IG	\$15.00	\$15.00
VAC ADMIN RHOGAM	\$9.00	\$9.00
VAC ADMIN TD 7+ VFC	\$9.00	\$9.00
VAC ADMIN TD ADULT	\$9.00	\$9.00
VAC ADMIN TYPHOID	\$9.00	\$9.00
VAC ADMIN VARICELLA	\$9.00	\$9.00
VAC ADMIN VARICELLA VFC	\$9.00	\$9.00
VAC ADMIN YELLOW FEVER	\$12.29	\$12.29
VAC CHOLERA .5ML	\$25.00	\$25.00
VAC COMVAX HIB/HEP B VFC	\$60.12	\$60.12
VAC CONJUGATE PNEUMO 7	\$9.00	\$9.00
VAC DT DIP/TET CHILD VFC	\$7.50	\$7.50
VAC DTAP VFC	\$9.00	\$9.00
VAC HEP A ADULT	\$70.00	\$70.00
VAC HEP A CHILD	\$32.00	\$32.00
VAC HEP B ADULT 1ML ENRG	\$65.00	\$65.00
VAC HEP B ADULT 1ML RECMB	\$65.00	\$65.00
VAC HEP B CHILD VFC	\$7.50	\$7.50
VAC HEP-B 5MCG SUP/20+YRS	\$30.71	\$30.71
VAC HEP-B ADULT ENGERIX	\$65.00	\$65.00
VAC HIB VFC	\$7.50	\$7.50
VAC IPV POLIO VFC	\$9.00	\$9.00
VAC MEINGOCOCCAL .5ML	\$65.00	\$65.00
VAC MMR	\$40.00	\$40.00
VAC MMR VFC	\$99.00	\$99.00
VAC PNEUMOCOCCAL STATE	\$7.50	\$7.50
VAC POLIO INJECTION	\$53.00	\$53.00
VAC RABIES IG 10 ML	\$220.00	\$220.00
VAC RABIES IG 12 ML	\$263.00	\$263.00
VAC RABIES IG 2 ML	\$50.00	\$50.00
VAC RABIES IG 4 ML	\$90.00	\$90.00
VAC RABIES IG 6 ML	\$135.00	\$135.00
VAC RABIES IG 8 ML	\$177.00	\$177.00
VAC RABIES IM 1ML	\$302.00	\$302.00
VAC RHOGAM IM	\$63.00	\$63.00
VAC TD TET/DIPHTH 7+ VFC	\$7.50	\$7.50
VAC TD TET/DIPHTH ADULT	\$17.00	\$17.00
VAC TYPHOID INJECTION	\$18.00	\$18.00

Justification for Nursing Detention Facility Inspection Rate Increase

In the past two years nursing salaries have increased via the SEIU contract as well as the Productive Hourly Rate Computations have increased. The combination of these two factors has resulted in a request for a \$24.82 per hour increase from \$91.00 to \$115.82. for nursing services based on the current average level and step.

Productive Hourly Rate Computation									
FY 07/08									
(New Rate)									
	Salary/	Hours/	Salary/	Fringe	Internal	External	Program	Program	
					Overhead	Overhead	Overhead	Overhead	Program
					@29.48%	@11.02%	@13.87%	@97.33%	Svc/Supplies
PHN III	\$33.78	2,080	\$70,262.40	\$31,618.08	\$20,713.36	\$7,742.92	\$9,745.39	\$68,386.39	\$208,468.54
(Step 9)									
									\$115.82

Note: This include the \$0.45 per mile for travel.

Community Health Agency
 Administrative Overhead Rate
 Fiscal Year 2005/2006
 Based on Actual FY05/06
 Updated: December 27, 2006
 Prepared by: Claudia Rodriguez

1. External overhead rate

	Public Health	CCS	Environmental Health	Animal Services
517000 Workers Comp Ins	846,816.40	188,196.00	350,609.00	164,352.00
520930 Insurance Liability	190,096.60	30,350.00	60,060.04	190,182.00
520935 Malpractice Insurance	17,632.00			
520945 Insurance Property	141,389.01	22,253.00	47,865.96	53,591.00
524740 County Support Svcs (COWCAP) (1)	550,893.78	12,288.00	73,443.00	203,726.00
525140 Personnel Services-HR	554,479.71	155,319.00	173,363.00	116,338.00
525300 Oasis Processing -Financial - HRMS	535,144.53	59,549.76	159,735.16	96,209.44
532660 Capital Lease-Other	305,179.25		32,486.79	
Total External overhead services (5)	3,141,631.28	467,955.76	897,562.95	824,398.44
Total Adjusted Salaries	Sch A 28,503,376.92	7,309,855.23	8,470,269.36	3,816,380.48
External overhead rate (3)	11.02%	6.40%	10.60%	21.60%

Formula: Total External OH svcs divided by Total Adjusted Salaries

Note: (1) External Overhead - COWCAP (County Wide Cost Allocation Plan). This is the actual cost allocated and billed to us by the Riverside County Auditor Controller's Office.

COWCAP includes the actual cost of the Executive Office, Auditor Controller's Office, County Counsel, County Purchasing Dept and part of County HR & County IT, County Human Resources and County Information Technology cost are pro-rated and billed to the different whom they support, however the difference between Expense and Revenue are included as part of COWCAP.

(2) Freight are delivery cost added to the line item expenses and being billed to the grant. It was not included in the external OH for Pub Hlth, CCS, Env Hlth, & Animal Svcs.

(3) Revised the External OH computation; if above expenses except COWCAP are billed as direct cost to the grant

2. Internal overhead rate

524500 Administrative Support Direct	8,403,432.47	1,011,691.92	1,500,784.74	1,067,580.37
Total Administrative Support Direct (4)	Sch C 8,403,432.47	1,011,691.92	1,500,784.74	1,067,580.37
Total Adjusted Salaries	Sch A 28,503,376.92	7,309,855.23	8,470,269.36	3,816,380.48
Internal overhead rate	29.48%	13.84%	17.72%	27.97%
Total External & Internal Overhead Rate	40.50%	20.24%	28.31%	49.58%

Formula: Total Adm Support Direct divided by Total Adjusted Salaries

Note: (4) Internal overhead - The Health Department has Support Services as follows: CHA General Administration, Fiscal Services, Information Technology and Internal Support Services. Their net operating cost are pro-rated and billed to the different departments of Community Health Agency to whom they support.

Note:

(5) Expenditure line items included in this report were provided by Isabel Michaels. Adjusted & Base Net Salaries calculations are from actual Salaries FY2004/2005 Agency External and Internal Overhead cost was included in the computation of Admin Support Services

Source: (Report ID # RVGLA568) Summary Stmt. of Appropriations, Encumbrances & Expenditures, Final for FY 04/05

Public Health Overhead Rate
 Updated December 27, 2006
 Prepared by: Claudia Rodriguez

	<u>Public Health</u>	<u>CCS</u>	<u>Environmental Health</u>	<u>Animal Services</u>
510040 Regular Salaries	28,228,483.51	7,309,855.23	8,467,354.39	3,774,033.04
510200 Payoff Permanent-Seasonal	264,502.77	-	2,914.97	42,347.44
510320 Temporary Salaries	10,390.64	-	-	-
Total Adjusted Salaries	Sch A 28,503,376.92	7,309,855.23	8,470,269.36	3,816,380.48
510040 Regular Salaries	28,228,483.51	7,309,855.23	8,467,354.39	3,774,033.04
510040 Administrative	(3,437,413.83)	-	(226,765.45)	(1,203,797.95)
Program Base Net Salaries	Sch B 24,791,069.68	7,309,855.23	8,240,588.94	2,570,235.09
Administrative Support - Direct:				
524500 Administrative Support - Direct	7,968,909.78	1,011,691.92	1,500,784.74	1,067,580.37
Special Revenue Funds	434,522.69	-	-	-
Total Administrative Support	Sch C 8,403,432.47	1,011,691.92	1,500,784.74	1,067,580.37

Source: (Report ID #RVGLA56S) Summary Stmtnt of Appropriations, Encumbrances & Expenditures, for FY 05/06

	<u>Public Health</u>	<u>CCS</u>	<u>Environmental Health</u>	<u>Animal Services</u>
Program's Internal O/H Rate				
Regular Salaries (from Sch B)	28,228,483.51	7,309,855.23	8,467,354.39	3,774,033.04
Less: Administrative Salaries	(3,437,413.83)		(226,765.45)	(1,203,797.95)
Program Base Net Salaries:	24,791,069.68	7,309,855.23	8,240,588.94	2,570,235.09
Program's Internal O/H Rate	13.87%	0.00%	2.75%	46.84%
Formula: Rate = Administrative Sal/Prog Base Net Salaries				
Ex Pub Hlth:	3,437,413.83 / 24,791,069.68 = 14%			
Env Hlth:	226,765.45 / 8,240,588.94 = 3%			
Services/Supplies, Other Charges Rate:				
Total Cost Services & Supplies (Approp 2)	35,062,973.16	2,469,428.47	7,724,676.09	4,864,588.72
Less:	(346,607.88)		(24,955.05)	
524680 Consultants-Computer Prog				
525440 Professional Services	(6,503,460.56)	(10,144.07)		(463,372.46)
525340 Temporary Help	(3,072,294.29)	(16,223.38)	(164,839.19)	(313,745.64)
Included in External OH Computation:				
524740 County Support Svcs(Cowcap)	(550,893.78)	(12,288.00)	(73,443.00)	(203,726.00)
520930 Insurance Liability	(190,096.60)	(30,350.00)	(60,060.04)	(190,182.00)
520935 Malpractice Insurance	(17,632.00)			
520945 Insurance Property	(141,389.01)	(22,253.00)	(47,865.96)	(53,591.00)
525140 Personnel Svcs - HR	(554,479.71)	(155,319.00)	(173,363.00)	(116,338.00)
525300 Oasis Processing-Financials- HRMS	(535,144.53)	(59,549.76)	(159,735.16)	(96,209.44)
Net Approp 2-Services & Supp to Distribute	23,150,974.80	2,163,301.26	7,020,414.69	3,427,424.18
Add: Other Charges (Approp 3)	1,282,464.09	3,355,107.00	164,028.63	578,874.73
Less: 532660 Capital Lease-Other (Ext OH)	(305,179.25)	0	(32,486.79)	
Net Approp 3-Other Charges to Distribute	977,284.84	3,355,107.00	131,541.84	578,874.73
Total Supplies, Services, Other Charges:	24,128,259.64	5,518,408.26	7,151,956.53	4,006,298.91
Total Supplies, Services, Other Charges Rate:	97.33%	75.49%	86.79%	155.87%
Formula: Rate = Total Supplies, Services, Other Charges divided by Prog Base Net Salaries				
Ex: Pub Hlth	22,615,235.74 / 24,791,069.68 = 92%			
Ex: CCS	2,163,301.26 / 7,309,855.23 = 30%			

06/26/07 JUSTIFICATION FOR MEDICAL MARIJUANA IDENTIFICATION CARD (MMIC)
 (see Ordinance Fee page 1)

Community Health Agency is collecting the fee and portion of it is remitted to Department of Health Services(DHS). The required portion to the State is based on State guidelines per Health and Safety Code 11362.755 of Senate Bill 420 (Vasconcellos, Chapter 875, Statutes of 2003). This Safety Code requires the Program to be fully fee supported.

1) Therapeutic Med ID program (MMPIC):

Current Fee FY 06/07	\$ 100.00	
Less: Current fee for Non-Medi-cal beneficiaries remitted to the State	\$ (13.00)	151
CHA fee to operate the County program	<u>\$ 87.00</u>	

Proposed fee for FY 07/08	\$ 153.00	
Less: : DHS new required fee for Non-Medical beneficiaries	\$ (66.00)	151
CHA fee to operate the County program	<u>\$ 87.00</u>	

2) Therapeutic Med ID program (MMPIC) discount:

Current Fee FY 06/07	\$ 50.00	
Less: Current fee for Medi-cal beneficiaries remitted to the State	\$ (6.50)	2nd
CHA fee to operate the County program	<u>\$ 43.50</u>	

Proposed fee for FY 07/08	\$ 76.50	
Less: DHS new required fee for Medi-cal beneficiaries	\$ (33.00)	2nd
CHA fee to operate the County program	<u>\$ 43.50</u>	

State of California—Health and Human Services Agency
Department of Health Services

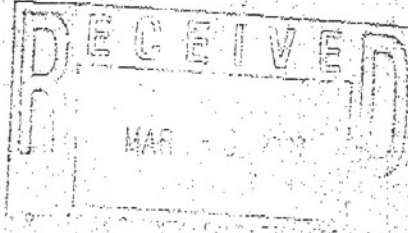
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California
Department of
Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor



Fwd. to [unclear]

DATE: February 28, 2007

TO: ALL COUNTY HEALTH DIRECTORS

SUBJECT: NOTICE OF MEDICAL MARIJUANA IDENTIFICATION CARD (MMIC)
CHANGE OF FEE INCREASE EFFECTIVE APRIL 1, 2007

The purpose of this letter is to provide you written notice that the California Department of Health Services' (Department's) required portion of the MMIC fee for non-Medi-Cal beneficiaries will be \$66 effective April 1, 2007. For Medi-Cal beneficiaries, the Department's required fee is \$33, also effective April 1, 2007. This letter supersedes the "Notice of Medical Marijuana Identification Card (MMIC) Change of Fee Increase" dated December 27, 2006. The current fees of \$13 and \$6.50 for Medi-Cal beneficiaries will remain in-effect through the month of March.

This fee increase is necessary to comply with Health and Safety Code 11362.755 (a) of Senate Bill 420 (Vasconcellos, Chapter 875, Statutes of 2003), which requires the Program to be fully fee supported.

Should you need any additional information regarding this letter, please contact Ms. Karen Parr, Acting Chief, Medically Indigent Services Section, at (916) 552-8600.

Sincerely,

Terry Trinidad

Terry Trinidad
Acting Deputy Director
Health Information and Strategic Planning Division

	100.00+
	13.00+ ✓
	66.00+
00	153.00+ (circled)
	33.00+
	6.50+
	33.00+
001	59.50+ (circled)
	50.00+
	6.50+
	33.00+
001	76.50+ (circled)

From: Aurora Layugan
To: Jauregui Burns, Victoria
Date: 6/14/2007 2:57:59 PM
Subject: Medical Marijuana Program

Victoria,

Can you give us the backup documents on the increase of the fees for FY07/08 -

Therapeutic Medical ID Program (MMPIC) - \$153.00
Therapeutic Medical ID Program (MMPIC) Discount - \$ 76.50

I thought I saw a memo from the State, but I cannot find my copy.

CC: Richardson, Gregory