

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



**ITEM
9.5
(ID # 4756)**

MEETING DATE:
Tuesday, July 11, 2017


FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Public Hearing regarding the adoption of Ordinance No. 734.15 Amending Ordinance No. 734 an Ordinance of the County Riverside Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies. Districts: All [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Convene a public hearing on July 11, 2017 on the adoption of Ordinance No. 734.15 Amending Ordinance No. 734 an Ordinance of the County Riverside Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies; and
2. At the close of the public hearing, the Board of Supervisors adopt Ordinance No. 734.15.

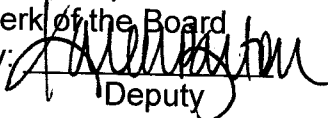
ACTION: Set for Hearing, Policy, Clerk to Advertise


Sarah S Mack, Director of Public Health 6/29/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Perez and duly carried, IT WAS ORDERED that the above matter is approved as recommended, and that Ordinance 734 is adopted with waiver of the reading.

Ayes: Jeffries, Tavaglione, Washington, Perez
Nays: None
Absent: Ashley
Date: July 11, 2017
xc: RUHS-Public Health, MC, COB

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

| FINANCIAL DATA | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost |
|-----------------------------|-----------------------------|--------------------------|-------------------------------|---------------------|
| COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| NET COUNTY COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| SOURCE OF FUNDS: N/A | | | Budget Adjustment: No | |
| | | | For Fiscal Year: 16/17 | |

C.E.O. RECOMMENDATION: APPROVAL

BACKGROUND:

Summary (Continued)

The Board adopted Ordinance 734, Public Health Program Services and Supplies Fee and Charges, on March 1994 establishing County Public Health fees, charges and rates. The last update was Ordinance 734.14 on December 4, 2013 with Board adoption on December 20, 2013. As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), third party payers, we are submitting Ordinance 734.15 to reflect the commensurate and applicable changes to the Riverside University Health System Public Health fee schedule.

On June 6th, 2017, Item 3-22, the Board of Supervisors approved the re-introduction of the Ordinance amendment 734.15. Today's Form 11 requests the convening of a public hearing, and the subsequent adoption of the updated Fee Ordinance.

Impact on Citizens and Business

The new and revised Public Health program fees are necessary for the on-going operational and maintenance cost in providing Public Health program services to Riverside County residents.

Additional Fiscal Information

This update includes new, revised, and deleted fees. Public Health Laboratory miscellaneous fees were revised using the Medicare rates with a 150% multiplier and were not reviewed by the Auditor Controller's Office. The fees are consistent with standard pricing and strategy recommended by NACHC (National Association of Community Health Centers) as used in the healthcare industry. Vital Records fees were updated to be consistent with established California Department of Public Health rates. Some services were added to the schedule with industry standard fees or with the pass-through costs. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product. These new or updated fees are as follows:

- A. Non Clinical Laboratory
 - 1. Records Processing Fee

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

- B. PH Laboratory Miscellaneous Fees
 - 2. GeneXpert Assay
 - 3. QuantiFERON – TB

- C. Disease Control
 - 4. TB Skin Testing Group

- D. PH Nursing
 - 5. Denver Developmental Screening Test (DDST)
 - 6. Nursing Faculty Service
 - 7. Student Nurse Coordinator
 - 8. HELPS Self-Management Education Workshop

- E. HIV/AIDS
 - 9. Court Ordered HIV testing

- F. California Children's Services (CCS)
 - 10. CCS Records Processing Fee

- G. Nutrition
 - 11. Community Education Presentation
 - 12. Lactation Counseling
 - 13. Birth and Beyond Training
 - 14. Lactation Counselor Training
 - 15. Asthma Group Education Class
 - 16. Professional Education Presentation by Registered Dietician (RD)
 - 17. Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef

- H. Staff Development
 - 18. CPR (Cardiopulmonary Resuscitation) classes

ATTACHMENTS:

Attached is the Riverside University Health System Public Health Fees, Ordinance 734.15 Schedule 1.

Ordinance 734.14 Schedule 2 is not included as it is not applicable to Riverside University Health System Public Health fees.

1 ORDINANCE NO. 734.15

2
3 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING
4 ORDINANCE NO. 734 RELATING TO ESTABLISHING FEES, CHARGES
5 AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES
6

7 The Board of Supervisors of the County of Riverside ordains as follows:

8 Section 1. Section 2. Fees and Charges of Ordinance No. 734 shall be amended by
9 deleting Schedule 1 and substituting a new Schedule 1, which is attached hereto and incorporated herein
10 as Schedule 1 of Section 2. Fees and Charges.

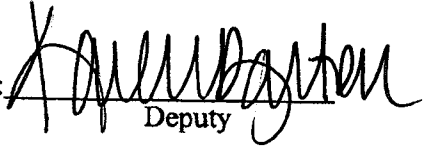
11 Section 2. This ordinance shall take effect thirty (30) days after its adoption.

12 BOARD OF SUPERVISORS OF THE COUNTY
13 OF RIVERSIDE, STATE OF CALIFORNIA

14 By: 
15 Chairman

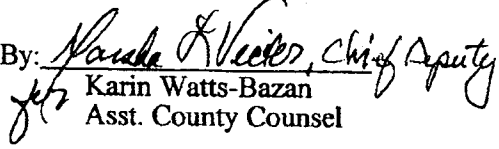
16 ATTEST:

17 CLERK OF THE BOARD:

18 By: 
19 Deputy

20
21 (SEAL)

22 APPROVED AS TO FORM

23
24 By: 
25 Karin Watts-Bazan
26 Asst. County Counsel

27 MAK:dmg

28 5/9/17

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STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE) ss

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said county held on July 11, 2017, the foregoing ordinance consisting of 2 Sections was adopted by the following vote:

AYES: Jeffries, Tavaglione, Washington and Perez
NAYS: None
ABSENT: Ashley

DATE: July 11, 2017

KECIA HARPER-IHEM
Clerk of the Board
BY: 
Deputy

SEAL

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734-15 Schedule 1

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|---------------------------|---------------------------|
| Business Services: | | |
| Returned Checks | \$ 20.00 | \$ 20.00 |
| Emergency Medical Services: | | |
| Advanced Life Support (ALS): | | |
| Ambulance Service Permit per year (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 2yrs | \$ 15.00 | \$ 15.00 |
| EMT-I Certification and recertification every 2yrs | \$ 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 Re-verification every 2yrs | \$ 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 2yrs | \$ 15.00 | \$ 15.00 |
| Initial Certification (MICN Challenge) Recertification: every 2yrs | \$ 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 2yrs | \$ 50.00 | \$ 50.00 |
| Photocopying per page | \$ 0.05 | \$ 0.05 |
| Protocol Manual Update Subscriptions: | | |
| Complete Manual every 2yrs | \$ 5.00 | \$ 5.00 |
| Protocol Manuals: | | |
| Complete Manual | \$ 50.00 | \$ 50.00 |
| Each Section | \$ 5.00 | \$ 5.00 |
| Epidemiology | | |
| Special Data Request Fee | \$ 70.00 | \$ 70.00 |
| Injury Prevention Services: | | |
| Bicycle Helmets* | \$ 10.00 | \$ 3.00 - \$10.00 |
| Regular Car Seats* | \$ 45.00 | \$ 20.00 - \$45.00 |
| Special Needs Car Seat* | \$ 50.00 | \$00.00- \$50.00 |
| *Sliding fee scale based on Income | | |
| Non Clinical Laboratory: | | |
| Fees for Registration of Non-Diagnostic General Health Assessment Program: | | |
| Annual Operator/Organization Registration | \$ 100.00 | \$ 100.00 |
| Additional Dates | \$ 12.00 | \$ 12.00 |
| Additional Program | \$ 43.00 | \$ 43.00 |
| Additional Site | \$ 20.00 | \$ 20.00 |
| Personnel Addition | \$ 12.00 | \$ 12.00 |
| Record Changes | \$ 12.00 | \$ 12.00 |
| Review Procedural Changes | \$ 20.00 | \$ 20.00 |
| Non Diagnostic General Health Assessment Consultation | \$ 75.00 | \$ 75.00 |
| Records Processing Fee | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |
| Certified Mail, per item | | \$ 3.45 |
| Certified Mail (Registered) per item | | \$ 12.20 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|---|---------------------------|---------------------------|
| Certified Mail (Receipt requested) per item | | \$ 2.80 |

PH Laboratory Miscellaneous Fees:

| | | | |
|--|-----------------------|----------|----------|
| Acid Fast Smear (Auramine) | CPT 87206 | | \$ 11.00 |
| Amplication Probe - Chlamydia | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Amplication Probe - Gonorrhea | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Blood Lead Screen (assay of lead) | CPT 83655 | \$ 22.00 | \$ 25.00 |
| Concentrate | CPT 87015 | | \$ 14.00 |
| Culture 0157 E. coli (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Aerobic (culture bacteria - other) | CPT 87070 | \$ 15.00 | \$ 18.00 |
| Culture Bordetella pertussis (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Campylobacter (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Enteric (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture for Identification | CPT 87077 | \$ 13.00 | \$ 17.00 |
| Culture Gonorrhea (GC) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Group A strep (Throat) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Group B strep (vaginal/rectal) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Salmonella/Shigella (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture TB | CPT 87116 | | \$ 20.00 |
| Culture Virus (Herpes) (virus inoculation tissue) | CPT 87252 | \$ 39.00 | \$ 53.00 |
| FA Bordetella pertussis | CPT 87265 | | \$ 19.00 |
| FA Cryptosporidium/Giardia (AG IF) | CPT 87269 & CPT 87272 | \$ 16.00 | \$ 38.00 |
| FA Herpes Simplex Virus (HSV1) | CPT 87274 | | \$ 19.00 |
| FA Herpes Simplex Virus (HSV2) | CPT 87273 | | \$ 19.00 |
| FA Pneumocystis carinii (AG IF) | CPT 87281 | \$ 16.00 | \$ 19.00 |
| FA Rabies | CPT N/A | \$ 50.00 | \$ 50.00 |
| Fecal Leukocyte (smear gram stain) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Fungus for Identification (culture - Fungal) | CPT 87102 | | \$ 30.00 |
| Fungus ID Mold | CPT 87107 | | \$ 50.00 |
| Fungus ID Yeast | CPT 87106 | \$ 19.00 | \$ 50.00 |
| GeneXpert Assay | CPT 87556 | | \$ 75.00 |
| Gram Stain (smear) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Hepatitis A IgM Antibody | CPT 86709 | \$ 18.00 | \$ 23.00 |
| Hepatitis A Total Antibody | CPT 86708 | | \$ 25.00 |
| Hepatitis B Core IgM Antibody | CPT 86705 | \$ 20.00 | \$ 24.00 |
| Hepatitis B Core Total Antibody | CPT 86704 | \$ 20.00 | \$ 25.00 |
| Hepatitis B Surface Antibody | CPT 86706 | \$ 18.00 | \$ 22.00 |
| Hepatitis B Surface Antigen (AG EIA) | CPT 87340 | \$ 17.00 | \$ 21.00 |
| Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) | CPT 87341 | \$ 17.00 | \$ 21.00 |
| Hepatitis C Antibody | CPT 86803 | \$ 24.00 | \$ 29.00 |
| HIV 1 and HIV 2 Multispot (antibody) | CPT 86701 & CPT86702 | | \$ 46.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (HIV-1/HIV-2 single assay) | CPT 86703 | \$ 19.00 | \$ 28.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (W - Confirmation Test) | | | \$ 65.00 |
| HIV Antibody Confirmation (Westernblot) (HTLVI confirm test) | CPT 86689 | \$ 35.00 | \$ 40.00 |
| HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay) | CPT 87389 / CPT 87806 | \$ 19.00 | \$ 28.00 |
| HSV 1/2 PCR (DNA amp probe) | CPT 87529 | | \$ 72.00 |
| ID of Parasite | CPT 87169 | | \$ 9.00 |
| M. TB identification - (DNA direct probe) | CPT 87149 | | \$ 41.00 |
| Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) | CPT 87190 | \$ 60.00 | \$ 60.00 |
| Ova & Parasite - Concentration (smears) | CPT 87177 | \$ 17.00 | \$ 18.00 |
| Ova & Parasite - Trichrome (smear complex stain) | CPT 87209 | \$ 30.00 | \$ 37.00 |
| PCR - Influenza A/B | CPT 87797 | | \$ 41.00 |
| PCR - Norovirus | CPT 87797 | \$ 25.00 | \$ 41.00 |
| PCR - Enterovirus | CPT 87797 | | \$ 41.00 |
| PCR - B Pertussis | CPT 87798 | | \$ 72.00 |
| PCR - Shiga-toxin | CPT 87797 | | \$ 41.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|---------------------------|---------------------------|
| PCR - Measles | CPT 87797 | \$ 41.00 |
| PCR - Zika | CPT 87798 | \$ 72.00 |
| Pinworm | CPT 87172 | \$ 9.00 |
| QuantiFERON-TB | CPT 86480 | \$ 40.00 |
| Routine Water Examination (MPN) | | \$ 18.00 |
| Rubella IgG Antibody | CPT 86762 | \$ 23.00 |
| Shiga-toxin 1 EIA | CPT 87427 | \$ 19.00 |
| Shiga-toxin 2 EIA | CPT 87427 | \$ 19.00 |
| Special Water Examination | | \$ 36.00 |
| Syphilis (RPR) - Qualitative | CPT 86592 | \$ 8.00 |
| Syphilis (RPR) - Quantitative | CPT 86593 | \$ 8.00 |
| Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>) | CPT 86780 | \$ 24.00 |
| Syphilis Serum EIA Screen (<i>non-trep qual</i>) | CPT 86592 | \$ 8.00 |
| West Nile Virus Antibody Screen (prev. WNV EIA) | CPT 86788 | \$ 16.00 |
| West Nile Virus IgG Confirmation | CPT 86789 | \$ 29.00 |
| West Nile Virus IgM Confirmation | CPT 86788 | \$ 34.00 |
| Zika IgM Serology | CPT 86790 | \$ 26.00 |

Disease Control:

| | | |
|---|-----------|-----------|
| Fee for provision of TB Skin Testing Group: | | |
| Class Fee | \$ 354.90 | \$ 500.00 |
| Per Capita Student Fee | \$ 9.40 | - |

Nursing:

| | | | |
|--|--------------|-----------|-----------|
| Denver Developmental Screening Test (DDST) | per hour | \$ 65.60 | \$ 79.00 |
| Detention Facility Inspection | per hour | \$ 115.82 | \$ 115.82 |
| Nursing Faculty Service | per hour | | \$ 66.00 |
| Student Nursing Coordinator | per hour | | \$ 66.00 |
| HELPS Self Management Education Workshop | per workshop | | \$ 487.00 |

HIV/AIDS

| | | |
|---|------------------|------------------|
| Court-Ordered HIV Testing | \$ 77.00 | \$ 123.00 |
| Education Classes for sex and drug offenders (set by Judge) | \$70.00-\$300.00 | \$70.00-\$300.00 |
| Therapeutic Med ID program (MMIC) | \$ 153.00 | \$ 153.00 |
| Therapeutic Med ID program (MMIC) discount | \$ 76.50 | \$ 76.50 |

California Children's Services (CCS):

| | | |
|--|---------------|---------------|
| CCS Assessment Fee: (Depends on family size & adjusted gross income) | \$0 or \$20 | \$0 or \$20 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2) | \$0 to \$1440 | \$0 to \$1440 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3) | \$0 to \$1380 | \$0 to \$1380 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4) | \$0 to \$1320 | \$0 to \$1320 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5) | \$0 to \$1260 | \$0 to \$1260 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more) | \$0 to \$1200 | \$0 to \$1200 |
| Records Processing Fee (Subpoena/Records Request Clerical Fee) | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|----------------------------------|---------------------------|---------------------------|
| Nutrition | | |
| Baby Sling | each \$ 30.00 | \$ 30.00 |
| Community Education Presentation | per hour \$ 80.00 | \$ 88.00 |

| Description of Activity/Service | | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|-----------------|---------------------------|---------------------------|
| Detention Facility Inspection Registered Dietitian | per hour | \$ 116.00 | \$ 116.00 |
| Lactation Counseling | per hour | \$ 90.00 | \$ 113.00 |
| Professional Education Presentation by HEA | | \$ 86.00 | \$ 86.00 |
| Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers) | per session | \$ 25.00 | \$ 25.00 |
| Registered Dietician, International Board Certified Licensed Counselor (RD/CDE/CLE/IBCLC) | hourly rate | \$ 116.00 | \$ 116.00 |
| Staff Training (for non-County providers) | per hour | \$ 80.00 | \$ 80.00 |
| Birth and Beyond Training (16 hour course taught by an IBCLC) | per participant | \$ 244.00 | \$ 300.00 |
| Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC) | per participant | \$ 300.00 | \$ 380.00 |
| Lactation Consultant Course (9 mos college course for IBCLC Exam) | per participant | \$ 1,600.00 | \$ 1,600.00 |
| Asthma Group Education Class | per participant | | \$ 121.00 |
| Professional Education Presentation by Registered Dietician (RD) | per hour | | \$ 115.00 |
| Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef | per class | | \$ 665.00 |

Staff Development

| | | | |
|---|-----------|--|----------|
| CPR (Cardiopulmonary Resuscitation) class | per class | | \$ 40.00 |
|---|-----------|--|----------|

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

| | | | |
|--|----------|----------|----------|
| AVSS Technical Support | per hour | \$ 95.00 | \$ 95.00 |
| Birth - Government Agencies | each | \$ 14.00 | \$ 19.00 |
| Birth - General Public | each | \$ 20.00 | \$ 28.00 |
| Birth Certified copies, searches & certification | each | \$ 20.00 | \$ 28.00 |
| Death Certificate -Government agency & General Public | each | \$ 16.00 | \$ 21.00 |
| Death Certified copies, searches & certification | each | \$ 16.00 | \$ 21.00 |
| Death listings - sent to mortuaries | each | \$ 5.00 | \$ 5.00 |
| Fax Filing Fee- Per authorization number | each | \$ 1.00 | \$ 1.00 |
| Fetal Death Certificate -Government Agency & GeneralPublic | each | \$ 13.00 | \$ 18.00 |
| Still Birth Certified Copies | each | \$ 20.00 | \$ 20.00 |

II. Permit for Disposition of Human Remains

| | | | |
|--------------------|------|----------|----------|
| Regular Permit | each | \$ 11.00 | \$ 12.00 |
| After Hours Permit | each | \$ 11.00 | \$ 12.00 |

III. Other Services

| | | | |
|--------------------------------------|--------------|--|----------|
| Letter of Non-Contagious Disease | each - max 2 | | \$ 10.00 |
| Letter of Authentication | each | | \$ 10.00 |
| Paternity Declaration (to DCSS only) | each | | \$ 10.00 |

Amendment Fees (Issued by State Registrar Only)

| | | | |
|---|--|----------|---|
| Acknowledgment of Paternity | | \$ 20.00 | - |
| Adjudication of Facts of Parentage | | \$ 20.00 | - |
| Affidavit to Amend a Marriage Record* | | \$ 20.00 | - |
| Affidavit to Amend a Record* | | \$ 20.00 | - |
| Amendment of Birth Record to Reflect Court Order Change of Name | | \$ 20.00 | - |
| Amendment of Medical and Health Section Data - Death* | | \$ 20.00 | - |
| Court Order of Adoption | | \$ 20.00 | - |
| Court Ordered Delayed - Birth | | \$ 20.00 | - |
| Court Ordered Delayed - Death | | \$ 20.00 | - |
| Court Ordered Delayed - Marriage | | \$ 20.00 | - |
| Delayed Registration of Birth | | \$ 20.00 | - |
| Physician/Coroner's Amendment* | | \$ 20.00 | - |
| Supplemental Name Report (No fee is charged if amendment is applied within one year of event.) | | \$ 20.00 | - |

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



ITEM
3.22
(ID # 4494)

MEETING DATE:
Tuesday, June 6, 2017

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: (SCHEDULE A PUBLIC HEARING) Re-Introduction of Ordinance No. 734.15 Amending Ordinance No. 734, an Ordinance of the County Riverside Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies. Districts: All [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Re-introduce Ordinance No. 734.15 and set for a public hearing and adoption; and
2. Direct the Clerk of the Board to publish a notice of public hearing dated on June 27th 2017, and
3. Upon the close of the public hearing on June 27th, 2017, adopt Ordinance.


ACTION: Policy, Set for Hearing


Sarah S Mack, Director of Public Health 5/25/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Tavaglione and duly carried, IT WAS ORDERED that the above Ordinance is approved as introduced with waiver of reading and is set for public hearing July 11, 2017 at 9:00 a.m. or as soon as possible thereafter.

Ayes: Jeffries, Tavaglione, Washington and Perez
Nays: None
Absent: Ashley
Date: June 6, 2017
xc: RUHS-Public Health, COB

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

| FINANCIAL DATA | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost |
|-----------------------------|-----------------------------|--------------------------|-------------------------------|---------------------|
| COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| NET COUNTY COST | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| SOURCE OF FUNDS: N/A | | | Budget Adjustment: N/A | |
| | | | For Fiscal Year: 16/17 | |

C.E.O. RECOMMENDATION: APPROVE

BACKGROUND:

Summary (continued)

On April 18th, 2017 Item 3-20, the Board of Supervisors approved the introduction of Ordinance 734.15 and the intent to conduct a public hearing. At the time of approval, a copy of the Ordinance No. 734.15 was not included with the item.

This item is re-introducing Ordinance 734.15 and requesting the Clerk of the Board to set a public hearing on June 27th, 2017.

The Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, on March 1994 establishing County Public Health fees, charges and rates. The last update was Ordinance 734.14 on December 4, 2013 with Board adoption on December 20, 2013. As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), third party payers, we are submitting Ordinance 734.15 to reflect the commensurate and applicable changes to the Riverside University Health System Public Health fee schedule.

Impact on Citizens and Business

The new and revised Public Health program fees are necessary for the on-going operational and maintenance cost in providing Public Health program services to Riverside County residents.

Additional Fiscal Information

This update includes new, revised, and deleted fees. Public Health Laboratory miscellaneous fees were revised using the Medicare rates with a 150% multiplier and were not reviewed by the Auditor Controller's Office. The fees are consistent with standard pricing and strategy recommended by NACHC (National Association of Community Health Centers) as used in the healthcare industry. Vital Records fees were updated to be consistent with established California Department of Public Health rates. Some services were added to the schedule with industry standard fees or with the pass-through costs. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product. These new or updated fees are as follows:

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

- A. Non Clinical Laboratory
 - 1. Records Processing Fee

- B. PH Laboratory Miscellaneous Fees
 - 2. GeneXpert Assay
 - 3. QuantiFERON – TB

- C. Disease Control
 - 4. TB Skin Testing Group

- D. PH Nursing
 - 5. Denver Developmental Screening Test (DDST)
 - 6. Nursing Faculty Service
 - 7. Student Nurse Coordinator
 - 8. HELPS Self-Management Education Workshop

- E. HIV/AIDS
 - 9. Court Ordered HIV testing

- F. California Children's Services (CCS)
 - 10. CCS Records Processing Fee

- G. Nutrition
 - 11. Community Education Presentation
 - 12. Lactation Counseling
 - 13. Birth and Beyond Training
 - 14. Lactation Counselor Training
 - 15. Asthma Group Education Class
 - 16. Professional Education Presentation by Registered Dietician (RD)
 - 17. Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef

- H. Staff Development
 - 18. CPR (Cardiopulmonary Resuscitation) classes

Attached is the Riverside University Health System Public Health Fees, Ordinance 734.15 Schedule 1.

Ordinance 734.14 Schedule 2 is not included as it is not applicable to Riverside University Health System Public Health fees.

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


Christopher Hans

5/30/2017


Gregory V. Priamos, Director County Counsel

5/25/2017



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

June 21, 2017

PRESS ENTERPRISE
ATTN: LEGALS
P.O. BOX 792
RIVERSIDE, CA 92501

E-MAIL: legals@pe.com
PH: 951-368-9225

RE: NOTICE OF PUBLIC HEARING: ORDINANCE NO. 734.15

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on Sunday:
June 25, 2017.

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office in duplicate, WITH TWO CLIPPINGS OF THE PUBLICATION.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Cecilia Gil

Board Assistant to
KECIA HARPER-IHEM, CLERK OF THE BOARD

Gil, Cecilia

From: Legals <legals@pe.com>
Sent: Tuesday, June 20, 2017 4:45 PM
To: Gil, Cecilia
Subject: Re: FOR PUBLICATION: NTC. OF HRG FOR ORD. NO. 734.15

Received for publication on 6/25. Proof with cost to follow.

Nick Eller

4th Of July Deadlines

| Pub Date | Deadline |
|----------|-----------------|
| 7/4 | 6/29 @ 10:30 am |
| 7/5 | 6/30 @ 10:30 am |
| 7/6-7/7 | 7/3 @ 10:30 am |

Legal Advertising Phone: **951-368-9222** / Fax: 951-368-9018 / E-mail: legals@pe.com

Deadline is 10:30 AM, three (3) business days prior to the date you would like to publish.

****Additional days required for larger ad sizes****

****Employees of The Press-Enterprise are not able to give legal advice of any kind****

The Press-Enterprise PE.com / La Prensa

On Tue, Jun 20, 2017 at 4:37 PM, Gil, Cecilia <CCGIL@rivco.org> wrote:

Notice of Public Hearing, for publication on Sunday, June 25, 2017. Please confirm. THANK YOU!

Cecilia Gil

Board Assistant

Clerk of the Board of Supervisors

4080 Lemon St., 1st Floor, Room 127

Riverside, CA 92501

(951) 955-8464 Fax (951) 955-1071

Mail Stop# 1010

ccgil@rivco.org

<http://rivcocob.org/>

NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF RIVERSIDE COUNTY

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on **Tuesday, July 11, 2017 at 9:00 a.m.** to consider adoption of the following:

**ORDINANCE NO. 734.15
AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE NO. 734
RELATING TO ESTABLISHING FEES, CHARGES
AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

The Board of Supervisors of the County of Riverside, State of California, ordains as follows:

SECTION 1: Section 2. Fees and Charges of Ordinance No. 734 shall be amended deleting Schedule 1 and substituting a new Schedule 1, which is attached hereto and incorporated herein as Schedule 1 of Section 2. Fees and Charges.

Section 2. This ordinance shall take effect thirty (30) days after its adoption.

(INSERT SCHEDULE 1)

Any person affected by the above matter(s) may submit written comments to the Clerk of the Board before the hearing or may appear and be heard in support or opposition to the project at the time of the hearing. If you challenge the above item(s) in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence, to the Board of Supervisors at, or prior to, the public hearing.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Lisa Wagner at (951) 955-1063, 72 hours prior to the hearing.

Dated: June 21, 2017

Kecia Harper-Ihem, Clerk of the Board
By: Cecilia Gil, Board Assistant

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734-15 Schedule 1

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|---------------------------|---------------------------|
| Business Services: | | |
| Returned Checks | \$ 20.00 | \$ 20.00 |
| Emergency Medical Services: | | |
| Advanced Life Support (ALS): | | |
| Ambulance Service Permit per year (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 2yrs | \$ 15.00 | \$ 15.00 |
| EMT-I Certification and recertification every 2yrs | \$ 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 Re-verification every 2yrs | \$ 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 2yrs | \$ 15.00 | \$ 15.00 |
| Initial Certification (MICN Challenge) Recertification: every 2yrs | \$ 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 2yrs | \$ 50.00 | \$ 50.00 |
| Photocopying per page | \$ 0.05 | \$ 0.05 |
| Protocol Manual Update Subscriptions: | | |
| Complete Manual every 2yrs | \$ 5.00 | \$ 5.00 |
| Protocol Manuals: | | |
| Complete Manual | \$ 50.00 | \$ 50.00 |
| Each Section | \$ 5.00 | \$ 5.00 |
| Epidemiology | | |
| Special Data Request Fee | \$ 70.00 | \$ 70.00 |
| Injury Prevention Services: | | |
| Bicycle Helmets* | \$ 10.00 | \$ 3.00 - \$10.00 |
| Regular Car Seats* | \$ 45.00 | \$ 20.00 - \$45.00 |
| Special Needs Car Seat* | \$ 50.00 | \$00.00-\$50.00 |
| *Sliding fee scale based on Income | | |
| Non Clinical Laboratory: | | |
| Fees for Registration of Non-Diagnostic General Health Assessment Program: | | |
| Annual Operator/Organization Registration | \$ 100.00 | \$ 100.00 |
| Additional Dates | \$ 12.00 | \$ 12.00 |
| Additional Program | \$ 43.00 | \$ 43.00 |
| Additional Site | \$ 20.00 | \$ 20.00 |
| Personnel Addition | \$ 12.00 | \$ 12.00 |
| Record Changes | \$ 12.00 | \$ 12.00 |
| Review Procedural Changes | \$ 20.00 | \$ 20.00 |
| Non Diagnostic General Health Assessment Consultation | \$ 75.00 | \$ 75.00 |
| Records Processing Fee | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |
| Certified Mail, per item | | \$ 3.45 |
| Certified Mail (Registered) per item | | \$ 12.20 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|---|---------------------------|---------------------------|
| Certified Mail (Receipt requested) per item | | \$ 2.80 |

PH Laboratory Miscellaneous Fees:

| | | | |
|--|-----------------------|----------|----------|
| Acid Fast Smear (Auramine) | CPT 87206 | | \$ 11.00 |
| Amplification Probe - Chlamydia | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Amplification Probe - Gonorrhea | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Blood Lead Screen (assay of lead) | CPT 83655 | \$ 22.00 | \$ 25.00 |
| Concentrate | CPT 87015 | | \$ 14.00 |
| Culture 0157 E. coli (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Aerobic (culture bacteria - other) | CPT 87070 | \$ 15.00 | \$ 18.00 |
| Culture Bordetella pertussis (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Campylobacter (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Enteric (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture for Identification | CPT 87077 | \$ 13.00 | \$ 17.00 |
| Culture Gonorrhea (GC) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Group A strep (Throat) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Group B strep (vaginal/rectal) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Salmonella/Shigella (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture TB | CPT 87116 | | \$ 20.00 |
| Culture Virus (Herpes) (virus inoculation tissue) | CPT 87252 | \$ 39.00 | \$ 53.00 |
| FA Bordetella pertussis | CPT 87265 | | \$ 19.00 |
| FA Cryptosporidium/Giardia (AG IF) | CPT 87269 & CPT 87272 | \$ 16.00 | \$ 38.00 |
| FA Herpes Simplex Virus (HSV1) | CPT 87274 | | \$ 19.00 |
| FA Herpes Simplex Virus (HSV2) | CPT 87273 | | \$ 19.00 |
| FA Pneumocystis carinii (AG IF) | CPT 87281 | \$ 16.00 | \$ 19.00 |
| FA Rabies | CPT N/A | \$ 50.00 | \$ 50.00 |
| Fecal Leukocyte (smear gram stain) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Fungus for Identification (culture - Fungal) | CPT 87102 | | \$ 30.00 |
| Fungus ID Mold | CPT 87107 | | \$ 50.00 |
| Fungus ID Yeast | CPT 87106 | \$ 19.00 | \$ 50.00 |
| GeneXpert Assay | CPT 87556 | | \$ 75.00 |
| Gram Stain (smear) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Hepatitis A IgM Antibody | CPT 86709 | \$ 18.00 | \$ 23.00 |
| Hepatitis A Total Antibody | CPT 86708 | | \$ 25.00 |
| Hepatitis B Core IgM Antibody | CPT 86705 | \$ 20.00 | \$ 24.00 |
| Hepatitis B Core Total Antibody | CPT 86704 | \$ 20.00 | \$ 25.00 |
| Hepatitis B Surface Antibody | CPT 86706 | \$ 18.00 | \$ 22.00 |
| Hepatitis B Surface Antigen (AG EIA) | CPT 87340 | \$ 17.00 | \$ 21.00 |
| Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) | CPT 87341 | \$ 17.00 | \$ 21.00 |
| Hepatitis C Antibody | CPT 86803 | \$ 24.00 | \$ 29.00 |
| HIV 1 and HIV 2 Multispot (antibody) | CPT 86701 & CPT 86702 | | \$ 46.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (HIV-1/HIV-2 single assay) | CPT 86703 | \$ 19.00 | \$ 28.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (W - Confirmation Test) | | | \$ 65.00 |
| HIV Antibody Confirmation (Westernblot) (HTLVI confirm test) | CPT 86689 | \$ 35.00 | \$ 40.00 |
| HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay) | CPT 87389 / CPT 87806 | \$ 19.00 | \$ 28.00 |
| HSV 1/2 PCR (DNA amp probe) | CPT 87529 | | \$ 72.00 |
| ID of Parasite | CPT 87169 | | \$ 9.00 |
| M. TB identification - (DNA direct probe) | CPT 87149 | | \$ 41.00 |
| Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) | CPT 87190 | \$ 60.00 | \$ 60.00 |
| Ova & Parasite - Concentration (smears) | CPT 87177 | \$ 17.00 | \$ 18.00 |
| Ova & Parasite - Trichrome (smear complex stain) | CPT 87209 | \$ 30.00 | \$ 37.00 |
| PCR - Influenza A/B | CPT 87797 | | \$ 41.00 |
| PCR - Norovirus | CPT 87797 | \$ 25.00 | \$ 41.00 |
| PCR - Enterovirus | CPT 87797 | | \$ 41.00 |
| PCR - B Pertussis | CPT 87798 | | \$ 72.00 |
| PCR - Shiga-toxin | CPT 87797 | | \$ 41.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|---------------------------|---------------------------|
| PCR - Measles | CPT 87797 | \$ 41.00 |
| PCR - Zika | CPT 87798 | \$ 72.00 |
| Pinworm | CPT 87172 | \$ 7.00 |
| QuantiFERON-TB | CPT 86480 | \$ 40.00 |
| Routine Water Examination (MPN) | | \$ 18.00 |
| Rubella IgG Antibody | CPT 86762 | \$ 23.00 |
| Shiga-toxin 1 EIA | CPT 87427 | \$ 19.00 |
| Shiga-toxin 2 EIA | CPT 87427 | \$ 19.00 |
| Special Water Examination | | \$ 36.00 |
| Syphilis (RPR) - Qualitative | CPT 86592 | \$ 8.00 |
| Syphilis (RPR) - Quantitative | CPT 86593 | \$ 8.00 |
| Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>) | CPT 86780 | \$ 24.00 |
| Syphilis Serum EIA Screen (<i>non-trep qual</i>) | CPT 86592 | \$ 8.00 |
| West Nile Virus Antibody Screen (prev. WNV EIA) | CPT 86788 | \$ 16.00 |
| West Nile Virus IgG Confirmation | CPT 86789 | \$ 29.00 |
| West Nile Virus IgM Confirmation | CPT 86788 | \$ 34.00 |
| Zika IgM Serology | CPT 86790 | \$ 26.00 |

Disease Control:

| | | |
|---|-----------|-----------|
| Fee for provision of TB Skin Testing Group: | | |
| Class Fee | \$ 354.90 | \$ 500.00 |
| Per Capita Student Fee | \$ 9.40 | |

Nursing:

| | | | |
|--|--------------|-----------|-----------|
| Denver Developmental Screening Test (DDST) | per hour | \$ 65.60 | \$ 79.00 |
| Detention Facility Inspection | per hour | \$ 115.82 | \$ 115.82 |
| Nursing Faculty Service | per hour | | \$ 66.00 |
| Student Nursing Coordinator | per hour | | \$ 66.00 |
| HELPS Self Management Education Workshop | per workshop | | \$ 487.00 |

HIV/AIDS

| | | |
|---|------------------|------------------|
| Court-Ordered HIV Testing | \$ 77.00 | \$ 123.00 |
| Education Classes for sex and drug offenders (set by Judge) | \$70.00-\$300.00 | \$70.00-\$300.00 |
| Therapeutic Med ID program (MMIC) | \$ 153.00 | \$ 153.00 |
| Therapeutic Med ID program (MMIC) discount | \$ 76.50 | \$ 76.50 |

California Children's Services (CCS):

| | | |
|--|---------------|---------------|
| CCS Assessment Fee: (Depends on family size & adjusted gross income) | \$0 or \$20 | \$0 or \$20 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2) | \$0 to \$1440 | \$0 to \$1440 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3) | \$0 to \$1380 | \$0 to \$1380 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4) | \$0 to \$1320 | \$0 to \$1320 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5) | \$0 to \$1260 | \$0 to \$1260 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more) | \$0 to \$1200 | \$0 to \$1200 |
| Records Processing Fee (Subpoena/Records Request Clerical Fee) | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|----------------------------------|---------------------------|---------------------------|
| Nutrition | | |
| Baby Sling | each \$ 30.00 | \$ 30.00 |
| Community Education Presentation | per hour \$ 80.00 | \$ 88.00 |

| Description of Activity/Service | | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|-----------------|---------------------------|---------------------------|
| Detention Facility Inspection Registered Dietitian | per hour | \$ 116.00 | \$ 116.00 |
| Lactation Counseling | per hour | \$ 90.00 | \$ 113.00 |
| Professional Education Presentation by HEA | | \$ 86.00 | \$ 86.00 |
| Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers) | per session | \$ 25.00 | \$ 25.00 |
| Registered Dietician, International Board Certified Licensed Counselor (RD/CDE/CLE/IBCLC) | hourly rate | \$ 116.00 | \$ 116.00 |
| Staff Training (for non-County providers) | per hour | \$ 80.00 | \$ 80.00 |
| Birth and Beyond Training (16 hour course taught by an IBCLC) | per participant | \$ 244.00 | \$ 300.00 |
| Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC) | per participant | \$ 300.00 | \$ 380.00 |
| Lactation Consultant Course (9 mos college course for IBCLC Exam) | per participant | \$ 1,600.00 | \$ 1,600.00 |
| Asthma Group Education Class | per participant | | \$ 121.00 |
| Professional Education Presentation by Registered Dietician (RD) | per hour | | \$ 115.00 |
| Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef | per class | | \$ 665.00 |

Staff Development

| | | | |
|---|-----------|--|----------|
| CPR (Cardiopulmonary Resuscitation) class | per class | | \$ 40.00 |
|---|-----------|--|----------|

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

| | | | |
|--|----------|----------|----------|
| AVSS Technical Support | per hour | \$ 95.00 | \$ 95.00 |
| Birth - Government Agencies | each | \$ 14.00 | \$ 19.00 |
| Birth - General Public | each | \$ 20.00 | \$ 28.00 |
| Birth Certified copies, searches & certification | each | \$ 20.00 | \$ 28.00 |
| Death Certificate -Government agency & General Public | each | \$ 16.00 | \$ 21.00 |
| Death Certified copies, searches & certification | each | \$ 16.00 | \$ 21.00 |
| Death listings - sent to mortuaries | each | \$ 5.00 | \$ 5.00 |
| Fax Filing Fee- Per authorization number | each | \$ 1.00 | \$ 1.00 |
| Fetal Death Certificate -Government Agency & GeneralPublic | each | \$ 13.00 | \$ 18.00 |
| Still Birth Certified Copies | each | \$ 20.00 | \$ 20.00 |

II. Permit for Disposition of Human Remains

| | | | |
|--------------------|------|----------|----------|
| Regular Permit | each | \$ 11.00 | \$ 12.00 |
| After Hours Permit | each | \$ 11.00 | \$ 12.00 |

III. Other Services

| | | | |
|--------------------------------------|--------------|--|----------|
| Letter of Non-Contagious Disease | each - max 2 | | \$ 10.00 |
| Letter of Authentication | each | | \$ 10.00 |
| Paternity Declaration (to DCSS only) | each | | \$ 10.00 |

Amendment Fees (Issued by State Registrar Only)

| | | | |
|---|--|----------|---|
| Acknowledgment of Paternity | | \$ 20.00 | - |
| Adjudication of Facts of Parentage | | \$ 20.00 | - |
| Affidavit to Amend a Marriage Record* | | \$ 20.00 | - |
| Affidavit to Amend a Record* | | \$ 20.00 | - |
| Amendment of Birth Record to Reflect Court Order Change of Name | | \$ 20.00 | - |
| Amendment of Medical and Health Section Data - Death* | | \$ 20.00 | - |
| Court Order of Adoption | | \$ 20.00 | - |
| Court Ordered Delayed - Birth | | \$ 20.00 | - |
| Court Ordered Delayed - Death | | \$ 20.00 | - |
| Court Ordered Delayed - Marriage | | \$ 20.00 | - |
| Delayed Registration of Birth | | \$ 20.00 | - |
| Physician/Coroner's Amendment* | | \$ 20.00 | - |
| Supplemental Name Report (No fee is charged if amendment is applied within one year of event.) | | \$ 20.00 | - |

Gil, Cecilia

From: Diez, Teresa <TDiez@rivcocha.org>
Sent: Wednesday, June 7, 2017 5:05 PM
To: Gil, Cecilia
Subject: RE: Public Hearing for Action Item 4494 Re introducing Ordinance 734.15

Hi Cecilia:

Per our telephone conversation this afternoon, yes, the July 11th will be fine for the public hearing date. I am currently working on the Form 11 for the approval of the public hearing.

Thank you,

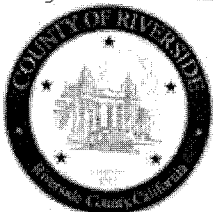
Teresa Diez, MSHSA
Contracts and Grants Analyst
Procurement and Logistics
Riverside University Health System – Public Health
4065 County Circle Drive
Riverside, CA 92503
Tel: (951) 358-5616 Fax: (951) 358-5292
Tdiez@rivcocha.org
www.rivcoph.org

From: Gil, Cecilia [mailto:CCGIL@RIVCO.ORG]
Sent: Wednesday, June 07, 2017 8:09 AM
To: Diez, Teresa <TDiez@rivcocha.org>
Subject: RE: Public Hearing for Action Item 4494 Re introducing Ordinance 734.15

No problem with us, however, do you already have a Form 11 in the workflow? I was told that the E.O.'s deadline for the June 20 agenda items is tomorrow. So if there is no Form 11 yet, it cannot be in the June 20 agenda. Can you let me know ASAP so we can publish it in time? Thank you!

Cecilia Gil

Board Assistant
Clerk of the Board of Supervisors
4080 Lemon St., 1st Floor, Room 127
Riverside, CA 92501
(951) 955-8464 Fax (951) 955-1071
Mail Stop# 1010
ccgil@rivco.org
<http://rivcocob.org/>





OFFICE OF THE
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060 FAX: (951) 955-1071

KECIA HARPER-IHEM
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

July 18, 2017

THE PRESS ENTERPRISE
ATTN: LEGALS
P.O. BOX 792
RIVERSIDE, CA 92501

TEL: (951) 368-9222
E-MAIL: legals@pe.com

RE: ADOPTION OF ORDINANCE NO. 734.15

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Friday, July 21, 2017**.

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office, **WITH TWO CLIPPINGS OF THE PUBLICATION**.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Cecilia Gil

Board Assistant to:
KECIA HARPER-IHEM, CLERK OF THE BOARD

Gil, Cecilia

From: Legals <legals@pe.com>
Sent: Tuesday, July 18, 2017 9:07 AM
To: Gil, Cecilia
Subject: Re: FOR PUBLICATION: Adoption of Ord. No. 734.15

Received for publication on 7/21. Proof with cost to follow.

Nick Eller

Legal Advertising Phone: **951-368-9222** / Fax: **951-368-9018** / E-mail: legals@pe.com
Deadline is **10:30 AM, three (3) business days prior to the date you would like to publish.**
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The Press-Enterprise PE.com / La Prensa

On Tue, Jul 18, 2017 at 8:53 AM, Gil, Cecilia <CCGIL@rivco.org> wrote:

One more Adoption of Ordinance, for publication on Friday, July 21, 2017. Please confirm. THANK YOU!

Cecilia Gil

Board Assistant

Clerk of the Board of Supervisors

4080 Lemon St., 1st Floor, Room 127

Riverside, CA 92501

(951) 955-8464 Fax (951) 955-1071

Mail Stop# 1010

ccgil@rivco.org

<http://rivcocob.org/>

BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

ORDINANCE NO. 734.15

AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE NO. 734
RELATING TO ESTABLISHING FEES, CHARGES
AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

The Board of Supervisors of the County of Riverside, State of California, ordains as follows:

SECTION 1: Section 2. Fees and Charges of Ordinance No. 734 shall be amended deleting Schedule 1 and substituting a new Schedule 1, which is attached hereto and incorporated herein as Schedule 1 of Section 2. Fees and Charges.

Section 2. This ordinance shall take effect thirty (30) days after its adoption.

(INSERT SCHEDULE 1)

John F. Tavaglione, Chairman of the Board

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on **July 11, 2017**, the foregoing Ordinance consisting of two (2) sections was adopted by said Board by the following vote:

AYES: Jeffries, Tavaglione, Washington and Perez

NAYS: None

ABSENT: Ashley

Kecia Harper-Ihem, Clerk of the Board

By: Cecilia Gil, Board Assistant

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734-15 Schedule 1

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|----------------------------|---------------------------|
| Business Services: | | |
| Returned Checks | \$ 20.00 | \$ 20.00 |
| Emergency Medical Services: | | |
| Advanced Life Support (ALS): | | |
| Ambulance Service Permit | per year (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 2yrs \$ 15.00 | \$ 15.00 |
| EMT-I Certification and recertification | every 2yrs \$ 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 Re-verification | every 2yrs \$ 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 2yrs \$ 15.00 | \$ 15.00 |
| Initial Certification (MICN Challenge) Recertification: | every 2yrs \$ 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 2yrs \$ 50.00 | \$ 50.00 |
| Photocopying | per page \$ 0.05 | \$ 0.05 |
| Protocol Manual Update Subscriptions: | | |
| Complete Manual | every 2yrs \$ 5.00 | \$ 5.00 |
| Protocol Manuals: | | |
| Complete Manual | \$ 50.00 | \$ 50.00 |
| Each Section | \$ 5.00 | \$ 5.00 |
| Epidemiology | | |
| Special Data Request Fee | \$ 70.00 | \$ 70.00 |
| Injury Prevention Services: | | |
| Bicycle Helmets* | \$ 10.00 | \$ 3.00 - \$10.00 |
| Regular Car Seats* | \$ 45.00 | \$ 20.00 - \$45.00 |
| Special Needs Car Seat* | \$ 50.00 | \$00.00- \$50.00 |
| *Sliding fee scale based on Income | | |
| Non Clinical Laboratory: | | |
| Fees for Registration of Non-Diagnostic General Health Assessment Program: | | |
| Annual Operator/Organization Registration | \$ 100.00 | \$ 100.00 |
| Additional Dates | \$ 12.00 | \$ 12.00 |
| Additional Program | \$ 43.00 | \$ 43.00 |
| Additional Site | \$ 20.00 | \$ 20.00 |
| Personnel Addition | \$ 12.00 | \$ 12.00 |
| Record Changes | \$ 12.00 | \$ 12.00 |
| Review Procedural Changes | \$ 20.00 | \$ 20.00 |
| Non Diagnostic General Health Assessment Consultation | \$ 75.00 | \$ 75.00 |
| Records Processing Fee | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |
| Certified Mail, per item | | \$ 3.45 |
| Certified Mail (Registered) per item | | \$ 12.20 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|---|---------------------------|---------------------------|
| Certified Mail (Receipt requested) per item | | \$ 2.80 |

PH Laboratory Miscellaneous Fees:

| | | | |
|--|-----------------------|----------|----------|
| Acid Fast Smear (Auramine) | CPT 87206 | | \$ 11.00 |
| Amplication Probe - Chlamydia | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Amplication Probe - Gonorrhea | CPT 87491 | \$ 58.00 | \$ 72.00 |
| Blood Lead Screen (assay of lead) | CPT 83655 | \$ 22.00 | \$ 25.00 |
| Concentrate | CPT 87015 | | \$ 14.00 |
| Culture 0157 E. coli (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Aerobic (culture bacteria - other) | CPT 87070 | \$ 15.00 | \$ 18.00 |
| Culture Bordetella pertussis (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Campylobacter (stool cultr bacteria each) | CPT 87046 | \$ 14.00 | \$ 19.00 |
| Culture Enteric (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture for Identification | CPT 87077 | \$ 13.00 | \$ 17.00 |
| Culture Gonorrhea (GC) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
| Culture Group A strep (Throat) (culture screen only) | CPT 87081 | \$ 15.00 | \$ 15.00 |
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| Culture Salmonella/Shigella (feces culture bacteria) | CPT 87045 | \$ 16.00 | \$ 19.00 |
| Culture TB | CPT 87116 | | \$ 20.00 |
| Culture Virus (Herpes) (virus inoculation tissue) | CPT 87252 | \$ 39.00 | \$ 53.00 |
| FA Bordetella pertussis | CPT 87265 | | \$ 19.00 |
| FA Cryptosporidium/Giardia (AG IF) | CPT 87269 & CPT 87272 | \$ 16.00 | \$ 38.00 |
| FA Herpes Simplex Virus (HSV1) | CPT 87274 | | \$ 19.00 |
| FA Herpes Simplex Virus (HSV2) | CPT 87273 | | \$ 19.00 |
| FA Pneumocystis carinii (AG IF) | CPT 87281 | \$ 16.00 | \$ 19.00 |
| FA Rabies | CPT N/A | \$ 50.00 | \$ 50.00 |
| Fecal Leukocyte (smear gram stain) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Fungus for Identification (culture - Fungal) | CPT 87102 | | \$ 30.00 |
| Fungus ID Mold | CPT 87107 | | \$ 50.00 |
| Fungus ID Yeast | CPT 87106 | \$ 19.00 | \$ 50.00 |
| GeneXpert Assay | CPT 87556 | | \$ 75.00 |
| Gram Stain (smear) | CPT 87205 | \$ 7.00 | \$ 9.00 |
| Hepatitis A IgM Antibody | CPT 86709 | \$ 18.00 | \$ 23.00 |
| Hepatitis A Total Antibody | CPT 86708 | | \$ 25.00 |
| Hepatitis B Core IgM Antibody | CPT 86705 | \$ 20.00 | \$ 24.00 |
| Hepatitis B Core Total Antibody | CPT 86704 | \$ 20.00 | \$ 25.00 |
| Hepatitis B Surface Antibody | CPT 86706 | \$ 18.00 | \$ 22.00 |
| Hepatitis B Surface Antigen (AG EIA) | CPT 87340 | \$ 17.00 | \$ 21.00 |
| Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) | CPT 87341 | \$ 17.00 | \$ 21.00 |
| Hepatitis C Antibody | CPT 86803 | \$ 24.00 | \$ 29.00 |
| HIV 1 and HIV 2 Multispot (antibody) | CPT 86701 & CPT86702 | | \$ 46.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (HIV-1/HIV-2 single assay) | CPT 86703 | \$ 19.00 | \$ 28.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (W - Confirmation Test) | | | \$ 65.00 |
| HIV Antibody Confirmation (Westernblot) (HTLVI confirm test) | CPT 86689 | \$ 35.00 | \$ 40.00 |
| HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay) | CPT 87389 / CPT 87806 | \$ 19.00 | \$ 28.00 |
| HSV 1/2 PCR (DNA amp probe) | CPT 87529 | | \$ 72.00 |
| ID of Parasite | CPT 87169 | | \$ 9.00 |
| M. TB identification - (DNA direct probe) | CPT 87149 | | \$ 41.00 |
| Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) | CPT 87190 | \$ 60.00 | \$ 60.00 |
| Ova & Parasite - Concentration (smears) | CPT 87177 | \$ 17.00 | \$ 18.00 |
| Ova & Parasite - Trichrome (smear complex stain) | CPT 87209 | \$ 30.00 | \$ 37.00 |
| PCR - Influenza A/B | CPT 87797 | | \$ 41.00 |
| PCR - Norovirus | CPT 87797 | \$ 25.00 | \$ 41.00 |
| PCR - Enterovirus | CPT 87797 | | \$ 41.00 |
| PCR - B Pertussis | CPT 87798 | | \$ 72.00 |
| PCR - Shiga-toxin | CPT 87797 | | \$ 41.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|---------------------------|---------------------------|
| PCR - Measles | CPT 87797 | \$ 41.00 |
| PCR - Zika | CPT 87798 | \$ 72.00 |
| Pinworm | CPT 87172 | \$ 7.00 |
| QuantIFERON-TB | CPT 86480 | \$ 40.00 |
| Routine Water Examination (MPN) | | \$ 18.00 |
| Rubella IgG Antibody | CPT 86762 | \$ 23.00 |
| Shiga-toxin 1 EIA | CPT 87427 | \$ 19.00 |
| Shiga-toxin 2 EIA | CPT 87427 | \$ 19.00 |
| Special Water Examination | | \$ 36.00 |
| Syphilis (RPR) - Qualitative | CPT 86592 | \$ 8.00 |
| Syphilis (RPR) - Quantitative | CPT 86593 | \$ 8.00 |
| Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>) | CPT 86780 | \$ 24.00 |
| Syphilis Serum EIA Screen (<i>non-trep qual</i>) | CPT 86592 | \$ 8.00 |
| West Nile Virus Antibody Screen (prev. WNV EIA) | CPT 86788 | \$ 16.00 |
| West Nile Virus IgG Confirmation | CPT 86789 | \$ 29.00 |
| West Nile Virus IgM Confirmation | CPT 86788 | \$ 34.00 |
| Zika IgM Serology | CPT 86790 | \$ 26.00 |

Disease Control:

| | | |
|---|-----------|-----------|
| Fee for provision of TB Skin Testing Group: | | |
| Class Fee | \$ 354.90 | \$ 500.00 |
| Per Capita Student Fee | \$ 9.40 | |

Nursing:

| | | | |
|--|--------------|-----------|-----------|
| Denver Developmental Screening Test (DDST) | per hour | \$ 65.60 | \$ 79.00 |
| Detention Facility Inspection | per hour | \$ 115.82 | \$ 115.82 |
| Nursing Faculty Service | per hour | | \$ 66.00 |
| Student Nursing Coordinator | per hour | | \$ 66.00 |
| HELPS Self Management Education Workshop | per workshop | | \$ 487.00 |

HIV/AIDS

| | | |
|---|------------------|------------------|
| Court-Ordered HIV Testing | \$ 77.00 | \$ 123.00 |
| Education Classes for sex and drug offenders (set by Judge) | \$70.00-\$300.00 | \$70.00-\$300.00 |
| Therapeutic Med ID program (MMIC) | \$ 153.00 | \$ 153.00 |
| Therapeutic Med ID program (MMIC) discount | \$ 76.50 | \$ 76.50 |

California Children's Services (CCS):

| | | |
|--|---------------|---------------|
| CCS Assessment Fee: (Depends on family size & adjusted gross income) | \$0 or \$20 | \$0 or \$20 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2) | \$0 to \$1440 | \$0 to \$1440 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3) | \$0 to \$1380 | \$0 to \$1380 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4) | \$0 to \$1320 | \$0 to \$1320 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5) | \$0 to \$1260 | \$0 to \$1260 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more) | \$0 to \$1200 | \$0 to \$1200 |
| Records Processing Fee (Subpoena/Records Request Clerical Fee) | | \$ 15.00 |
| Records Copying Fee, per page | | \$ 1.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|----------------------------------|---------------------------|---------------------------|
| Nutrition | | |
| Baby Sling | each \$ 30.00 | \$ 30.00 |
| Community Education Presentation | per hour \$ 80.00 | \$ 88.00 |

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
|--|-----------------------------|---------------------------|
| Detention Facility Inspection Registered Dietitian | per hour \$ 116.00 | \$ 116.00 |
| Lactation Counseling | per hour \$ 90.00 | \$ 113.00 |
| Professional Education Presentation by HEA | \$ 86.00 | \$ 86.00 |
| Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers) | per session \$ 25.00 | \$ 25.00 |
| Registered Dietician, International Board Certified Licensed Counselor (RD/CDE/CLE/IBCLC) | hourly rate \$ 116.00 | \$ 116.00 |
| Staff Training (for non-County providers) | per hour \$ 80.00 | \$ 80.00 |
| Birth and Beyond Training (16 hour course taught by an IBCLC) | per participant \$ 244.00 | \$ 300.00 |
| Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC) | per participant \$ 300.00 | \$ 380.00 |
| Lactation Consultant Course (9 mos college course for IBCLC Exam) | per participant \$ 1,600.00 | \$ 1,600.00 |
| Asthma Group Education Class | per participant | \$ 121.00 |
| Professional Education Presentation by Registered Dietician (RD) | per hour | \$ 115.00 |
| Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef | per class | \$ 665.00 |

Staff Development

| | | |
|---|-----------|----------|
| CPR (Cardiopulmonary Resuscitation) class | per class | \$ 40.00 |
|---|-----------|----------|

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

| | | | |
|--|----------|----------|----------|
| AVSS Technical Support | per hour | \$ 95.00 | \$ 95.00 |
| Birth - Government Agencies | each | \$ 14.00 | \$ 19.00 |
| Birth - General Public | each | \$ 20.00 | \$ 28.00 |
| Birth Certified copies, searches & certification | each | \$ 20.00 | \$ 28.00 |
| Death Certificate -Government agency & General Public | each | \$ 16.00 | \$ 21.00 |
| Death Certified copies, searches & certification | each | \$ 16.00 | \$ 21.00 |
| Death listings - sent to mortuaries | each | \$ 5.00 | \$ 5.00 |
| Fax Filing Fee- Per authorization number | each | \$ 1.00 | \$ 1.00 |
| Fetal Death Certificate -Government Agency & GeneralPublic | each | \$ 13.00 | \$ 18.00 |
| Still Birth Certified Copies | each | \$ 20.00 | \$ 20.00 |

II. Permit for Disposition of Human Remains

| | | | |
|--------------------|------|----------|----------|
| Regular Permit | each | \$ 11.00 | \$ 12.00 |
| After Hours Permit | each | \$ 11.00 | \$ 12.00 |

III. Other Services

| | | | |
|--------------------------------------|--------------|--|----------|
| Letter of Non-Contagious Disease | each - max 2 | | \$ 10.00 |
| Letter of Authentication | each | | \$ 10.00 |
| Paternity Declaration (to DCSS only) | each | | \$ 10.00 |

Amendment Fees (Issued by State Registrar Only)

| | | | |
|---|--|----------|---|
| Acknowledgment of Paternity | | \$ 20.00 | - |
| Adjudication of Facts of Parentage | | \$ 20.00 | - |
| Affidavit to Amend a Marriage Record* | | \$ 20.00 | - |
| Affidavit to Amend a Record* | | \$ 20.00 | - |
| Amendment of Birth Record to Reflect Court Order Change of Name | | \$ 20.00 | - |
| Amendment of Medical and Health Section Data - Death* | | \$ 20.00 | - |
| Court Order of Adoption | | \$ 20.00 | - |
| Court Ordered Delayed - Birth | | \$ 20.00 | - |
| Court Ordered Delayed - Death | | \$ 20.00 | - |
| Court Ordered Delayed - Marriage | | \$ 20.00 | - |
| Delayed Registration of Birth | | \$ 20.00 | - |
| Physician/Coroner's Amendment* | | \$ 20.00 | - |
| Supplemental Name Report (No fee is charged if amendment is applied within one year of event.) | | \$ 20.00 | - |



CALL (951) 368-9222
EMAIL legals@pe.com

THE PRESS-ENTERPRISE

| DATE | ORDER NUMBER | PO Number | PRODUCT | SIZE | Amount |
|------|--------------|-----------|---------|------|--------|
|------|--------------|-----------|---------|------|--------|

| | | | | | |
|---------|------------|--|--------------|------------|----------|
| 7/21/17 | 0010982402 | | PE Riverside | 6 x 322 Li | 2,511.60 |
|---------|------------|--|--------------|------------|----------|

Invoice text: Adoption of Ord. No. 734.15

RECEIVED RIVERSIDE COUNTY
 CLERK / BOARD OF SUPERVISORS
 2017 JUL 26 AM 10: 25

*RUHS- Public Health
9.5 of 07/11/17*

Placed by: Cecilia Gil

Legal Advertising Memo Invoice

| BALANCE DUE |
|-------------|
| 2,511.60 |

| SALES/CONTACT INFORMATION | | ADVERTISER INFORMATION | | |
|---------------------------|--------------|------------------------|--------------------------|------------------------|
| Nick Eller | BILLING DATE | BILLED ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER | ADVERTISER/CLIENT NAME |
| 951-368-9229 | 07/21/2017 | 5209148 | 5209148 | BOARD OF SUPERVISORS |



THE PRESS-ENTERPRISE

Legal Advertising Memo Invoice

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

| ADVERTISER/CLIENT NAME | | |
|------------------------|-----------------------|--------------------------|
| BOARD OF SUPERVISORS | | |
| BILLING DATE | BILLED ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER |
| 07/21/2017 | 5209148 | 5209148 |
| BALANCE DUE | ORDER NUMBER | TERMS OF PAYMENT |
| 2,511.60 | 0010982402 | DUE UPON RECEIPT |

BILLING ACCOUNT NAME AND ADDRESS

REMITTANCE ADDRESS

BOARD OF SUPERVISORS
 COUNTY OF RIVERSIDE
 'PO BOX 1147'
 RIVERSIDE, CA 92502

CALIFORNIA NEWSPAPERS PARTNERSHIP
 Riverside Press-Enterprise
 PO BOX 54880
 LOS ANGELES CA 90054-0880

THE PRESS-ENTERPRISE

Ad Copy:

1825 Chicago Ave, Suite 100
Riverside, CA 92507
951-684-1200
951-368-9018 FAX

**PROOF OF PUBLICATION
(2010, 2015.5 C.C.P)**

Publication(s): The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc.: Adoption of Ord. No. 734.15 /

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

07/21/2017

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Date: July 21, 2017
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

Ad Number: 0010982402-01

P.O. Number:

RECEIVED RIVERSIDE COUNTY
CLERK/BOARD OF SUPERVISORS
2017 JUL 26 AM 10:25

BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

ORDINANCE NO. 734.15
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COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
Ordinance 734-15 Schedule 1

| Description of Activity/Service | Approved FY 13/14 Fee: | Proposed FY 16/17 Fee: |
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| Business Services: | | |
| Returned Checks | \$ 20.00 | \$ 20.00 |
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| Advanced Life Support (ALS): | | |
| Ambulance Service Permit | per year (1) \$ 6000.00 | \$ 6000.00 |
| Basic Life Support (BLS): | | |
| Ambulance Service Permit | per yr (2) \$ 3000.00 | \$ 3000.00 |
| Each ambulance | per yr \$ 250.00 | \$ 250.00 |
| Educational Programs | per instructor hr \$ 50.00 | \$ 50.00 |
| EMS Dispatcher Certification | every 2yrs \$ 15.00 | \$ 15.00 |
| EMT-I Certification and recertification | every 2yrs \$ 25.00 | \$ 25.00 |
| EMT-I Certification and recertification - Late fee | \$ 10.00 | \$ 10.00 |
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| *Sliding fee scale based on Income | | |
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| Culture Gonorrhoea (GC) (culture screen only) | CPT 87081 \$ 15.00 | \$ 15.00 |
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| FA Cryptosporidium/Giardia (AG IF) | CPT 87269 & CPT 87272 \$ 16.00 | \$ 38.00 |
| FA Herpes Simplex Virus (HSV1) | CPT 87274 \$ 19.00 | \$ 19.00 |
| FA Herpes Simplex Virus (HSV2) | CPT 87273 \$ 19.00 | \$ 19.00 |
| FA Pneumocystis carinii (AG IF) | CPT 87281 \$ 16.00 | \$ 19.00 |
| FA Rabies | CPT N/A \$ 50.00 | \$ 50.00 |
| Fecal Leukocyte (smear gram stain) | CPT 87205 \$ 7.00 | \$ 9.00 |

| | | | | |
|--|-----------------------|----|-------|-------|
| Fungus for Identification (culture - Fungal) | CPT 87102 | | \$ | 30.00 |
| Fungus ID Mold | CPT 87107 | | \$ | 50.00 |
| Fungus ID Yeast | CPT 87106 | | \$ | 50.00 |
| GeneXpert Assay | CPT 87556 | \$ | 19.00 | 75.00 |
| Gram Stain (smear) | CPT 87205 | | | 9.00 |
| Hepatitis A IgM Antibody | CPT 86709 | \$ | 7.00 | 23.00 |
| Hepatitis A Total Antibody | CPT 86708 | \$ | 18.00 | 25.00 |
| Hepatitis B Core IgM Antibody | CPT 86705 | \$ | 20.00 | 24.00 |
| Hepatitis B Core Total Antibody | CPT 86704 | \$ | 20.00 | 25.00 |
| Hepatitis B Surface Antibody | CPT 86706 | \$ | 18.00 | 22.00 |
| Hepatitis B Surface Antigen (AG EIA) | CPT 87340 | \$ | 17.00 | 21.00 |
| Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) | CPT 87341 | \$ | 17.00 | 21.00 |
| Hepatitis C Antibody | CPT 86803 | \$ | 24.00 | 29.00 |
| HIV 1 and HIV 2 Multispot (antibody) | CPT 86701 & CPT 86702 | | | 46.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (HIV-1/HIV-2 single assay) | CPT 86703 | \$ | 19.00 | 28.00 |
| HIV Antibody (EIA) Screen (Serum or Oral) (W - Confirmation Test) | | | | 65.00 |
| HIV Antibody Confirmation (Westernblot) (HTLV1 confirm test) | CPT 86689 | \$ | 35.00 | 40.00 |
| HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay) | CPT 87806 | \$ | 19.00 | 28.00 |
| HSV 1/2 PCR (DNA amp probe) | CPT 87529 | | | 72.00 |
| ID of Parasite | CPT 87169 | | | 9.00 |
| M. TB identification - (DNA direct probe) | CPT 87149 | | | 41.00 |
| Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) | CPT 87190 | \$ | 60.00 | 60.00 |
| Ova & Parasite - Concentration (smears) | CPT 87177 | \$ | 17.00 | 18.00 |
| Ova & Parasite - Trichrome (smear complex stain) | CPT 87209 | \$ | 30.00 | 37.00 |
| PCR - Influenza A/B | CPT 87797 | | | 41.00 |
| PCR - Norovirus | CPT 87797 | \$ | 25.00 | 41.00 |
| PCR - Enterovirus | CPT 87797 | | | 41.00 |
| PCR - B Pertussis | CPT 87798 | | | 72.00 |
| PCR - Shiga-toxin | CPT 87797 | | | 41.00 |
| PCR - Measles | CPT 87797 | | | 41.00 |
| PCR - Zika | CPT 87798 | | | 72.00 |
| Pinworm | CPT 87172 | \$ | 7.00 | 9.00 |
| QuantiferON-TB | CPT 86480 | | | 40.00 |
| Routine Water Examination (MPN) | | | | - |
| Rubella IgG Antibody | CPT 86762 | \$ | 23.00 | 29.00 |
| Shiga-toxin 1 EIA | CPT 87427 | | | 19.00 |
| Shiga-toxin 2 EIA | CPT 87427 | | | 19.00 |
| Special Water Examination | | | | - |
| Syphilis (RPR) - Qualitative | CPT 86592 | \$ | 8.00 | 9.00 |
| Syphilis (RPR) - Quantitative | CPT 86593 | \$ | 8.00 | 9.00 |
| Syphilis (TPPA) Confirmation (treponema pallidum) | CPT 86780 | \$ | 24.00 | 27.00 |
| Syphilis Serum EIA Screen (non-trep qual) | CPT 86592 | \$ | 8.00 | 9.00 |
| West Nile Virus Antibody Screen (prev. WNV EIA) | CPT 86788 | \$ | 16.00 | 34.00 |
| West Nile Virus IgG Confirmation | CPT 86789 | | | 29.00 |
| West Nile Virus IgM Confirmation | CPT 86788 | | | 34.00 |
| Zika IgM Serology | CPT 86790 | | | 26.00 |

Disease Control:

| | | | | |
|---|----|--------|----|--------|
| Fee for provision of TB Skin Testing Group: | | | | |
| Class Fee | \$ | 354.90 | \$ | 500.00 |
| Per Capita Student Fee | \$ | 9.40 | | - |

Nursing:

| | | | | | |
|--|--------------|----|--------|----|--------|
| Denver Developmental Screening Test (DDST) | per hour | \$ | 65.60 | \$ | 79.00 |
| Detention Facility Inspection | per hour | \$ | 115.82 | \$ | 115.82 |
| Nursing Faculty Service | per hour | | | \$ | 66.00 |
| Student Nursing Coordinator | per hour | | | \$ | 66.00 |
| HELPS Self Management Education Workshop | per workshop | | | \$ | 487.00 |

HIV/AIDS

| | | | | | |
|---|--|----|----------------|----|----------------|
| Court-Ordered HIV Testing | | \$ | 77.00 | \$ | 123.00 |
| Education Classes for sex and drug offenders (set by Judge) | | \$ | 70.00-\$300.00 | \$ | 70.00-\$300.00 |
| Therapeutic Med ID program (MMIC) | | \$ | 153.00 | \$ | 153.00 |
| Therapeutic Med ID program (MMIC) discount | | \$ | 76.50 | \$ | 76.50 |

California Children's Services (CCS):

| | | | | | |
|--|--|----|---------------|----|---------------|
| CCS Assessment Fee: (Depends on family size & adjusted gross income) | | \$ | \$0 or \$20 | \$ | \$0 or \$20 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2) | | \$ | \$0 to \$1440 | \$ | \$0 to \$1440 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3) | | \$ | \$0 to \$1380 | \$ | \$0 to \$1380 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4) | | \$ | \$0 to \$1320 | \$ | \$0 to \$1320 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5) | | \$ | \$0 to \$1260 | \$ | \$0 to \$1260 |
| CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more) | | \$ | \$0 to \$1200 | \$ | \$0 to \$1200 |
| Records Processing Fee (Subpoena/Records Request Clerical Fee) | | \$ | | \$ | 15.00 |
| Records Copying Fee, per page | | \$ | | \$ | 1.00 |

Nutrition

| | | | | | |
|---|-----------------|----|--------|----|--------|
| Baby Sling | each | \$ | 30.00 | \$ | 30.00 |
| Community Education Presentation | per hour | \$ | 80.00 | \$ | 88.00 |
| Detention Facility Inspection Registered Dietitian | per hour | \$ | 116.00 | \$ | 116.00 |
| Lactation Counseling | per hour | \$ | 90.00 | \$ | 113.00 |
| Professional Education Presentation by HEA | | \$ | 86.00 | \$ | 86.00 |
| Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers) | per session | \$ | 25.00 | \$ | 25.00 |
| Registered Dietitian, International Board Certified Licensed Counselor (RD/CDE/CLE/IBCLC) | hourly rate | \$ | 116.00 | \$ | 116.00 |
| Staff Training (for non-County providers) | per hour | \$ | 80.00 | \$ | 80.00 |
| Birth and Beyond Training (16 hour course taught by an IBCLC) | per participant | \$ | 244.00 | \$ | 300.00 |
| Lactation Counselor Training | | | | | |

| | | | | | |
|--|-----------------|----|---------|----|---------|
| (20 hour course for health professionals taught by an IBCLC) | per participant | \$ | 300.00 | \$ | 380.00 |
| Lactation Consultant Course | | | | | |
| (9 mos college course for IBCLC Exam) | per participant | \$ | 1600.00 | \$ | 1600.00 |
| Asthma Group Education Class | per participant | | | \$ | 121.00 |
| Professional Education Presentation by Registered Dietician (RD) | per hour | | | \$ | 115.00 |
| Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef | per class | | | \$ | 665.00 |

Staff Development

| | | | | | |
|---|-----------|--|--|----|-------|
| CPR (Cardiopulmonary Resuscitation) class | per class | | | \$ | 40.00 |
|---|-----------|--|--|----|-------|

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

| | | | | | |
|--|----------|----|-------|----|-------|
| AVSS Technical Support | per hour | \$ | 95.00 | \$ | 95.00 |
| Birth - Government Agencies | each | \$ | 14.00 | \$ | 19.00 |
| Birth - General Public | each | \$ | 20.00 | \$ | 28.00 |
| Birth Certified copies, searches & certification | each | \$ | 20.00 | \$ | 28.00 |
| Death Certificate - Government agency & General Public | each | \$ | 16.00 | \$ | 21.00 |
| Death Certified copies, searches & certification | each | \$ | 16.00 | \$ | 21.00 |
| Death listings - sent to mortuaries | each | \$ | 5.00 | \$ | 5.00 |
| Fax Filing Fee- Per authorization number | each | \$ | 1.00 | \$ | 1.00 |
| Fetal Death Certificate - Government Agency & General Public | each | \$ | 13.00 | \$ | 18.00 |
| Still Birth Certified Copies | each | \$ | 20.00 | \$ | 20.00 |

II. Permit for Disposition of Human Remains

| | | | | | |
|--------------------|------|----|-------|----|-------|
| Regular Permit | each | \$ | 11.00 | \$ | 12.00 |
| After Hours Permit | each | \$ | 11.00 | \$ | 12.00 |

III. Other Services

| | | | | | |
|--------------------------------------|--------------|--|--|----|-------|
| Letter of Non-Contagious Disease | each - max 2 | | | \$ | 10.00 |
| Letter of Authentication | each | | | \$ | 10.00 |
| Paternity Declaration (to DCSS only) | each | | | \$ | 10.00 |

Amendment Fees (Issued by State Registrar Only)

| | | | |
|---|----|-------|---|
| Acknowledgment of Paternity | \$ | 20.00 | - |
| Adjudication of Facts of Parentage | \$ | 20.00 | - |
| Affidavit to Amend a Marriage Record* | \$ | 20.00 | - |
| Affidavit to Amend a Record* | \$ | 20.00 | - |
| Amendment of Birth Record to Reflect Court Order Change of Name | \$ | 20.00 | - |
| Amendment of Medical and Health Section Data - Death* | \$ | 20.00 | - |
| Court Order of Adoption | \$ | 20.00 | - |
| Court Ordered Delayed - Birth | \$ | 20.00 | - |
| Court Ordered Delayed - Death | \$ | 20.00 | - |
| Court Ordered Delayed - Marriage | \$ | 20.00 | - |
| Delayed Registration of Birth | \$ | 20.00 | - |
| Physician/Coroner's Amendment* | \$ | 20.00 | - |
| Supplemental Name Report | \$ | 20.00 | - |
| (No fee is charged if amendment is applied within one year of event.) | \$ | 20.00 | - |

Notes:

- a. This rate is minimal to address few public requests; The rate is low compared to other county departments.
- b. These rates are per USPS established rates as of June 2015
- c. These rates are established using Medicare rates (link below) for California (CA) as a base with a 150% multiplier, which is consistent with standard pricing and strategy recommended by NACHC (National Association of Community Health Center).

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Clinical-Laboratory-Fee-Schedule-Fact-Sheet-ICN006818.pdf>

- d. Cost Study attached
- e. These tests are performed by San Bernardino County Department of Public Health (SBCDOPH); The fee is pass-through cost as billed by SBCDOPH, FY 12/13 rates.
- f. These tests are performed by City of Long Beach Public Health Laboratory; The fee is pass-through cost as billed.
- g. These rates are being updated as established by California Department of Public Health.
- h. This rate is established per MO 3-35 dated 12/10/13, updating Ordinance 729.7
- i. Fees with a "m" are being requested to be removed as follows
 - 1) Emergency Medical Services - this is no longer a RUHS-PH branch
 - 2) Lab - These tests are no longer done
 - 3) Disease Control - Class is not given by individual but instead to agency group
 - 4) Vital Records - these are Amendment fees charged by the State Registrar directly.
- j. Notes on Lab fees
 - * Found on MO 3-45 07/16/13 Sch 1 PH fees
 - ** Found on MO 3-45 07/16/13 Sch 2 Clinic fees
 - *** CPT Codes 87797 and 87798 fee may differ based on activity
- k. Cost is comparable to other counties. Example is that of Los Angeles Public Health Investigation. Both letters take the same amount of effort and both require the notary seal.
- l. Per Health and Safety Code 7571 (g)

John F. Tavaglione, Chairman of the Board

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on July 11, 2017, the foregoing Ordinance consisting of two (2) sections was adopted by said Board by the following vote:

AYES: Jeffries, Tavaglione, Washington and Perez
 NAYS: None
 ABSENT: Ashley

Kecia Harper-Ihem, Clerk of the Board
 By: Cecilia Gil, Board Assistant