

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



1-1

On motion of Supervisor Jeffries, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED, FOUND AND DETERMINED that the following ordinances were duly published:

<u>ORDINANCE</u>	<u>DATE</u>	<u>NEWSPAPER</u>
No. 734.15	July 21, 2017	The Press-Enterprise

Roll Call:

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None

I hereby certify that the foregoing is a full, true and correct copy of an order made and entered on September 19, 2017 of Supervisors Minutes.

WITNESS my hand and the seal of the Board of Supervisors
Dated: September 19, 2017
Kecia Harper-Ihem, Clerk of the Board of Supervisors, in and
for the County of Riverside, State of California.

(seal)

By *April Boydell*, Deputy

AGENDA NO.

1-1

ATTACHMENTS FILED WITH
THE CLERK OF THE BOARD

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.

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 yr (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 \$ 25.00	\$ 25.00
EMT-I Certification and recertification	every 2yrs \$ 10.00	\$ 10.00
EMT-I Certification and recertification - Late fee	\$ 75.00	\$ 75.00
EMT-P Initial Accreditation	every 2yrs \$ 50.00	\$ 50.00
EMT-P Re-verification	\$ 25.00	\$ 25.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee		
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
Last 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
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
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	\$	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
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)		\$	18.00	-
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		\$	36.00	-
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	\$	88.00		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 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	\$ 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
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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	\$ 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 "*" 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