

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



ITEM
19.2
(ID # 10810)

MEETING DATE:

Tuesday, September 17, 2019

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Public Hearing Regarding the Adoption of Ordinance No. 734.16 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- Fees Paid for Services by Public and Third Parties]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Convene a public hearing on September 17, 2019 on the adoption of Ordinance No. 734.16 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. 734.16.

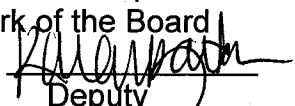
ACTION: Policy


Kim Saruwatari, Director of Public Health 8/28/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Hewitt and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and Ordinance No. 734.16 is adopted as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: September 17, 2019
xc: RUHS-Public Health, COB

Kecia R. Harper
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: Fees paid for services by public and third party			Budget Adjustment: No	
			For Fiscal Year: 2019/2020	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 1994, the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update was Ordinance 734.15 which was introduced on April 18, 2017 (Item #3.20), adopted July 11, 2017 (Item #9.5), and effective August 10, 2017.

As a result of budget actions at the state level, increases in employee salaries/benefits, increased pricing due to the Consumer Price Index (CPI), Public Health is submitting Ordinance 734.16 to reflect needed changes to the Riverside University Health System - Public Health fee schedule to achieve total cost recovery. This revision includes fees for Community Action Partnership (CAP) in the Public Health Fee Ordinance as Schedule 2.

On August 27, 2019, Minute Order 3.21, the Board of Supervisors approved the introduction of Ordinance 734.16. Today's Form 11 requests the convening of a public hearing and the subsequent adoption of the updated Public Health fee schedule.

The proposed Ordinance will also repeal Ordinance 731, Health Services Agency – Returned Check Charge first adopted September 4, 1993 to set a returned check charge for items returned to Public Health. A similar charge has been included in Ordinance 734 since fiscal year 2006/2007.

Impact on Citizens and Business

These new and revised Public Health program fees are necessary to meet the on-going operational and maintenance costs of providing Public Health program services to Riverside County residents.

SUPPLEMENTAL:

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

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

recommended by the National Association of Community Health Centers (NACHC) as used in the healthcare industry. Some services were added and/or reduced as applicable relating to 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 for the following supplies and services:

- A. Epidemiology
 - 1. Special Data Request Fee

- B. Non-Clinical Laboratory
 - 1. Instrument Sterilization
 - 2. Saline and KOH
 - 3. Spore Test

- C. Disease Control
 - 1. Tuberculosis (TB) Clearance

- D. Nutrition
 - 1. Lactation Consultant Course

- E. Staff Development
 - 1. Cardiopulmonary (CPR) Class
 - 2. Cardiopulmonary (CPR) Class – blended
 - 3. Adult and Pediatric First Aid Class
 - 4. General Population Shelter Class
 - 5. Stop the Bleed Class
 - 6. Aerosol Transmissible Disease and Bloodborne Pathogen Class
 - 7. Fit Testing Class

- F. CAP
 - 1. Mediation Program Fees
 - 2. Training & Learning Center Fees
 - 3. Notary Fees

ATTACHMENTS:

- A. Ordinance 734.16 Riverside University Health System - Public Health Fees

- B. Schedule 1 Riverside University Health System – Public Health Fees

- C. Schedule 2 Riverside University Health System – Public Health/ Community Action Partnership

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



Brianna Loutajo, Management Analyst

9/10/2019



Gregory V. Priamos, Director County Counsel

8/28/2019

ORDINANCE No. 734.16
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 ordains as follows:

Section 1. Purpose and Scope

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health.

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

“Department of Public Health fees and charges shall be listed on Schedule 1. Riverside Community Action Partnership (CAP) fees and charges shall be listed on Schedule 2.”

Section 3. Severability

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Repeal of Ordinance 731

This Ordinance repeals Ordinance 731 in its entirety.

Section 5. Effective Date

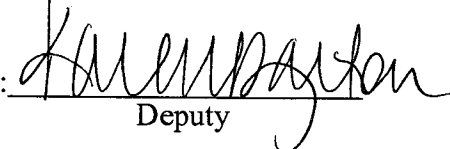
This Ordinance shall become effective 30 days after its adoption.

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

By: 
Chairman

ATTEST:

CLERK OF THE BOARD:

By: 
Deputy
(SEAL)

FORM APPROVED COUNTY COUNSEL
BY:  DATE: 8/6/19
MARTHA ANN KNUXTSON

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 September 17, 2019, the foregoing ordinance consisting of 5 Sections was adopted by the following vote:

AYES: Jeffries, Spiegel, Washington, Perez and Hewitt
NAYS: None
ABSENT: None

DATE: September 17, 2019

KECIA R. HARPER
Clerk of the Board
BY: *Kecia R. Harper*
Deputy

SEAL

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734-16 Schedule 1

Description of Activity/Service	Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Business Services:		
Returned Checks	each \$ 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	per hour \$ 70.00	\$ 100.00
Injury Prevention Services:		
Bicycle Helmets*	each \$ 3.00 - \$10.00	\$ 3.00 - \$10.00
Regular Car Seats*	each \$ 20.00 - \$45.00	\$ 20.00 - \$45.00
Special Needs Car Seat*	each \$ 00.00- \$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	each \$ 100.00	\$ 100.00
Additional Dates	each \$ 12.00	\$ 12.00
Additional Program	each \$ 43.00	\$ 43.00
Additional Site	each \$ 20.00	\$ 20.00
Personnel Addition	each \$ 12.00	\$ 12.00
Record Changes	each \$ 12.00	\$ 12.00
Review Procedural Changes	each \$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour \$ 75.00	\$ 75.00
Records Processing Fee	\$ 15.00	\$ 15.00
Records Copying Fee	per page \$ 1.00	\$ 1.00
Certified Mail	per item \$ 3.45	\$ 3.45
Certified Mail (Registered)	per item \$ 12.20	\$ 12.20
Certified Mail (Receipt requested)	per item \$ 2.80	\$ 2.80
Instrument Sterilization	per instrument	\$ 2.53
Saline and KOH	per reagent	\$ 6.60
Spore Test (at 28 weeks)		\$ 18.86
PH Laboratory Miscellaneous Fees:		
Acid Fast Smear (Auramine)	CPT 87206 \$ 11.00	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491 \$ 72.00	\$ 39.00
Amplication Probe - Gonorrhea	CPT 87491 \$ 72.00	\$ 39.00
Blood Lead Screen (assay of lead)	CPT 83655 \$ 25.00	\$ 25.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Concentrate			
Culture Aerobic (culture bacteria - other)	CPT 87015	\$ 14.00	\$ 14.00
Culture Bordetella pertussis (culture screen only)	CPT 87070	\$ 18.00	\$ 18.00
Culture Campylobacter (stool cultr bacteria each)	CPT 87081	\$ 15.00	\$ 15.00
Culture Enteric (feces culture bacteria)	CPT 87046	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87045	\$ 19.00	\$ 19.00
Culture Fungus (Fungus ID Yeast)	CPT 87077	\$ 17.00	\$ 17.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87101		\$ 50.00
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 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87081	\$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87046	\$ 19.00	\$ 19.00
Culture TB	CPT 87045	\$ 19.00	\$ 19.00
Culture Virus (Herpes) (virus inoculation tissue)	CPT 87116	\$ 20.00	\$ 20.00
FA Bordetella pertussis	CPT 87252	\$ 53.00	\$ 53.00
FA Cryptosporidium/Giardia (AG IF)	CPT 87265	\$ 19.00	\$ -
FA Herpes Simplex Virus (HSV1)	CPT 87269 & CPT 87272	\$ 38.00	\$ 38.00
FA Herpes Simplex Virus (HSV2)	CPT 87274	\$ 19.00	\$ 19.00
FA Pneumocystis carinii (AG IF)	CPT 87273	\$ 19.00	\$ 19.00
FA Rabies	CPT 87281	\$ 19.00	\$ 19.00
Fecal Leukocyte (smear gram stain)	CPT N/A	\$ 50.00	\$ 50.00
Fungus for Identification (culture - Fungal)	CPT 89055	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87102	\$ 30.00	\$ 30.00
Fungus ID Yeast	CPT 87107	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB /RIF)	CPT 87106	\$ 50.00	\$ 50.00
Gram Stain (smear)	CPT 87556	\$ 75.00	\$ 75.00
Hepatitis A IgM Antibody	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A Total Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis B Core IgM Antibody	CPT 86708	\$ 25.00	\$ 25.00
Hepatitis B Core Total Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Surface Antigen (AG EIA)	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Surface Antibody	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antibody - Quantitative	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 86317	\$ -	\$ 18.00
Hepatitis C Antibody	CPT 87341	\$ 21.00	\$ 21.00
HIV 1 and HIV 2 Multispot (antibody)	CPT 86803	\$ 29.00	\$ 29.00
HIV Geenius Confirmation (HIV 1/2 confirmation)	CPT 86701 & CPT86702	\$ 46.00	\$ -
HIV Antibody (EIA) Screen (Oral) (HIV-1/HIV-2 single assay)	CPT 86701 / CPT 86702	\$ -	\$ 46.00
HIV Antibody Confirmation (Westernblot) (HTLVI confirm test)	CPT 86703	\$ 28.00	\$ 28.00
HIV Antibody (EIA) Screen (Oral) (W - Confirmation Test)	CPT 86689	\$ 40.00	\$ -
HIV (Oral) Confirmation Test	CPT 86689	\$ 65.00	\$ -
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 86703		\$ 35.00
HSV 1/2 PCR (DNA amp probe)	CPT 87389 / CPT 87806	\$ 28.00	\$ 28.00
ID of Parasite	CPT 87529	\$ 72.00	\$ 43.00
M. TB identification - (DNA direct probe)	CPT 87169	\$ 9.00	\$ 5.00
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87149	\$ 41.00	\$ 41.00
Ova & Parasite - Concentration (smears)	CPT 87190	\$ 60.00	\$ 60.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87177	\$ 18.00	\$ 18.00
PCR - B Pertussis	CPT 87209	\$ 37.00	\$ 37.00
PCR - Enterovirus	CPT 87798	\$ 72.00	\$ 50.00
PCR - Influenza A/B	CPT 87797	\$ 41.00	\$ 23.00
PCR - Measles/Mumps	CPT 87797	\$ 41.00	\$ 23.00
PCR - Norovirus	CPT 87797	\$ 41.00	\$ 23.00
PCR - Shiga-toxin	CPT 87797	\$ 41.00	\$ 23.00
PCR - Zika	CPT 87797	\$ 41.00	\$ 23.00
Pinworm	CPT 87798	\$ 72.00	\$ 30.00
QuantiFERON-TB	CPT 87172	\$ 9.00	\$ 5.00
Rubella IgG Antibody	CPT 86480	\$ 40.00	\$ 40.00
	CPT 86762	\$ 29.00	\$ 16.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 11.00
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 11.00
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (<i>non-trep qual</i>)	CPT 86592	\$ 9.00	\$ 9.00
VDRL Quantitative	CPT 86592		\$ 9.00
VDRL Quantitative	CPT 86593		\$ 9.00
Systemic Fungus Probe	CPT 87797		\$ 100.00
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86788	\$ 34.00	\$ 19.00
West Nile Virus IgG Confirmation	CPT 86789	\$ 29.00	\$ 17.00
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 19.00
Zika IgM Serology	CPT 86790	\$ 26.00	\$ 26.00
HPLC Isolate Identification	CPT 87143		\$ 56.00

Disease Control:

Fee for provision of TB Skin Testing Group:			
Class Fee		\$ 500.00	\$ 500.00
Per Capita Student Fee			\$ 9.40
Tuberculosis (TB) Clearance			\$ 43.00

Nursing:

Denver Developmental Screening Test (DDST)	per hour	\$ 79.00	\$ 79.00
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 115.82	\$ 116.00
Nursing Faculty Service	per hour	\$ 66.00	\$ 66.00
Student Nursing Coordinator	per hour	\$ 66.00	\$ 66.00
HELPS Self Management Education Workshop	per workshop	\$ 487.00	\$ 487.00

HIV/AIDS

Court-Ordered HIV Testing		\$ 123.00	\$ 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	\$ 87.00
Therapeutic Med ID program (MMIC) - Medi-Cal patients		\$ 76.50	\$ 43.50

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	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00

Nutrition

Baby Sling	each	\$ 30.00	\$ -
Community Education Presentation	per hour	\$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ 86.00	\$ -

Description of Activity/Service	Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers) per session	\$ 25.00	\$ 25.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation) per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC) Staff Training (for non-County providers) per hour	\$ 116.00	\$ 116.00
Birth and Beyond Training (16 hour course taught by an IBCLC) per participant	\$ 80.00	\$ 80.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)* per participant	\$ 300.00	\$ 300.00
Lactation Consultant Course (9 mos college course for IBCLC Exam)* per participant	\$ 380.00	\$ 380.00
Asthma Group Education Class per participant	\$ 1,600.00	\$ 1,700.00
Professional Education Presentation by Registered Dietitian (RD) per hour	\$ 121.00	\$ -
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef per class	\$ 115.00	\$ -
	\$ 665.00	\$ 665.00

* travel expenses charged separately for out of Riverside County classes

Staff Development

CPR (Cardiopulmonary Resuscitation) class per participant	\$ 40.00	\$ 64.00
CPR (Cardiopulmonary Resuscitation) class - blended per participant	\$ -	\$ 66.00
Adult and Pediatric First Aid class per participant	\$ -	\$ 77.00
General Population Shelter class per participant	\$ -	\$ 40.00
Stop the Bleed class per participant	\$ -	\$ 25.00
Aerosol Transmissible Disease & Bloodborne Pathogens class per participant	\$ -	\$ 38.00
Fit Testing class per participant	\$ -	\$ 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	\$ 19.00	\$ 19.00
Birth - General Public each	\$ 28.00	\$ 28.00
Birth Certified copies, searches & certification each	\$ 28.00	\$ 28.00
Death Certificate -Government agency & General Public each	\$ 21.00	\$ 21.00
Death Certified copies, searches & certification each	\$ 21.00	\$ 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	\$ 18.00	\$ 18.00
Still Birth Certified Copies each	\$ 20.00	\$ 20.00

II. Permit for Disposition of Human Remains

Regular Permit each	\$ 12.00	\$ 12.00
After Hours Permit each	\$ 12.00	\$ 12.00

III. Other Services

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

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH
COMMUNITY ACTION PARTNERSHIP
Ordinance 734-16 Schedule 2

Community Action Fee Schedule for Mediation Program

Description	Fee Amount
Community Mediation Cases	\$25.00 per participant
Conflict Resolution Workshops	\$350.00 per workshop
Basic Mediation Certification Training	\$350.00 per workshop
Peer Mediation Training	\$500.00 per 10 hours training
Child Support Services Mediation Session	\$150.00 per family

Community Action Fee Schedule for Training & Learning Center

Description	Fee Amount
Half Day (4 Hours)	\$200.00 per room
Full Day (8 Hours)	\$400.00 per room
Saturday Half Day (4 Hours)	\$400.00 per room
Saturday Full Day (8 Hours)	\$800.00 per room

*Rates M-F from 8am to 5pm

Community Action Fee Schedule for Notary

Description	Fee Amount
Low Income & Senior	\$1.00
General Public	\$5.00



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 R. HARPER
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

September 18, 2019

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

E-MAIL: legals@pe.com
FAX: 951-368-9018

RE: ADOPTION OF SUMMARY OF ORD. 734.16

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Wednesday, September 25, 2019**.

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,

Karen Barton

Deputy Clerk of the Board to
KECIA R. HARPER, CLERK OF THE BOARD



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 R. HARPER
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

September 18, 2019

THE DESERT SUN
ATTN: LEGALS
P.O. BOX 2734
PALM SPRINGS, CA 92263

E-MAIL: legals@thedesertsun.com
FAX: (760) 778-4731

RE: ADOPTION OF ORDINANCE NO. 734.16

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Wednesday, September 25, 2019.**

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,

Karen Barton

Deputy Clerk of the Board to
KECIA R. HARPER, CLERK OF THE BOARD

RIVERSIDE COUNTY BOARD OF SUPERVISORS

ORDINANCE NO. 734.16

**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 ordains as follows:

Section 1. Purpose and Scope

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health.

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

“Department of Public Health fees and charges shall be listed on Schedule 1. Riverside Community Action Partnership (CAP) fees and charges shall be listed on Schedule 2.”

Section 3. Severability

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Section 5. Repeal of Ordinance 731

This Ordinance repeals Ordinance 731 in its entirety.

Section 6. Effective Date

This Ordinance shall become effective 30 days after its adoption.

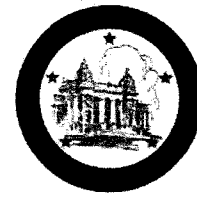
I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on **September 17, 2019**, the foregoing Ordinance consisting of five (5) sections was adopted by said Board by the following vote:

AYES: Jeffries, Spiegel, Washington, Perez and Hewitt
NAYS: None
ABSENT: None

Kecia R. Harper, Clerk of the Board

By: Karen Barton, Deputy Clerk of the Board

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



ITEM
3.21
(ID # 10594)

MEETING DATE:
Tuesday, August 27, 2019

FROM: RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: Set a Public Hearing for Ordinance No. 734.16 Amending Ordinance No. 734.15, 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 - Fees Paid for Services by Public and Third Parties] (Clerk to Advertise) (Set for Hearing)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Introduce and set Ordinance No. 734.16 for a public hearing on September 17, 2019;
2. Direct the Clerk of the Board to publish a notice of the public hearing; and
3. Upon the close of the public hearing, adopt Ordinance No. 734.16.

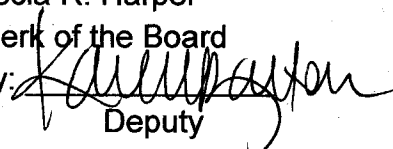
ACTION: Policy, Clerk to Advertise, Set for Hearing


Kim Saruwatari, Director of Public Health 8/6/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended; Ordinance No. 734.16 is approved as introduced with waiver of the reading and is set for public hearing on Tuesday, September 17, 2019 at 9:30 a.m. or as soon as possible thereafter.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: August 27, 2019
xc: RUHS-Public Health, COB

Kecia R. Harper
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: Fees paid for services by public and third party			Budget Adjustment: No	
			For Fiscal Year: 19/20	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 1994, the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update was Ordinance 734.15 which was introduced on April 18, 2017 (Item # 3.20), adopted July 11, 2017 (Item #9.5), and effective August 10, 2017.

As a result of budget actions at the state level, increases in employee salaries/benefits, and increased pricing due to the Consumer Price Index (CPI), Public Health is submitting Ordinance 734.16 to reflect needed changes to the Riverside University Health System - Public Health fee schedule to achieve total cost recovery.

This revision includes fees for Community Action Partnership (CAP) in the Public Health Fee Ordinance as Schedule 2.

The proposed Ordinance will also repeal Ordinance 731, Health Services Agency - Returned Check Charge first adopted September 4, 1993 to set a returned check charge for items returned to Public Health. A similar charge has been included in Ordinance 734 since fiscal year 2006/2007.

Impact on Citizens and Business

These new and revised Public Health program fees are necessary to meet the on-going operational and maintenance costs of providing Public Health program services to Riverside County residents.

SUPPLEMENTAL:

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 the National Association of Community Health Centers (NACHC) as used in the healthcare industry. Some services were added and/or reduced as applicable relating to

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

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. Epidemiology
 - 1. Special Data Request Fee

- B. Non Clinical Laboratory
 - 1. Instrument Sterilization
 - 2. Saline and KOH
 - 3. Spore Test

- C. Disease Control
 - 1. Tuberculosis (TB) Clearance

- D. Nutrition
 - 1. Lactation Consultant Course

- E. Staff Development
 - 1. Cardiopulmonary (CPR) Class
 - 2. Cardiopulmonary (CPR) Class – blended
 - 3. Adult and Pediatric First Aid Class
 - 4. General Population Shelter Class
 - 5. Stop the Bleed Class
 - 6. Aerosol Transmissible Disease and Bloodborne Pathogen Class
 - 7. Fit Testing Class

- F. CAP
 - 1. Mediation Program Fees
 - 2. Training & Learning Center Fees
 - 3. Notary Fees

Attached is the Riverside University Health System - Public Health Fees, Ordinance 734.16.

ATTACHMENTS:

- A. Ordinance 734.16

- B. Schedule 1 Riverside University Health System – Public Health Fees

- C. Schedule 2 Riverside University Health System – Public Health/ Community Action Partnership

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



Brianna Lantajo, Management Analyst

8/15/2019



Gregory V. Priamos, Director County Counsel

8/7/2019



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

THE PRESS-ENTERPRISE

DATE	ORDER NUMBER	PONumber	PRODUCT	SIZE	Amount
9/25/19	0011316263		PE Riverside	4 x 49 Li	254.80

Invoice text: Ord. Summary adoption 734.16

*Rutts/Public Health
9/17/19 19.2*

Placed by: Karen Lynn Barton

Legal Advertising Memo Invoice

BALANCE DUE
254.80

SALESCONTACT INFORMATION	ADVERTISER INFORMATION			
	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER/CLIENT NUMBER	ADVERTISER/CLIENT NAME
Nick Eller 951-368-9229	09/25/2019	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
09/25/2019	5209148	5209148
BALANCE DUE	ORDER NUMBER	TERMS OF PAYMENT
254.80	0011316263	DUE UPON RECEIPT

BILLING ACCOUNT NAME AND ADDRESS

REMITTANCE ADDRESS

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

CALIFORNIA NEWSPAPER PARTNERSHIP
dba The Press-Enterprise
PO Box 65210
Colorado Springs, CO 80962-5210

THE PRESS-ENTERPRISE

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

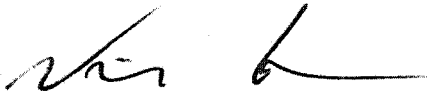
Ad Desc.: Ord. Summary adoption 734.16 /

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:

09/25/2019

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

Date: September 25, 2019
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

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

Ad Number: 0011316263-01

P.O. Number:

Ad Copy:

RIVERSIDE COUNTY BOARD OF SUPERVISORS

ORDINANCE NO. 734.16

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 ordains as follows:

Section 1. Purpose and Scope

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health.

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

"Department of Public Health fees and charges shall be listed on Schedule 1, Riverside Community Action Partnership (CAP) fees and charges shall be listed on Schedule 2."

Section 3. Severability

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Repeal of Ordinance 731

This Ordinance repeals Ordinance 731 in its entirety.

Section 5. Effective Date

This Ordinance shall become effective 30 days after its adoption.

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on **September 17, 2019**, the foregoing Ordinance consisting of five (5) sections was adopted by said Board by the following vote:

AYES: Jeffries, Spiegel, Washington, Perez and Hewitt
NAYS: None
ABSENT: None

Kecia R. Harper, Clerk of the Board
By: Karen Barton, Deputy Clerk of the Board

9/25



PROOF OF PUBLICATION

STATE OF CALIFORNIA SS.
COUNTY OF RIVERSIDE

RIVERSIDE COUNTY-BOARD OF SUP.
4080 LEMON ST

RIVERSIDE CA 92501

I am over the age of 18 years old, a citizen of the United States and not a party to, or have interest in this matter. I hereby certify that the attached advertisement appeared in said newspaper (set in type not smaller than non pariel) in each and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

09/25/19

I acknowledge that I am a principal clerk of the printer of The Desert Sun, printed and published weekly in the City of Palm Springs, County of Riverside, State of California. The Desert Sun was adjudicated a Newspaper of general circulation on March 24, 1988 by the Superior Court of the County of Riverside, State of California Case No. 191236.

I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.. Executed on this 25th of September 2019 in Green Bay, WI, County of Brown.

[Handwritten signature]
DECLARANT

Ad#:0003801028
P O : Ord 734.16
of Affidavits :1

2019 OCT -8 AM 10:22
RECEIVED RIVERSIDE COUNTY CLERK / BOARD OF SUPERVISORS

RIVERSIDE COUNTY BOARD OF SUPERVISORS
ORDINANCE NO. 734.16

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

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

Section 1. Purpose and Scope

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health.

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

"Department of Public Health fees and charges shall be listed on Schedule 1. Riverside Community Action Partnership (CAP) fees and charges shall be listed on Schedule 2."

Section 3. Severability

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Repeal of Ordinance 731

This Ordinance repeals Ordinance 731 in its entirety.

Section 5. Effective Date

This Ordinance shall become effective 30 days after its adoption.

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on September 17, 2019, the foregoing Ordinance consisting of five (5) sections was adopted by said Board by the following vote:

AYES: Jeffries, Spiegel, Washington, Perez and Hewitt
NAYS: None
ABSENT: None

Kecia R. Harper, Clerk of the Board
By: Karen Barton, Deputy Clerk of the Board

Pub: 9/25/2019

Summary of Ordinance 734.16 including title, sections 1-5, and certification of adoption. Includes handwritten notes: 'Knutts - Public Health' and '9/17/19 19.2'.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lea Peterson
 So Cal Gas Company
 7000 Indiana Ave #106
 Riverside, CA 92506



9590 9402 3035 7124 4593 06

2. Article Number (Transfer from service label)
 13 0600 0001 1305 5437

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

L. Peterson

C. Date of Delivery

09/09/19

D. Is delivery address different from item label?
 If YES, enter delivery address below

Yes
 No

RECEIVED RIVERSIDE
 SEP 10 10 59 AM '19

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Return Receipt

USPS TRACKING #



9590 9402 3035 7124 4593 06



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

CLERK OF THE BOARD
P. O. BOX 1147
RIVERSIDE, CA. 92502-1147

ATTN: Karen Barton

73416