

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



**ITEM: 19.6**  
(ID # 23692)

**MEETING DATE:**  
Tuesday, September 10, 2024

**FROM :** RUHS-PUBLIC HEALTH

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Public Hearing Regarding the Adoption of Ordinance No. 734.17 Amending Ordinance 734.16, an Ordinance of the County of Riverside, Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies. All Districts. [Total cost: \$0 – Fees Paid for Services by Individual and Organizational/Agency Users and Third-Parties].

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Convene a public hearing on the adoption of Ordinance No. 734.17 Amending Ordinance No. 734.16 of the County of 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. 734.17.

**ACTION:Policy**

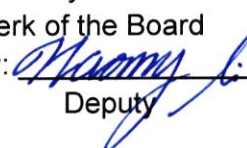
  
Kim Saruwatari, Director of Public Health 8/2/2024

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Gutierrez, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and that Ordinance 734.17 is adopted with waiver of the reading.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: September 10, 2024  
xc: RUHS-PH, COBCF/AB/DL

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS:</b> Fees paid for services by individual and organizational/agency users and third-parties			<b>Budget Adjustment:</b> No	
			<b>For Fiscal Year:</b> 24/25	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

In March 1994, the Board of Supervisors adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health Fees, charges, and rates. The last update to the Ordinance, 734.16, was made on August 27, 2019, with Board adoption on September 17, 2019. As a result of updates to state fees and new program initiatives, Riverside University Health System - Public Health (RUHS-PH) is submitting Ordinance 734.17 to reflect the commensurate and applicable changes to the RUHS-PH fee schedule.

At this time, Riverside County's Emergency Management Department (EMD) is also included in the RUHS-PH fee ordinance. Once EMD's fees are updated, a revised fee ordinance for RUHS-PH, excluding EMD fees, will be submitted to the Board.

**Impact on Residents and Businesses**

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

**Additional Fiscal Information**

RUHS-PH Laboratory (RUHS-PHL) fees were revised using the Medicare rates with a 150% multiplier. 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. Public Health Lab tests are added as needed, with pricing following industry standards, and will be added to the fee schedule in subsequent fee updates. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product. The following RUHS-PH Branches have new or revised fees:

- Business Services
- Immunizations
- Nursing
- Nutrition
- Staff Development

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

- Vital Records

**ATTACHMENTS:**

**ATTACHMENT A:** Ordinance 734.17 Riverside University Health System – Public Health Fees

**ATTACHMENT B:** Schedule 1 Riverside University Health System - Public Health Fees

*Rene Casillas*  
Rene Casillas, Internal Audits Chief

8/14/2024

*Douglas Cordonez Jr.*  
Douglas Cordonez Jr.

9/3/2024

*Gregg Gu*  
Gregg Gu, Chief of Deputy County Counsel

8/14/2024





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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 September 10, 2024, the foregoing ordinance consisting of 5 Sections was adopted by the following vote:

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

DATE:           September 10, 2024

KIMBERLY A. RECTOR  
Clerk of the Board

BY:  \_\_\_\_\_  
Deputy

SEAL

**COUNTY OF RIVERSIDE**  
**RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES**  
**Ordinance 734.17 Schedule 1**

Description of Activity/Service	Current Approved Fee	Proposed Fee:
<b>Business Services:</b>		
Certified Mail per item	\$ 3.45	\$ 4.35
Certified Mail (Registered) per item	\$ 12.20	\$ 16.80
Certified Mail (Receipt Requested) per item	\$ 2.80	\$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee)	\$ 15.00	\$ 15.00
Records Copying Fee per page	\$ 1.00	\$ 1.00
Returned Checks each	\$ 20.00	\$ 20.00
Medical Documents, X-Rays & Images (CD included) per request		\$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50	\$ 43.50

**Emergency Medical Services:**

<b>Advanced Life Support (ALS):</b>		
Ambulance Service Permit per year (1)	\$ 6,000.00	\$ 6,000.00
<b>Basic Life Support (BLS):</b>		
Ambulance Service Permit per yr (2)	\$ 3,000.00	\$ 3,000.00
Each ambulance per yr	\$ 250.00	\$ 250.00
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.		
Initial Certification (MICN Challenge) Recertification: every 2yrs	\$ 75.00	\$ 75.00
Lost Card Replacement	\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification every 2yrs	\$ 50.00	\$ 50.00

**Epidemiology**

Special Data Request Fee per hour	\$ 100.00	\$ 100.00
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**Immunizations**

<b>Mobile Team Vaccines</b>		
Fluarix - Flu Vaccine CPT 90686	\$ -	\$ 20.00
Boostrix - TDAP Vaccine CPT 90715	\$ -	\$ 50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs CPT 91318	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 5-11 yrs CPT 91319	\$ -	\$ 130.00
Covid Vaccine (Pfizer) 12+ CPT 91320	\$ -	\$ 130.00
Covid Vaccine (Moderna) 6 mos-11 yrs CPT 91321	\$ -	\$ 130.00
Covid Vaccine (Moderna) 12+ CPT 91322	\$ -	\$ 130.00
Priorix - MMR (Pediatric & Adult) CPT 90707	\$ -	\$ 103.00
Varivax - Varicella (Pediatric & Adult) CPT 90716	\$ -	\$ 140.00
Shingrix - Zoster Vaccine CPT 90750	\$ -	\$ 199.00
Gardasil - HPV Human Papillomavirus 9-Valent CPT 90651	\$ -	\$ 330.00
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y) CPT 90619	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135) CPT 90734	\$ -	\$ 198.00
Menveo - Meningococcal Conjugate two-vial CPT 90734	\$ -	\$ 198.00
Vaccination Administration Fee*	\$ -	\$2.00 - \$90.00

\*Sliding fee scale based on funding source and program used

**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	\$0.00 - \$50.00	\$0.00 - \$50.00

\*Sliding fee scale based on Income

**Non Clinical Laboratory:**

Description of Activity/Service		Current Approved Fee	Proposed Fee:
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
Spore Test - Instrument Sterilization (at 28 weeks)		\$ 18.86	\$ 18.86

**PH Laboratory Fees:**

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 52.64
Amplication Probe - Gonorrhea	CPT 87591	\$ 72.00	\$ 52.64
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 50.00
Culture Fungus	CPT 87102	\$ -	\$ 30.00
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	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 20.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB /RIF)	CPT 87556	\$ 75.00	\$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ -	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 28.00	\$ 36.12
HIV-1 and HIV-2 Geenuis Confirmation (2 shots total)	CPT 86689	\$ 46.00	\$ 58.06
HIV-1 Detection Test by Nucleic Acid	CPT 87536	\$ -	\$ 127.65
ID of Parasite	CPT 87169	\$ 9.00	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ -	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	\$ -	\$ 8.09
Mass spectrometry (laboratory testing method)	CPT 83789	\$ -	\$ 36.17
Measles Antibody IgG	CPT 86765	\$ -	\$ 19.32
MonkeyPox	CPT 87593	\$ -	\$ 35.09
Mumps Antibody IgG	CPT 86735	\$ -	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 60.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ -	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ -	\$ 52.64

Description of Activity/Service		Current Approved Fee	Proposed Fee:
Ova & Parasite - Concentration ( <i>smears</i> )	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome ( <i>smear complex stain</i> )	CPT 87209	\$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 41.00	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 41.00	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 41.00	\$ 105.30
Pinworm	CPT 87172	\$ 9.00	\$ 6.41
QuantiFERON-TB	CPT 86480	\$ 40.00	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ -	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 29.00	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ -	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 17.97
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
Systemic Fungus Probe	CPT 87797	\$ 100.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ -	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ -	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 25.28

#### Disease Control:

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

#### Nursing:

Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Student Nursing Coordinator	per hour	\$ 66.00	\$ 126.00
HELPS Self Management Education Workshop	per workshop	\$ 487.00	\$ 487.00

#### HIV/STD

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

#### 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

#### Community Health Workers

Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ -	\$26.66
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Description of Activity/Service		Current Approved Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$ -	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$ -	\$9.46 per patient

### Nutrition

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	\$ -	\$ 88.00
Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 380.00	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ -	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00

\* travel expenses charged separately for out of Riverside County classes

### Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 64.00	\$ 74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00	\$ 77.00
Adult and Pediatric First Aid Class	per participant	\$ 77.00	\$ 91.00
General Population Shelter Class	per participant	\$ 40.00	\$ 47.00
Stop the Bleed Class	per participant	\$ 25.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 38.00	\$ 58.00
Fit Testing Class	per participant	\$ 40.00	\$ 53.00

### 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	\$ 22.00
Birth - General Public	each	\$ 28.00	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 28.00	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 21.00	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 21.00	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 18.00	\$ 21.00
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