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



ITEM: 3.26 (ID # 27008) MEETING DATE: Tuesday, March 11, 2025

FROM : RUHS-PUBLIC HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Introduce and Waive further reading of proposed Ordinance 734.17, an Ordinance of the County of Riverside, Amending Ordinance 734.16, Establishing Fees, Charges, and Rates for Riverside University Health System – Public Health. All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

- Introduce and waive further reading of proposed Ordinance 734.17, an ordinance of the County of Riverside amending Ordinance 734.16 establishing fees, charges, and rates for Riverside University Health System - Public Health;
- 2. Direct the Clerk of the Board to set for public hearing for the proposed ordinance to be heard on April 1, 2025; and
- 3. Direct the Clerk of the Board to provide notice of the public hearing in accordance with Section 54986 of the Government Code for Adoption of Ordinance No. 734.17, Amending Ordinance No. 734.16.

ACTION:Policy, Set for Hearing

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Gutierrez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended; the above Ordinance is approved as introduced with a waiver of reading; and is set for public hearing on Tuesday, April 1, 2025, at 9:30 a.m. or as soon as possible thereafter.

Ayes:	Medina, Spiegel, Washington, Perez and Gutierrez
Nays:	None
Absent:	None
Date:	March 11, 2025
xc:	RUHS-PH, COB/NS
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Kimberly A. Rector Clerk of the Board By: Mutury May 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: Departmental funds			Budget Adjustment: No			
			For Fiscal Ye	ar: 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 was 734.16, which 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.

Riverside County's Auditor-Controller's Office (ACO) has completed the review of the FY24/25 RUHS-PH Cost Rate Fee submitted by RUHS-PH. During their review, they performed the following:

- Review of Ordinance 734.16 (FY18/19) to compare proposed services fees for 734.17 (FY24/25).
- Check calculations performed in the rate template for consistency and accuracy.
- Reviewed services rate increases and decreases.
- Assessed the methodology for FY17/18 to current proposed fees and calculated the variances for all services.

Based on the ACO's review, they found that RUHS-PH rates for FY24/25 are equitable and reasonable to recover the cost of providing services.

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 costs in providing Public Health program services to Riverside County residents.

Additional Fiscal Information

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

The following RUHS-PH Branches have new or revised fees:

- Business Services
- Immunizations
- Nursing
- Nutrition
- Staff Development
- Vital Records
- Laboratory

ATTACHMENTS:

ATTACHMENT A. Ordinance 734.17 Riverside University Health System – Public Health Fees

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

Douglas Ordonez Jr. 2/20/2025

2/20/2025

ORDINANCE NO. 734.17 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE 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

6 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 (RUHS-PH) in 8 accordance with Centers for Medicare and Medicard Services standards FY 24/25. RUHS-PH provides lab 9 testing services to other local government agencies, such as Animal Control entities, as well as other 10 Riverside County departments, including Riverside University Health System - Medical Center and Riverside University Health System - Community Health Centers. Additionally, RUHS-PH provides lab 12 testing services to local area hospitals.

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Section 2. **Fees and Charges**

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

"Riverside University Health System - Public Health fees and charges shall be listed on Schedule 1"

Severability Section 3.

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.

Repeal of Ordinance 734.16 Section 4.

This Ordinance repeals Ordinance 734.16 in its entirety.

ATTEST:

Section 5. **Effective Date**

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

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

By:

Chairman

1	CLERK OF THE BOARD:
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3	By:
4	Deputy (SEAL)
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COUNTY OF RIVERSIDE RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES Ordinance 734.17 Schedule 1

Description of Astinity/Complet		Current		Proposed
Description of Activity/Service		Approved Fee		Fee:
Business Services:				
Certified Mail	per item		\$	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
Dog Importation Health Certificate Administration Fee	each	\$-	\$	26.00
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
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	0.0.7 = 7.0	\$ 10.00	\$	10.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	\$ 50.00	\$	50.00
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Epidemiology Special Data Request Fee	per hour	\$ 100.00	\$	100.00
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Immunizations Mobile Team Vaccines				
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
	CPT 90707 CPT 90716	\$ - \$ -	\$	140.00
Varivax - Varicella (Pediatric & Adult)	CPT 90718 CPT 90750	ş - S -	\$	199.00
Shingrix - Zoster Vaccine	CPT 90750	- -	4	330.00

Vaccination Administration Fee* *Sliding fee scale based on funding source and program used

MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)

Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)

Gardisil - HPV Human Papillomavirus 9-Valent

Menveo - Meningococcal Conjugate two-vial

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

CPT 90651

CPT 90619

CPT 90734

CPT 90734

\$

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\$

*Sliding fee scale based on Income

330.00

198.00

198.00

198.00

\$2.00 - \$90.00

\$

- \$

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Description of Activity/Service		Current Approved Fee		Proposed Fee:
Non Clinical Laboratory: Fees for Registration of Non-Diagnostic General Health Assessment Program:			1	
Annual Operator/Organization Registration	each	\$ 100.00	\$	100.00
Additional Dates	each	\$ 12.00	\$	12.00
Additional Program	each	\$ 43.00	\$	43.00
Additional Program	each	\$ 20.00	\$	20.00
	each	\$ 12.00	\$	12.00
Personnel Addition	each	\$ 12.00	\$	12.00
Record Changes	each	\$ 12.00	\$	20.00
Review Procedural Changes		•	\$	75.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00 \$ 18.86	\$ \$	18.86
Spore Test - Instrument Sterilzation (at 28 weeks)		\$ 10.00	φ	10.00
PH Laboratory Fees:				11.00
Acid Fast Smear (Auramine)	CPT 87206		\$	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
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046		\$	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
Hepatitis A Total Antibody	CPT 86708		-	25.00
Hepatitis B Core IgM Antibody	CPT 86705			24.00
Hepatitis B Core Total Antibody	CPT 86704			25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517		\$	64.26
Hepatitis B Surface Antibody	CPT 86706		\$	22.00
Hepatitis B Surface Antigen (AG E/A)	CPT 87340		\$	21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87340 CPT 87341	\$ 21.00	\$	21.00
	CPT 87341 CPT 86803		\$	29.00
Hepatitis C Antibody			\$	64.26
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522 CPT 87529		\$	52.64
Herpes Simplex Virus, Amplified Probe HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)			\$	36.12
	CPT 87389		\$	58.06
HIV-1 and HIV-2 Geenuis Confirmation (2 shots total)	CPT 86689	-		52.64
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535		\$	
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ -	\$	127.65
ID of Parasite	CPT 87169		\$	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

Description of Activity/Service	Current Approved Fee	Proposed Fee:
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
Ova & Parasite - Concentration (smears) CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain) CPT 87205		\$ 37.00
PCR - Influenza A/B CPT 87502		\$ 143.70
PCR - Measles and Mumps CPT 87798		\$ 52.64
PCR - Norovirus CPT 87801	\$ 41.00	\$ 105.30
Pinworm CPT 87172	\$ 9.00	\$ 6.41
QuantiFERON-TB CPT 86480		\$ 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 (treponema pallidum) CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep qual) 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 86785	\$ 34.00	\$ 21.59
West Nile Virus IgM Confirmation CPT 86788	\$ 34.00	\$ 25.28
Fee for Provision of TB Skin Testing Group: Class Fee Per Capita Student Fee	•	\$ 500.00 \$ 9.40
Turbeculosis (TB) Clearance	\$ 43.00	\$ 43.00
Nursing: Detention Facility Inspection (Site visit, analysis of menu, report issuance)	\$ 116.00	\$ 116.00
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):	00 000	<u> </u>
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

Description of Activity/Service		Current Approved Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ -	\$26.66
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

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 Diebetic 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	\$ 1	\$ 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
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* 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:

per hour	\$ 95	00.	\$	95.00
each	\$ 19	.00	\$	22.00
each	\$ 28	00.	\$	29.00
each	\$ 28	00.	\$	29.00
each	\$ 21	.00	\$	24.00
each	\$ 21	.00	\$	24.00
each	\$ 5	i.00	\$	5.00
each	\$ 1	.00	\$	1.00
each	\$ 18	.00	\$	21.00
each	\$ 20	00.0	\$	20.00
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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

The Press-Enterprise

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3512 14th Street Riverside, CA 92501 Willoughby, OH 44096 951-368-9222 951-368-9018 FAX

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

Account Number: 5209148

Ad Order Number: 0011719809

Customer's Reference / PO Number:

Publication: The Press-Enterprise

Publication Dates: 02/14/2025

Amount: \$3,146.40

Payment Amount: \$0.00

Invoice Text:

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org

Dated: February 11, 2025 Kimberly A. Rector, Clerk of the Board By: Naomy Sicra, Clerk of the Board Assistant

Published The Press-Enterprise Feb. 14, 2025

RUHS-PH 2125125 2125226

The Press-Enterprise

3512 14th Street Riverside, CA 92501 Willoughby, OH 44096 951-368-9222 951-368-9018 FAX

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

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc:

PROOF OF PUBLICATION

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:

02/14/2025

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

Date: February 14, 2025. At: Riverside California

Legal Advertising Representative, The Press-Enterprise

Legal No. 0011719809

Ad Copy:

NOTICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF RIVERSIDE COUNTY ON AN ORDINANCE, ALL SUPERVISORIAL DISTRICTS

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, February 25, 2025 at 9:30 A.M.** or as soon as possible thereafter, to consider the following: Introduction of Ordinance No. 734.17, 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.

ORDINANCE NO. 734.17 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE 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 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 (RUHS-PH) in accordance with Centers for Medicare and Medicard Services standards FY 24/25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hosenitals. services to local area hospitals.

Section 2. Fees and Charges Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows: "Riverside University Health System – Public Health fees and charges shall be listed on Schedule 1"

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 734.16 This Ordinance repeals Ordinance 734.16 in its entirety.

Section 5. Effective Date This ordinance shall take effect thirty (30) days after its adoption.

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

Description of Activity/Service Non Clinical Laboratory:	Current Approved Fee	Proposed Fee:
Fees for Registration of Non-Diagnostic General Health Assessment Program		1
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

Description of Activity/Service	OPT 86735	Approved Fee S	s	Fee: 19.5
Decodellar of AsthubulGerula-		Current	P	roposed
MonkeyPox	CPT 87593	s .	s	35.0
Measles Antibody IgG	CPT 86765	\$.	\$	19.3
Mass spectrometry (laboratory testing method)	CPT 83789		\$	36.1
Kinyoun staining for TB ID	CP1 87206	\$.	5	8.0
nfluenza SARS-CoV-2 Multiplex rRT-PCR	CP1 87636	5 -	s	213.9
D of Parasite	CPT 87169	The second secon	\$	6.4
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536		\$	127.6
IV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 40.00 \$	s	52.6
HV-1 and HIV-2 Geenuis Confirmation (2 shots total)	CPT 87389 CPT 89689	and the second se	s	58 0
HiV Antigen/Antibody Screen (H/V-1/H/V-2 single assay)	CPT 87529		S	36.1
Herpes Simplex Virus, Amplified Probe	CP1 87522 CP1 87529		ŝ	52.6
Hepatris C Androocy Hepatris C Detection Test by Nucleic Acid (Quantification)	CPT 86803 CPT 87522	<u>s</u> .	S	64.2
Hepatitis C Antibody	CP1 8/341 CP1 86803	\$ 29.00	5	29.0
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87340 CPT 87341	5 2100 5 2100	5	210
Hepatitis B Surface Antigen (AG EIA)	CP1 80706 CP1 87340	\$ 21.00	s	210
Hepatitis B Detection Test by Nucleic Acid (Quantification) Hepatitis B Surface Antibody	CPT 8/51/ CPT 86706	\$ 22.00	s	22.0
Hepatitis B Core Total Antibody Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 86704 CPT 87517	\$ 25.00 \$	s	25 (
Hepatitis B Core IgM Antibody	CP1 86705	\$ 24.00	\$	24 (
Hepatitis A Total Antibody	CPT 86706	of the second day in the other second and the second second second second second second second second second se	\$	25.0
Hepatitis A IgM Antibody	CPT 86709		\$	23 (
Gram Stain (smear)	CPT 87205	\$ 9.00	5	9(
GeneXpert Assay (MTB /RIF)	CPT 87556	and places of the local data and the second s	5	100 0
Fungus ID Yeast	CPT 87106	and the second se	S	50 0
Fungus ID Mold	CPT 87107		S	50 0
ecal Leukocyte (smear gram stain)	CP1 89055	\$ 9.00	\$	9(
A Rabies	CPTNA	and the set of the set	S	50.0
A Pneumocystis carinii (AG IF)	CPT 87281	\$ 1900	S	19.0
A Giardia (AG IF)	CPT 87269		5	38 (
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	S	38.0
Culture TB	CPT 87116	and the second se	\$	50.0
Culture Salmoneila/Shigeila (feces culture bacteria)	CPT 87046	\$ 19.00	\$	19.0
Culture Group B strep (vaginal/rectal) (culture screen only)	CP1 87081	\$ 15.00	S	15.0
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	S	15.0
Culture Gonorrhea (GC) (sulture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Fungus	CPT 87102	\$.	\$	30.0
Culture for Identification	CPT 87077	\$ 17.00	\$	50.0
Culture Enteric (feces culture bactena)	CPT 87045	\$ 19.00	\$	19.0
Culture Campylobacter	CPT 87046	\$ 19.00	\$	19 0
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Aerobic (culture bactena - other)	CP1 87070	\$ 18.00	\$	18.0
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00	\$	19.0
Concentrate	CPT 87015	\$ 14.00	\$	14.0
Amplication Probe - Gonorrhea	CPT 87591	\$ 72.00	\$	52.6
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00	S	52.6
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	S	11.0

Description of Activity/Service		Current opproved Fee	100	Proposed Fee:
Business Services:				
Certified Mail per item	\$	3.45	\$	4.3
Certified Mail (Registered) per item	\$	12.20	\$	16.8
Certified Mail (Receipt Requested) per item	\$	2.80	\$	3.5
Records Processing Fee (Subpoena/Records Request Clerical Fee)	\$	15.00	\$	15.0
Records Copying Fee per page	\$	1.00	\$	1.0
Returned Checks each	\$	20.00	\$	20.0
Medical Documents, X-Rays & Images (CD included) per request			\$	25.0
Therapeutic Med ID Program (MMIC)	\$	87.00	\$	87.0
Therapeutic Med ID Program (MMiC) - Medi-Cal patients	\$	43 50	\$	43.5
Dog Importation Health Certificate Administration Fee each	\$		\$	26.0
Emergency Medical Services:				
Advanced Life Support (ALS):				
Ambulance Service Permit per year (1)	\$	6,000.00	\$	6,000.00
Basic Life Support (BLS)		and the second second second second second		
Ambulance Service Permit per yr (2)	\$	3,000.00	\$	3,000.0
Each ambulance per yr	\$	250.00	\$	250.0
EMT-I Certification and Recertification every 2yrs	\$	25.00	\$	25.0
EMT-I Certification and Recertification - Late Fee	5	10.00	S	10.0
EMT-P Initial Accreditation	S	75.00	S	75.0
EMT-P Re-verification every 2yrs	S	50.00	S	50.0
EMPT-P (Paramedic) and MICN (Mobile Intensive Care Nurse) Late Fee	\$	25.00	\$	25.0
Fees for medical services and most laboratory - See clinical services.				
initial Certification (MICN Challenge) Recertification every 2yrs	\$	75.00	\$	75.0
Lost Card Replacement	S	10.00	s	10.0
Mobile Intensive Care Nurse (MICN) Recertification every 2yrs	S	50.00	\$	50 0
Epidemiology				
Special Data Request Fee per hour	\$	100.00	S	100.0
munizations				
Mobile Team Vaccines	-			
Fluarix - Flu Vaccine CPT 90686	S		\$	20.0
Boostrix - TDAP Vaccine OPT 90715			s	50.0
Covid Vaccine (Pfizer) 6 mos-4 yrs CPT 91318			s	130.0
Covid Vaccine (Pfizer) 5-11 yrs OPT 91319			5	130.0
Covid Vaccine (Pfizer) 12+ CPT 91320			s	130.0
Covid Vaccine (Moderna) 6 mos-11 vrs CPT 91321	S		s	130.0
Covid Vaccine (Moderna) 12+ CPT 91322	s		s	130.0
Phorix - MMR (Pediatric & Adult) CPT 90707	s		s	103.0
	-		s	140.0
Varivax - Varicella (Pediatric & Adult)			\$	199.0
Varivax - Varicella (Pediatric & Adult) CPT 90716 Shinariy - Zestar Vaccina CPT 90716	S		\$	330.0
Shingrix - Zoster Vaccine OPT 90750			\$	198.0
Shingrix - Zoster Vacone OPT 90750 Gardisil - HPV Human Papillomavirus 9-Valent OPT 90651	5			1.90.1
Shingrix - Zoster Vacone OPT 90750 Gardisil - HPV Human Papillomavirus 9-Valent OPT 90651 MenQuadti - Meningococcal Conjugate (Groups A,C,W and Y) OPT 90619		•	Contract on the local division of the local	100.0
Shingrix - Zoster Vacone OPT 90750 Gardisil - HPV Human Papillomavirus 9-Valent OPT 90651	\$		5	198.0 198.0

Injury Prevention Services:

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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

7118 \$ 7563 \$ 7177 \$ 7209 \$		\$ \$	75.00
1177 \$ 1209 \$	18.00	\$	EQ
209 \$	18.00		52.64
		S	18.00
	37.00	S	37.00
7502 \$	41.00	\$	143 70
7798 \$	41.00	S	52.64
7801 \$	41.00	s	105.30
1172 \$	9.00	\$	6.41
6480 \$	40.00	\$	92.97
7633 \$	-	\$	625.17
5762 \$	29.00	\$	21.59
1147 \$		\$	7.77
7427 \$	19.00	S	17 97
7427 \$	19.00	S	17,97
597 \$	9.00	\$	9.00
5593 \$	9.00	\$	9.00
\$ 0878	27.00	\$	27.00
592 \$	9.00	\$	9.00
1797 \$	100.00	S	140.00
7661 \$	-	\$	52.64
5787 S		S	19.32
\$ 9878	34.00	\$	21.59
5788 \$	34 00	\$	25.28
		1	
	6780 \$ 6592 \$ 7797 \$	6780 \$ 27 00 6592 \$ 9 00 7797 \$ 100.00 7661 \$ - 6787 \$ - 6789 \$ 34.00	6780 \$ 27.00 \$ 6592 \$ 9.00 \$ 7797 \$ 100.00 \$ 7661 \$ - \$ 6787 \$ - \$ 6789 \$ 34.00 \$

Class Fee

HIV/STD

Per Capita Student Fee

Turbeculosis (TB) Clearance

Nursing: Detention Facility Inspection

(Site visit, analysis of menu, report issuance)

California Children's Services (CCS):

Community Health Workers

Court-Ordered HIV Testing Education Classes for Sex and Drug Offenders (set by Judge)

CCS Assessment Fee: (Depends on family size & adjusted gross income) CCS Enroilment 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) 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) 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) CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income

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)

increment of \$5,000 increase the above fees by \$120 Family (5)

500.00 \$

9 40 \$

43.00 \$

116 00 \$

\$ 123.00 \$ 123.00 \$70.00 - \$300.00 \$70.00 - \$300.00

\$0 or \$20

\$0 to \$1440

\$0 to \$1380

\$0 to \$1320

\$0 to \$1260

\$0 to \$1200

- 5

\$

\$

per hour

500.00

9.40

43.00

116.00

123.00

\$0 or \$20

\$0 to \$1440

\$0 to \$1380

\$0 to \$1320

\$0 to \$1260

\$0 to \$1200

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

Community Education Presentation	per hour	\$	88.00	\$	88.00
Detention Facility Inspection (Registered Diebitian) (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	S		\$	88.00
Registered Dietitian / Certified Diebetic 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	\$	38.00
Lactation Educator Course. (20-hour course for health professionals taught by an IBCLC)	per participant	s	380 00	\$	469 00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	s	-	\$	930 00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$	1,700.00	s	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

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CPR (Cardiopulmonary Resuscitation) Class	per participant	\$	64.00	S	74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$	66.00	s	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	S	40.00	S	53.00

Vital Records:

L Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00	S	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	S	20.00
II. Permit for Disposition of Human Remains Regular Permit	each	\$ 12 00	s	12 00
After Hours Permit	each	\$ 12.00	\$	12.00
III. Other Services				
		 of states and from the former of		the state of the s

Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$	10.00
Letter of Authentication	each	\$ 10.00	S	10 00
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$	10.00

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Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email <u>Cob@rivCo.org</u>

Dated: February 11, 2025

Kimberly A. Rector, Clerk of the Board By: Naomy Sicra, Clerk of the Board Assistant

Published The Press-Enterprise Feb. 14, 2025

* LocaliQ

PO Box 631437 Cincinnati, OH 45263-1437

GANNETT

AFFIDAVIT OF PUBLICATION

Cindy Fernandez Riverside County-Board Of Sup. Po Box 1147 Riverside CA 92502-1147

STATE OF WISCONSIN, COUNTY OF BROWN

The Desert Sun, a newspaper published in the city of Palm Springs, Riverside County, State of California, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

02/16/2025

and that the fees charged are legal. Sworn to and subscribed before on 02/16/2025

Legal Clerk Notary, State of WI, County of Brown

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VICKY FELTY Notary Public State of Wisconsin

ICE OF PUBLIC HEARING BEFORE THE BOARD OF SUPERVISORS OF				Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA) Hepatitis C Antibody	CPT 87341 CPT 86803	\$ 21.00 \$ 29.00	s
CE IS HEREBY GIVEN that a public hearing at which all interested persons will e 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Stru	eet Riverside on Tuesc	av. February 25, 2025 at 9:30	A.M. or as soon as possible	Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522 CPT 87529	\$	S
after, to consider the following: Introduction of Ordinance No. 734.17, An Ordin charges, and rates for County Public Health services and supplies.	nance of the County of R	verside Amending Ordinance N	o. 734 relating to establishing	HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389 CPT 86689	\$ 28.00 \$ 46.00	s
S (75) 10 10 100 100	E NO. 734.17			HV-1 and HV-2 Geenuis Confirmation (2 shots total) HV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 48.00	s
AN ORDINANCE OF TH AMENDING ORDINANCE 734 RELATING	E COUNTY OF RIVERSI	de Es, charges, and		HV-1 Detection Test by Nucleic Acid (Quantification) ID of Parasite	CPT 87536 CPT 87169	\$ - \$ 9.00	s s
RATES FOR COUNTY PUBLIC H	IEALTH SERVICES AND	SUPPLIES		Influenza SARS-CoV-2 Multiplex rRT-PCR Kinyoun staining for TB ID	CPT 87636 CPT 87206	s -	s
The Board of Supervisors of the Co Section 1. Purpos		ns as follows:		Mass spectrometry (laboratory testing method) Measles Antibody IgG	CPT 83789 CPT 86765	5	s
urpose of this Ordinance is to revise fees for certain services and supplies fi System – Public Health (RUHS-PH) in accordance with Centers for Medical	urnished by the County of	of Riverside in the field of health	h through Riverside University	MonkeyPox	CPT 87593	\$ -	\$
i System – Public Health (HURS-FH) in accordance with Carles for Medical g services to other local government agencies, such as Animal Control ent System – Medical Center and Riverside University Health System – Com	tities as well as other R	iverside County departments in	including Riverside University	Description of Activity/Service		Current Approved Fee	Proposed Fee:
 System – Medical Center and Riverside University Health System – Comi iospitals. 	munity Health Centers.	Additionally, HUHS-PH provides	s lab lesuring services to local	Non Clinical Laboratory: Mumps Antibody IgG	CPT 86735	s -	s
	nd Charges			Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) Mycobacterium Species Identification	CPT 87188 CPT 87118	S -	S
n 2 of Ordinance No. 734 is hereby amended in its entirety to read as follow side University Health System – Public Health fees and charges shall be list	ws: ted on			Mycoolasma genitalium	CPT87563 CPT 87177	<u>\$</u> - \$ 18.00	S
Section 3. Severa	ability	hell.		Ova & Parasite - Concentration (smears) Ova & Parasite - Inchrome (smear complex stain) PCR - Influenza A/B	CPT 87209 CPT 87502	S 37.00 S 41.00	50
d any fee herein established be held to be invalid or otherwise unenforceabl fect the validity of all remaining fee provisions.	Ne, such determination s	nau		PCR - Measles and Mumps	CPT 87798	\$ 41.00	s
	l of Ordinance 734,16			PCR - Norovirus Pirworm	CPT 87801 CPT 87172	\$ 41.00 \$ 9.00	\$
rdinance repeals Ordinance 734.16 in its entirety	ve Date			QuantiFERON-TB Respiratory Panel 2,1	CPT 86480 CPT 87633	\$ 40.00 S -	s
Section 5. Effection rdinance shall take effect thirty (30) days after its adoption	ve Date			Rubella IgG Antibody Salmonella serogrouping	CPT 86762 CPT 87147	\$ 29.00 \$ -	S
COUNTY O	F RIVERSIDE			Shiga-toxin 1 EIA	CPT 87427 CPT 87427	\$ 19.00 \$ 19.00	<u>s</u>
RIVERSIDE UNIVERSITY HEALTI Ordinance 73	H SYSTEM - PUBLI 4.17 Schedule 1	HEALTH FEES		Shiga-toxin 2 ElA Svphilis (APR) - Qualitative Svphilis (APR) - Quanitative	CPT 86592 CPT 86593 CPT 86593 CPT 86780 CPT 86592 CPT 87797	\$ 9.00 \$ 9.00	S
Description of Activity/Service		Current Approved Fee	Proposed Fee:	Syphilis (TPPA) Confirmation (treponema pallidum) Syphilis Serum EIA Screen (non-trep qual)	CPT 86780 CPT 86592	\$ 27.00 \$ 9.00	S
				Systemic Fungus Probe	CPT 87797 CPT 87661	\$ 100.00	\$
rtified Mail rtified Mail (Registered)	per item	\$ 3.45 \$ 2.20	\$ 4.35 \$ 16.80	Trichomonas vaginalis amplif VZV (Varicella) loG Antibody West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86787 CPT 86789	\$. \$ 34.00	S
rtified Mail (Receipt Requested) cords Processing Fee (Subpoena/Records Request Clerical Fee)	per item	\$ 2.80 \$ 15.00	\$ 3.55 \$ 15.00	West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	s
cords Copying Fee	per page each	\$ 1.00 \$ 20.00	\$ 1.00 \$ 20.00	Disease Control:			
turned Checks dical Documents, X-Rays & Images (CD included)	per request	\$ 87.00	S 25.00 S 87.00	Fee for Provision of TB Skin Testing Group:			
erapeutic Med ID Program (MMIC) erapeutic Med ID Program (MMIC) - Medi-Cal patients		\$ 87.00 \$ 43.50	\$ 87.00 \$ 43.50 \$ 26.00	Class Fee Per Capita Student Fee		S 500.00 S 9,40	S
g Importation Health Certificate Administration Fee rgency Medical Services :	each	\$ -	S 26.00	Turbeculosis (TB) Clearance		S 43.00	ŝ
vanced Life Support (ALS):				Nursing: [Detention Facility Inspection			
Ambulance Service Permit sic Life Support (BLS):	per year (1)	\$ 6,000.00	\$ 6,000.00	Gite visit, analysis of menu, report issuance) HIV/STD		S 116.00	S
Ambulance Service Permit	per yr (2)	\$ 3,000.00	\$ 3,000.00 \$ 250.00 \$ 250.00	Court-Ordered HIV Testing		S 123.00	S
ch ambulance T-I Certification and Recertification	every 2yrs	\$ 250.00 \$ 25.00	\$ 25.00	Education Classes for Sex and Drug Offenders (set by Judge)		\$70.00 - \$300.00	\$70.00 - \$300
T-I Certification and Recertification - Late Fee T-P Initial Accreditation		\$ 10.00 \$ 75.00	S 10.00 S 75.00	California Children's Services (CCS):			
T-P Re-verification	every 2yrs	\$ 50.00 \$ 25.00	S 50.00 S 25.00	CCS Assessment Fee: (Depends on family size & adjusted gross income) CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments	Note: For incomes over	\$0 or \$20	\$0 or \$20
PT-P (Paramedic) and MICN (Mobile Intensive Care Nurse) Late Fee is for medical services and most laboratory - See clinical services.			s 75.00	\$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
ial Certification (MICN Challenge) Recertification: st Card Replacement	every 2yrs	\$ 75.00 \$ 10.00	\$ 10.00	CCS Errollment Fee (Depends on family size & adjusted gross income \$60 increments \$99,999, for each subsequent income increment of \$5,000 increase the above fees by	/ \$120 Family (3)	\$0 to \$1380	\$0 to \$1380
emiology emiology	every 2yrs	\$ 50.00	\$ 50.00	CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments \$99,999, for each subsequent income increment of \$5,000 increase the above fees by) Note: For incomes over	\$0 to \$1320	\$0 to \$1320
emiology ecial Data Request Fee	per hour	\$ 100.00	\$ 100.00	CCS Enrollment Fee (Depends on family size & adjusted gross income \$6 increments)	Note: For incomes over	\$0 to \$1260	\$0 to \$1260
unizations				\$99,999, for each subsequent income increment of \$5,000 increase the above fees by CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over	Contraction Contraction	-
bile Team Vaccines Fluarix - Flu Vaccine	CPT 90686	\$.	\$ 20.00	\$99,999, for each subsequent income increment of \$5,000 increase the above fees by (6 or more)	y 5120 Family	\$0 to \$1200	\$0 to \$1200
Boostrix - TDAP Vaccine Covid Vaccine (Pfizer) 6 mos-4 vrs	CPT 90715 CPT 91318	s -	\$ 20.00 \$ 50.00 \$ 130.00	Community Health Workers	And the second second	Current to an a	N
Covid Vaccine (Prizer) 5-11 vrs Covid Vaccine (Prizer) 12+	CPT 91319 CPT 91320	s -	\$ 130.00 \$ 130.00	Description of Activity/Service Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	Current Approved Fee S	Proposed For \$ 26.66
Covid Vaccine (Moderna) 6 mos-11 vrs	OPT 91321 OPT 91322	· ·	\$ 130.00 \$ 130.00 \$ 103.00	AnSelf-management education and training, face-to-face, 30 minutes (2-4 patients) Self-management education and training, face to-face, 30 minutes (5-8 patients)	CPT 98961 CPT 98962	<u>s</u> -	\$12.66 per pati \$9.46 per pati
Covid Vaccine (Moderna) 12+ Priorix - MMR (Pediatric & Adult) Variora - Varicella - Gentatric & Adult)	OPT 90707 OPT 90716		\$ 103.00 \$ 140.00	Self-management education and training, face to-face, 30 minutes (5-8 patients) Nutrition	UP1 30302		99.40 hei han
Varivax - Varicella (Pediatric & Adult)	CPT 90750 CPT 90651	\$ -	S 199.00	Community Education Presentation	per hour	S 88.00	S
Shingrix - Zoster Vaccine	UP1 900011		\$ 330.00 \$ 198.00		and have	1	s
Gardisil - HPV Human Papillomavirus 9-Valent	CPT 90619	3 -		Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	
Gardisii - HPV Human Papillomavirus 9-Valent MenQuaffi - Meningococcal Conjugate (Groups A.C.W and Y) Menveo - Meningococcal Conjugate one-vial (Groups A.C.Y and W-135)	CPT 90734	s -	\$ 198.00	Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 116.00 \$ 113.00	S
Gardisi - HPV Human Paolilomavirus 9-Valent MenQuadfi - Meninopococcia Conjudate (Groups A,C,W and Y) Meriveo - Meninopococcial Conjugate one-vial (Groups A,C,Y and W-135) Meriveo - Meninopococcal Conjugate two-vial		\$ - \$ - \$ -	\$ 198.00 \$ 198.00 \$2.00 - \$90.00	(Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - QLE) Professional Education Presentation by HEA	per hour per hour	\$ 113.00 S	S
Gardial - HPV Human Papilomavirus 9-Valent MenQuadi - Meningococci Conjugate Groups AC.V and Yi Menyee - Meningococci Conjugate one-vial (Groups AC.V and V-135) Menyee - Meningococci Conjugate two-vial Constanton Administration Fee Constanton Administration Fee ing fee scale based on funding source and program used	CPT 90734	s - s - s -	\$ 198.00	Site visit, analysis of menu, report issuance) Lastation Counseling (Certified Lastation Educators - Q.E) Professional Education Presentation by HEA Registered Dietitian / Certified Diebetic Educator (RD/CDE) (consultation or presentatic	per hour per hour	\$ 113.00	\$ 5
Gardial - HPV Human Papillomavirus 8-Valent MenDuad1 - Meninopoccal Conjugate Groups A.C.W and Yi Menveo - Meninopococcal Conjugate one-vrail (Groups A.C.Y and Y-135) Menveo - Meninopococcal Conjugate two-vrail contation Administration Fier fee scale based on funding source and program used ing Prevention Services:	CPT 90734 CPT 90734	\$ - \$ -	\$ 198.00 \$2.00 - \$90.00	(Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - QLE) Professional Education Presentation by HEA	per hour per hour in) per hour	\$ 113.00 \$	\$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent MenQuadh - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menyeo - Meninococcal Conjugate one-vial (Groups A.C.Y and Y-135) Menyeo - Meninoccoccal Conjugate two-visi contation Administration Fee ng fee scale based on funding source and program used iny Prevention Services: de Heimets'	CPT 90734	\$ - \$ - \$3.00 - \$10.00 \$20.00 - \$45.00	\$ 198.00 \$2.00 - \$90.00 \$3.00 - \$10.00 \$20.00 - \$45.00	Site visit, analysis of meru, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E) Protessional Education Resentation by HEA Registered Dietitian / Certified Diethetic Educator (RDICDE) (consultation or presentation International Board Certified Lactation Consultant (BCLC) Start Training (for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL	per hour per hour in) per hour per hour per hour C) per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 8 80.00 \$ 380.00	\$ \$ \$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent Menituadi - Meninaococat Conjugate one-vial (Broups A.C.Y and Y-135) Menivoo - Meninaococat Conjugate one-vial (Broups A.C.Y and Y-135) Menivoo - Meninaococat Canjugate two-vial Contaion Administration Fee g fee scale based on funding source and program used ry Prevention Services: der Heimets" der Car Seats" Li Needs Car Seat"	CPT 90734 CPT 90734 each	\$ - \$ -	\$ 198.00 \$2.00 - \$90.00 \$3.00 - \$10.00	Site visit, analysis of meru, report issuance) Latation Counseling (Certified Lactation Educators - Q.E) Professional Education Resentation by HEA Registered Dietitian / Certified Diebetic Educator (RD/CDE) (consultation or presentatic International Board Certified Lactation Consultant (BCLC) Staff Training (for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Lactation Courselor Course (40-hour course for health professionals taught by an IBC	per hour per hour in) per hour per hour per hour C) per participant LC) per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	\$ \$ \$ \$ \$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent Menubuadh - Meninacoccal Consultat (Broups A.C.Y and Y-135) Menueo - Meninopcoccal Conjugate one-vial (Broups A.C.Y and Y-135) Menueo - Meninopcoccal Conjugate two-vial contaion Administration Feet ng fee scale based on funding source and program used ury Prevention Services: del Hemets" del Hemets" dar Needs Car Seat" ang fee scale based on Income	CPT 90734 CPT 90734 each each	\$ - \$ - \$3.00-\$10.00 \$20.00-\$45.00 \$0.00-\$50.00	\$ 198.00 \$2.00 - \$90.00 \$3.00 - \$10.00 \$20.00 - \$45.00 \$0.00 - \$50.00	Site visit, analysis of meru, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E) Protessional Education Resentation by HEA Registered Dietitian / Certified Diethetic Educator (RDICDE) (consultation or presentation International Board Certified Lactation Consultant (BCLC) Staff Training (for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Error Qur Own Lactation Consultant Course (105-hour IBCL Prep Course)	per hour per hour per hour per hour per hour C) per participant LC) per participant per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent Menubadi - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menvoo - Meninacoccoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menvoo - Meninacoccoccal Conjugate two-visi Containon Administration Fee ng fee scale based on funding source and program used iry Prevention Services: der Heimets" der Gar Seats" Sal Neads Car Seat" Ing fee scale based on Income Description of Activity/Service Inical Laboratory:	CPT 90734 CPT 90734 each each	\$ - \$ - \$3.00 - \$10.00 \$20.00 - \$45.00	\$ 198.00 \$2.00 - \$90.00 \$3.00 - \$10.00 \$20.00 - \$45.00	Site visit, analysis of menu, report issuance) Latation Counseling (Certification Educators - Q.E.) Professional Education Presentation by HEA Registered Distitian / Certified Diebets Educator (RD/CDE) (consultation or presentation International Based Certified Latation Consultant (BICLC) Staff Training (or non-County providers) Latation Educator Course (20-hour course for health professionals taught by an IBIC Earth on Educator Course (20-hour course for health professionals taught by an IBIC Grow Dur Own Lacation Consultant Course (IGS-hour IBICL Prep Cause) Healthy Education Lord & Laure with a Nubritionist (RD) and a Chef	per hour per hour in) per hour per hour per hour C) per participant LC) per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent Menubadi - Meninaococal Conjugate one-vial (Groups A.C.Y and Y-135) Menveo - Meningococcal Conjugate one-vial (Groups A.C.Y and Y-135) Menveo - Meningococcal Conjugate two-vial containon Administration Fee" ing fee scale based on funding source and program used y Prevention Services: de Hämets" Mer Car Seats" Mar Car Seats" Mar Car Seats" Mer Car Seats" M	CPT 90734 CPT 90734 each each each each	\$	\$ 198.00 \$2.00 - \$90.00 \$3.00 - \$10.00 \$20.00 - \$45.00 \$0.00 - \$50.00 Proposed Fee: \$ 100.00	Site visit, analysis of meru, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E) Protessional Education Resentation by HEA Registered Dietitian / Certified Diethetic Educator (RDICDE) (consultation or presentation International Board Certified Lactation Consultant (BCLC) Staff Training (for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Error Qur Own Lactation Consultant Course (105-hour IBCL Prep Course)	per hour per hour per hour per hour per hour C) per participant LC) per participant per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Gardial - HPV Human Papilomavirus 9-Valent Menubardi - Meninosoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menveo - Meninosoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menveo - Meninosoccal Conjugate two-vial containon Administration Fee' Ing fee scale based on funding source and program used y Prevention Services: de Heimets' Heimets' Heimets' Description of Activity/Service Inical Laboratory: I Opegaration Non-Dagnostic General Health Assessment Program: al Opegarizition and Activity	CPT 90734 CPT 90734 each each each each each each	\$	\$ 198.00 \$2.00-590.00 \$3.00-510.00 \$20.00-545.00 \$0.00-545.00 Proposed Fee: \$ 100.00 \$ 20.00-545.00 \$ 20.00-545.00	Site visit, analysis of menu, report issuance) Latation Counseling (Certification Educators - Q.E.) Professional Education Presentation by HEA Registered Distrian / Certified Liebetic Educator (RD/CDE) (consultation or presentation international Basicat Certified Liebetic Educator (RD/CDE) (consultation or presentation International Basicat Certified Liebetic Educator (RD/CDE) Latation Educator Course (20-hour course for health professionals taught by an IB/C Latation Educator Course (20-hour course for health professionals taught by an IB/C Grow Dur Dwn Lacation Consultant Course (IGS-hour IB/CL Prep Cause) Healthy Editor Limit A Laware with a Nubritionist (RD) and a Chef * travel expenses charged separately for out of Riverside County classes Staff Development (DPR (Cardiopulmorary Resuscitation) Class	per hour per hour per hour per hour C) per participant per participant per participant per class	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 16.00 \$ 380.00 \$ 380.0	S S S S S S S S S S S S S S S S S S S
Gardial - HPV Human Papilomavirus 9-Valent Menituadi - Meninaocoaci Conjugate one-val (Groups A.C.Y and Y) Menivo - Meninaocoaci Conjugate one-val (Groups A.C.Y and Y-135) Menino - Meninaocoacia Conjugate one-val (Groups A.C.Y and Y-135) Menino - Meninaocoacia Conjugate one-val (Groups A.C.Y and Y-135) Menino - Meninaocoacia Conjugate one-val g fee scale based on lunding source and program used typ Prevention - Services: de Heimets' dar Cer Seat's dar Cer Seat's dar Cer Seat's dar Cer Seat's dar Cer Seat's dar Cer Seat's Description of Activity/Service Directal Laboratory: Directal Conjunction Resistion Directal Conjunction Resistion	071 90734 071 90734 each each each sach sach sach sach sach	\$	\$ 198.00 \$2.00-590.00 \$3.00-590.00 \$20.00-545.00 \$0.00-565.00 Proposed Fee: \$ 100.00 \$ 120.00 \$ 120.00	Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E.) Professional Education Presentation by HEA Registered Dietitian / Certified Licetation Consultant (BCLC) Satif Training (for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (40-hour course for health professionals taught by an IBCL Lactation Counselor Course (40-hour course for health professionals taught by an IBCC Frow Dur Own Lactation Constituent Course (IGS-hour IBCL C Prep Course) Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef ⁺ travel expenses charged separately for out of Riverside County classes Staff Development OPR (Cardiopulmonary Resuscitation) Class Defined	per hour per hour per hour per hour per hour per participant per participant per participant per participant per carticipant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	S S S S S S S S S S S S S S S S S S S
Gardial - HPV Human Papilomavirus 9-Valent Menituadi - Meninaocoaci Conjugate one-vial (Groups A.C.Y and Y-135) Menivoo - Meninaocoacia Conjugate one-vial (Groups A.C.Y and Y-135) Menivoo - Meninaocoacia Conjugate one-vial (Groups A.C.Y and Y-135) Menivoo - Meninaocoacia Conjugate one-vial gress cale based on funding source and program used gr Ces cale based on funding source and program used gr Ces cale based on funding source and program used gr Ces cale based on funding source and program used gr Ces cale based on funding source and program used gr Ces cale based on functione Description of Activity/Service Gardial Laboratory: for Registration if Nor-Diagnostic General Heath Assessment Program: and Decision for Bosed State Service State S	071 90734 071 90734 each each each each each each seach seach seach seach seach seach seach	\$	\$ 198.00 \$2.00 - \$90.00 \$2.00 - \$90.00 \$20.00 - \$45.00 \$0.00 - \$55.00 Proposed Fee: \$ 100.00 \$ 120.0 \$ 43.00 \$ 2.00 \$ 2.000 \$ 2.0000\$ \$ 2.000\$ \$	Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E.) Professional Education Presentation by HEA Registered Diettian / Certified Litetation Educator (RDCDE) (consultation or presentatic International Board Certified Lactation Consultant (BCLC) Satt Training for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (40-hour course for health professionals taught by an IBCL Lactation Courselor Course) (Health professionals taught by an IBC Healthy Ealing Lunch & Learn with a Nubritionist (RD) and a Chef * travel expenses charged separately for out of Riverside County classes Staff Development ORR (Cardiopulmonary Resuscitation) Class - Diended Aduit and Pediation Firler Class	per hour per hour per hour per hour per participant per participant per participant per caticipant per participant per participant per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	S S S S S S S S S S S S S S S S S S S
Gardisi - HPV Human Papilomavirus 9-Valent Menituari - Meninoacocat Conjugate one-vial (Groups A.C.Y and V-138) Merivo - Meninoacocat Conjugate one-vial (Groups A.C.Y and V-138) Merivo - Meninoacocat Call Conjugate two-vial catale harmetist g fee scale based on funding source and program used try Prevention Services: La Harmetist lar Car Seats' lar Car Seats' lar Neads Car Seat' Ing fee scale based on Income Description of Activity/Service Inical Laborator of Program Degram One Jobson Registration one Jobson Jopedro/Wanaha Registration one Jobson one Jobson Meride Degram Meride Degram Merid	CPT 90734 CPT 90734 each each each each each each each each	\$	\$ 198.00 \$2.00 - \$90.00 \$2.00 - \$90.00 \$20.00 - \$45.00 \$0.00 - \$55.00 Proposed Fee: \$ 100.00 \$ 120.0 \$ 43.00 \$ 2.00 \$ 2.000 \$ 2.0000\$ \$ 2.000\$ \$	Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E.) Professional Education Presentation by HEA Registered Diettian / Certified Litetation Educator (RDCDE) (consultation or presentatic International Board Certified Lactation Consultant (BCLC) Satt Training for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (40-hour course for health professionals taught by an IBCL Lactation Courselor Course) (Health professionals taught by an IBC Healthy Ealing Lunch & Learn with a Nubritionist (RD) and a Chef * travel expenses charged separately for out of Riverside County classes Staff Development ORR (Cardiopulmonary Resuscitation) Class - Diended Aduit and Pediation Firler Class	per hour per hour per hour per hour per hour per participant per participant	S 113.00 S	S S S S S S S S S S S S S S S S S S S
Gardiel - HPV Human Papilomavirus 9-Valent Menibuard - Meninoacocal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoo - Meninoacocal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoo - Meninoacocal Conjugate two-vial Constanton Administration Fee gree scale based on funding source and program used ry Prevention Services: de Hemets' der Car Seats' Sal Needs Car Seat' Ing fee scale based on Income Description of Activity/Service Inical Laborator: for Resistration filmon onel Addition rond Step Dagnostic General Health Macessment Program: 3 Operator/Instruction Resistration onel Addition rond Addition rol Changes Description of Activity/Service Inical Laborator: Inical Laborator: Inical Laborator: Inical Laborator: Inical Laborator: Inical Laborator: Inical Step Mentodural Changes Dagnostic General Health Macessment Consultation Inical Step	CPT 90734 CPT 90734 esch esch esch esch esch esch esch esch	\$ \$	\$ 198.00 \$2.00 - \$90.00 \$20.00 - \$90.00 \$20.00 - \$45.00 \$0.00 - \$50.00 Proposel Fee \$ 100.00 \$ 1200 \$ 200.00 \$ 1200 \$ 120	Site visit, analysis of menu, report issuance) Lactation Counseling (Certified Lactation Educators - Q.E.) Professional Education Presentation by HEA Registered Diettian / Certified Litetation Consultant (BCLC) Satt Training for non-County providers) Lactation Educator Course (20-hour course for health professionals taught by an IBCL Lactation Counselor Course (40-hour course for health professionals taught by an IBCL Lactation Courselor Course (40-hour course for health professionals taught by an IBCL Lactation Courselor Course (40-hour course for health professionals taught by an IBCL Lactation Courselor Course) (Healthy Ealing Lunch & Leam with a Nubritionist (FID) and a Chef * travel expenses charged separately for out of Riverside County classes Staff Development CPR (Cardiopulmonary Resuscitation) Class - Blended Aduit and Pediation Firler Class	per hour per hour per hour per hour per participant per participant per participant per caticipant per participant per participant per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	S S S S S S S S S S S S S S S S S S S
Gardial - HPV Human Papilomavirus 9-Valent Menibuach - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoor - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoor - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoor - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoor - Meninacoccal Conjugate one-vial (Groups A.C.Y and Y-135) Menivoor - Meninacoccal Conjugate one-vial Groups - Meninacoccal Conjugate one-vial Garopto - Meninacion Resistation Garopto - Groups - Meninacion Garopto - Meninacion - Groups - Meninacion Garopto - Groups - Meninacion Garopto - Meninacion - Groups - Meninacion Garopto - Groups - Meninacin Garopto - Groups Groups - Meninacion Garopto - Grou	CPT 90734 CPT 90734 each each each each each each each each	\$	\$ 198.00 \$2.00-590.00 \$2.00-590.00 \$20.00-545.00 \$0.00-565.00 Proposed Fex. \$ 100.00 \$ 12.00 \$ 2.000 \$ 3.000 \$ 3.0000 \$ 3.0000 \$ 3.0000 \$ 3.0000 \$ 3.0000 \$ 3.0000 \$ 3.00000 \$ 3.00000 \$ 3.00000 \$ 3.00000 \$ 3.000000000 \$ 3.000000000000000000000000000000000000	Site visit, analysis of menu, report issuance) Latation Counseling (Certification Education Education Education Education Education Education Education Piesentation by HEA Registered Distrian / Certified Liebetic Educator (RDICDE) (consultation or presentation international Badoration Counseling (Certification Counseling) Latation Educator Course (20-hour course for health professionals taught by an IBC Latation Educator Course (20-hour course for health professionals taught by an IBC Latation Educator Course (20-hour course for health professionals taught by an IBC Latation Educator Course (20-hour course for health professionals taught by an IBC Remy Dur Dwn Laclation Consultant Course (105-hour IBCL Prep Course) Healthy Education Lond & Lam with a Nubritionist (RD) and a Chef * travel expenses charged separately for out of Riverside County classes Staff Development (DR (Cardiopulmonary Resuscitation) Class Emeral Population Shelter Class Sing the Bleed Class Emeral Population Shelter Class Sing the Bleed Class Emeral Population Shelter Class Sing the Bleed Class Emeral Population Shelter Class Fit Testing Class Vial Records:	per hour per hour per hour per hour (c) per participant (c) per participant per participant per participant per participant per participant per participant per participant per participant per participant per participant	\$ 113.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 116.00 \$ 380.00 \$ 380.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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The Press-Enterprise

3512 14th Street Riverside, CA 92501 Willoughby, OH 44096 951-368-9222 951-368-9018 FAX

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

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Account Number: 5209148

Ad Order Number: 0011725257

- Customer's Reference Notice of Adoption: / PO Number: / Ordinance No. 734.17
 - Publication: The Press-Enterprise
 - Publication Dates: 03/21/2025
 - *Amount:* \$3,030.80
 - Payment Amount: \$0.00
 - Invoice Text:

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Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org

Dated: March 18, 2025 Kimberly Rector, Clerk of the Board By: Naomy Sicra, Clerk of the Board Assistant

Published The Press-Enterprise March 21, 2025

The Press-Enterprise

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5209148

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

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc: Notice of Adoption: / Ordinance No. 734.17

FILE NO. Ordinance No. 734.17

PROOF OF PUBLICATION

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:

03/21/2025

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

Date: March 21, 2025. At: Riverside California

Legal Advertising Representative, The Press-Enterprise

Legal No. 0011725257

Ad Copy:

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

NOTICE IS HEREBY GIVEN that a public meeting 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, April 1, 2025 at 9:30 A.M.** or as soon as possible thereafter, to consider adoption of the following Ordinance:

ORDINANCE NO. 734.17 AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE 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 Section 1. Purpose

Section 1. Purpose 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 (RUHS-PH) in accordance with Centers for Medicare and Medicard Services standards FY 24/25. RUHS-PH provides lab testing services to other local government agencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System – Medical Center and Riverside University Health System – Community Health Centers. Additionally, RUHS-PH provides lab testing services to local area hospitals. Section 2 Fees and Charges

Section 2. Fees and Charges Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows: "Riverside University Health System – Public Health fees and charges shall be listed on Schedule 1"

Section 3. Severability

Should any fee therein 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 734.16

This ordinance repeals Ordinance 734.16 in its entirety. Section 5. Effective Date This ordinance shall take effect thirty (30) days after its adoption.

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

Description of Activity/Service		Current Approved Fee	P	roposed Fee:
Business Services:			·	
Certified Mail	per item	\$ 3.45	\$	4.3
Certified Mail (Registered)	per item	\$ 12.20	s	16.8
Certified Mail (Receipt Requested)	per item	\$ 2.80		3.5
Records Processing Fee (Subpoena/Records Request Clerical Fee)	per terri	\$ 15.00	\$	15.0
Records Copying Fee	per page	\$ 1.00	\$	1.0
Returned Checks	each	\$ 20.00	\$	20.0
Medical Documents, X-Rays & Images (CD included)	per request	φ 20.00	\$	25.0
Therapeutic Med ID Program (MMIC)	porrequeer	\$ 87.00	\$	87.0
Therapeutic Med ID Program (MMIC) - Medi-Cal patients		\$ 43.50	\$	43.5
Dog Importation Health Certificate Administration Fee	each	\$ 43.50	\$	26.0
marraneu Medical Consister				
Emergency Medical Services: Advanced Life Support (ALS):	1		T	
Ambulance Service Permit	per year (1)	\$ 6,000.00	s	6.000.0
Basic Life Support (BLS):	por 9001 (1)	4 0,000,00	Ť	0,000.0
Ambulance Service Permit	per yr (2)	\$ 3,000.00	s	3,000.0
Each ambulance	per yr			250.0
EMT-I Certification and Recertification	every 2yrs			25.0
EMT-I Certification and Recertification - Late Fee	EVELY ZYIS	\$ 10.00	\$	10.0
EMT-P Initial Accreditation		\$ 75.00	\$	75.0
EMT-P Initial Accreditation	every 2yrs	\$ 50.00	\$	50.0
EMPT-P (Paramedic) and MICN (Mobile Intensive Care Nurse) Late Fee	every zyrs	\$ 25.00	\$	25.0
Fees for medical services and most laboratory - See clinical services.		\$ 25.00	\$	20.0
Initial Certification (MICN Challenge) Recertification:	every 2yrs	\$ 75.00	\$	75.0
Lost Card Replacement	every zyrs	\$ 10.00	\$	10.0
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	\$ 50.00	\$	50.0
		• • • • • • •	1.	
Epidemiology Special Data Request Fee	per hour	\$ 100.00	10	100.0
Special Data Request Fee	per nour	\$ 100.00	\$	100.0
mmunizations				
Mobile Team Vaccines		-		
Fluarix - Flu Vaccine	CPT 90686	\$ -	\$	20.0
Boostrix - TDAP Vaccine	CPT 90715	\$ -	\$	50.0
Covid Vaccine (Pfizer) 6 mos-4 yrs	CPT 91318	\$-	\$	130.0
Covid Vaccine (Pfizer) 5-11 yrs	CPT 91319	\$ -	\$	130.0
Covid Vaccine (Pfizer) 12+	CPT 91320	\$-	\$	130.0
Covid Vaccine (Moderna) 6 mos-11 yrs	CPT 91321	\$-	\$	130.0
Covid Vaccine (Moderna) 12+	CPT 91322	\$-	\$	130.0
Priorix - MMR (Pediatric & Adult)	CPT 90707	\$-	\$	103.0
Varivax - Varicella (Pediatric & Adult)	CPT 90716	\$-	\$	140.0
Shingrix - Zoster Vaccine	CPT 90750	\$-	\$	199.0
Gardisil - HPV Human Papillomavirus 9-Valent	CPT 90651	\$-	\$	330.0
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619	\$ -	\$	198.0
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)	CPT 90734	\$ -	\$	198.0
				198.0
Menveo - Meningococcal Conjugate two-vial	CPT 90734	\$ -	\$	198.0

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			

*Sliding fee scale based on Income

Description of Activity/Service		Current Approved Fee	Propos Fee:	
Non Clinical Laboratory:				
Fees for Registration of Non-Diagnostic General Health Assessment Program:				
Annual Operator/Organization Registration	each	\$ 100.00	\$	100.0
Additional Dates	each	\$ 12.00	\$	12.0
Additional Program	each	\$ 43.00	\$	43.0
Additional Site	each	\$ 20.00	\$	20.0
Personnel Addition	each	\$ 12.00	\$	12.0
Record Changes	each	\$ 12.00	S	12.0
Review Procedural Changes	each	\$ 20.00	\$	20.0
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$	75.0
Spore Test - Instrument Sterilzation (at 28 weeks)		\$ 18.86	\$	18.8
Dill shareful Farm				
PH Laboratory Fees:				44.0
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$	11.0
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00	\$	52.6
Amplication Probe - Gonorrhea	CPT 87591	\$ 72.00	\$	52.6
Concentrate	CPT 87015	\$ 14.00	\$	14.0
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00	\$	19.0
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$	18.0
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Campylobacter	CPT 87046	\$ 19.00	\$	19.0
Culture Enteric (feces culture bacteria)	CPT 67045	\$ 19.00	\$	19.0
Culture for Identification	CPT 87077	\$ 17.00	\$	50.0
Culture Fungus	CPT 87102	\$ -	\$	30.0
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00	\$	15.0
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045	\$ 19.00	\$	19.0
Culture TB	CPT 87116	\$ 20.00	\$	50.0
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$	38.0
FA Giardia (AG IF)	CPT 87269	\$ 38.00	\$	38.0
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$	19.0
FA Rables	CPT N/A	\$ 50.00	\$	50.0
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00	\$	9.0
Fungus ID Mold	CPT 87107	\$ 50.00	S	50.0
Fungus ID Yeast	CPT 87106	\$ 50.00	\$	50.0
GeneXpert Assay (MTB /RIF)	CPT 87556			100.0
Gram Stain (smear)	CPT 87205	\$ 9.00	\$	9.0
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$	23.0
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$	25.0
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$	24.0
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$	25.0
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517		\$	64.2
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$	22.0
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$	21.0
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)		\$ 21.00	\$	21.0
Hepatitis C Antibody	CPT 87341	\$ 21.00 \$ 29.00	3 \$	29.0
· · · · · · · · · · · · · · · · · · ·	CPT 86803	\$ 29.00	\$	64.2
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	s - s -	\$	52.6
Herpes Simplex Virus, Amplified Probe	CPT 87529			36.1
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	•	\$	
HIV-1 and HIV-2 Geenuis Confirmation (2 shots total)	CPT 86689	\$ 46.00	\$	58.0
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ -	\$	52.6
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ -		127.6
D of Parasite	CPT 87169	\$ 9.00	\$	6.4
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636		0.70	213.9
Kinyoun staining for TB ID	CPT 87206	\$ -	\$	8.0
Mass spectrometry (laboratory testing method)	CPT 83789	\$ -	\$	36.1
Measles Antibody IgG	CPT 86765	\$ -	\$	19.3
MonkeyPox	CPT 87593	\$ -	\$	35.0

Description of Activity/Service		Ap	Current oproved Fee		Proposed Fee:
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		-	\$	52.6
Ova & Parasite - Concentration (smears)	CPT 87177	\$	18.00	\$	18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$		\$	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	ars) CPT 87177 \$ 18.00 \$ mplex stain) CPT 87209 \$ 37.00 \$ CPT 87209 \$ 41.00 \$ CPT 87738 \$ 40.00 \$ CPT 87633 \$ - \$ CPT 87633 \$ - \$ CPT 87632 \$ 29.00 \$ CPT 87627 \$ 29.00 \$ CPT 87627 \$ 19.00 \$ CPT 85522 \$ 9.00 \$ CPT 85530 \$ 27.00 \$ cPT 85530 \$ 27.00 \$ cPT 85530 \$ - \$ cPT 85532 \$ 9.00 \$ CPT 8553 \$ - \$ CPT 85787 \$ - \$ CPT 85789 \$ 34.00 \$ Group: CPT 85788 \$ 34.00 \$ CPT 85780 \$ 24.00 \$ CPT 85780 \$ 25.00 \$ CPT 85780 \$ 24.00 \$ CPT 85780 \$ 24.00 \$ CPT 85780 \$ 25.00 \$ CPT 85780 \$	6.4			
QuantiFERON-TB	CPT 86480	\$	40.00	\$	92.97
Respiratory Panel 2.1	CPT 87633	\$	-	\$	625.1
Rubella IgG Antibody	CPT 86762	\$	29.00	\$	21.5
Salmonella serogrouping	CPT 87147	\$	-	\$	7.7
Shiga-toxin 1 EIA	CPT 87427	\$	19.00	\$	17.9
Shiga-toxin 2 EIA	CPT 87427	\$	19.00	\$	17.97
Syphilis (RPR) - Qualitative			9.00	\$	9.0
Syphilis (RPR) - Quantitative					9.0
Syphilis (TPPA) Confirmation (treponema pallidum)			27.00		27.0
Syphilis Serum EIA Screen (non-trep qual)					9.0
Systemic Fungus Probe					140.00
Trichomonas vaginalis amplif				-	52.64
VZV (Varicella) IgG Antibody			-		19.33
West Nile Virus IgM Antibody Screen (prev. WNV EIA)			34.00		21.59
West Nile Virus IgM Confirmation					25.28
Class Fee Per Capita Student Fee		\$	9.40	\$	500.00 9.40
Turbeculosis (TB) Clearance Nursing:		\$	43.00	\$	43.00
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$	116.00	\$	116.00
(vine visit, analysis of meno, report issuance)					
Court-Ordered HIV Testing		\$	123.00	\$	123.00
Education Classes for Sex and Drug Offenders (set by Judge)		\$70	0.00 - \$300.00	\$7	0.00 - \$300.00
California Children's Services (CCS): CCS Assessment Fee: (Depends on family size & adjusted gross income)			\$0 or \$20		£0 £00
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60			\$0 01 \$20	-	\$0 or \$20
increments) Note: For incremes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$	60 to \$1440	- 3	\$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)		3	50 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	3	\$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)		\$	60 to \$1260	3	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60			50 to \$1200		\$0 to \$1200

Community Health Workers

Description of Activity/Service		 rent red Fee	Proposed Fee:
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$	\$26.66
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

Community Education Presentation	per hour	\$	88.00	\$	88.00
Detention Facility Inspection (Registered Dietitian)					
(Site visit, analysis of menu, report issuance)	per hour	2	116.00	2	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 Diebetic Educator (RD/CDE)			440.00		440.00
(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			000.00		100.00
(20-hour course for health professionals taught by an IBCLC)	per participant	\$	380.00	5	469.00
Lactation Counselor Course					000.00
(40-hour course for health professionals taught by an IBCLC)	per participant	Þ	-	\$	930.00
Grow Our Own Lactation Consultant Course			1 700 00		4 700 00
(105-hour IBCLC Prep Course)	per participant	Þ	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

remit	each	\$ 12.00	ф	12.00
urs 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

Alternative formats available upon request to individuals with disabilities. If you require reasonable accommodation, please contact Clerk of the Board at (951) 955-1069.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org

Dated: March 18, 2025

Kimberly Rector, Clerk of the Board By: Naomy Sicra, Clerk of the Board Assistant

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