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



ITEM: 21.1 (ID # 27473) MEETING DATE: Tuesday, April 01, 2025

FROM:

RUHS-PUBLIC HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Adoption of an Amendment to Riverside County Ordinance No. 734, Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies. All Districts. [Total cost \$0].

RECOMMENDED MOTION: That the Board of Supervisors:

- Hold a public hearing and waive further reading of proposed Ordinance No. 734.17, an amendment to Ordinance 734, establishing fees, charges, and rates for Riverside University Health System – Public Health program services and supplies;
- At the close of the public hearing, adopt Ordinance 734.17, an amendment to Ordinance 734, establishing fees, charges, and rates for Riverside University Health System – Public Health program services and supplies; and
- 3. Direct the Clerk of the Board to publish and post a copy of Ordinance 734.17 pursuant to Government Code Section 25124.

ACTION:Policy

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:

Medina, Spiegel, and Perez

Nays: Absent: None

Washington and Gutierrez

Date:

April 1, 2025

XC:

RUHS-PH, MC/COB/DL/NS/AB

Kimberly A. Rector

Clerk of the Board

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	3: Departmental F	ees	Budget Adju	stment: No
			For Fiscal Ye	ear: 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.
- 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.

On March 11, 2025, Minute Order 3.26, the Board of Supervisors approved the introduction of Ordinance 734.17. Today's Form 11 requests the convening of a public hearing and the subsequent adoption of the updated RUHS-Public Health fee schedule.

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

Impact on Residents and Businesses

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

Additional Fiscal Information

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

Jacqueline Ruiz

Sacqueline Ruiz, Principal Analyst

3/25/2025

FORM APPROVED COUNTY COUNSEL BY Well Jain 4/2/25 ESEN E SAINZ

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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 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.

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

By: \ M ._

Manuel Pere

ATTEST:

Kimberly A. Rector CLERK OF THE BOARD:

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4/01/2025 21.1

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13	STATE OF CALIFORNIA)) ss
14	COUNTY OF RIVERSIDE)
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16 17	I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said coun held on April 1, 2025, the foregoing ordinance consisting of 5 Sections was adopted by the following vote:
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19	AYES: Medina, Spiegel, and Perez
20	NAYS: None
21	ABSENT: Washington and Gutierrez
22	DATE AND A DESTOR
23	DATE: April 1, 2025 KIMBERLY A. RECTOR Clerk of the Board
24	BY:
25	Deputy
26	SEAL
27	
28	04/01/2025 21.1

COUNTY OF RIVERSIDE

RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES

Ordinance 734.17 Schedule 1

Description of Activity/Service			urrent oved Fee		Proposed Fee:
Business Services:		Appi	oveu ree		ree.
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)	peritein	\$ \$	15.00	\$	15.00
Records Copying Fee	nor nago	\$	1.00	\$	1.00
Returned Checks	per page each	\$ \$	20.00	\$ \$	20.00
Medical Documents, X-Rays & Images (CD included)		Φ	20.00	\$ \$	25.00
Therapeutic Med ID Program (MMIC)	per request	\$	97.00		
Therapeutic Med ID Program (MMIC) - Medi-Cal patients		\$ \$	87.00	\$	87.00
Dog Importation Health Certificate Administration Fee	oooh		43.50	\$ \$	43.50
Dog Importation Fleatin Certificate Administration Fee	each	\$	-	Ф	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		\$	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
Immunizations Mobile Team Vaccines	1				
Fluarix - Flu Vaccine	CPT 90686	\$		\$	20.00
Boostrix - TDAP Vaccine	CPT 90000	-:	-	\$	50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs				\$	130.00
Covid Vaccine (Frizer) 5 mos-4 yrs Covid Vaccine (Pfizer) 5-11 yrs	CPT 91318		-		130.00
· , ,	CPT 91319			\$	
Covid Vaccine (Pfizer) 12+	CPT 91320	T	-	\$	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
Gardisil - 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	2.00 - \$90.00

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

Description of Activity/Service		Current Approved Fee	Proposed Fee:
Non Clinical Laboratory:			
Fees for Registration of Non-Diagnostic General Health Assessment Program:			
Annual Operator/Organization Registration	each	\$ 100.00	\$ 100.00
Additional Dates	each	\$ 12.00	\$ 12.00
Additional Program	each	\$ 43.00	\$ 43.00
Additional Site	each	\$ 20.00	\$ 20.00
Personnel Addition	each	\$ 12.00	\$ 12.00
Record Changes	each	\$ 12.00	\$ 12.00
Review Procedural Changes	each	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$ 75.00
Spore Test - Instrument Sterilzation (at 28 weeks)		\$ 18.86	\$ 18.86
PH Laboratory Food			
PH Laboratory Fees: Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11,00
Amplication Probe - Chlamydia		•	\$ 52.64
Amplication Probe - Chiamydia Amplication Probe - Gonorrhea	CPT 87491	•	'
Concentrate	CPT 87591	\$ 72.00 \$ 14.00	\$ 52.64 \$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87015	•	
Culture Aerobic (culture bacteria - other)	CPT 87046 CPT 87070	•	*
Culture Bordetella pertussis (culture screen only)		•	\$ 18.00
	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter Culture Enteric (feces culture bacteria)	CPT 87046	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87045	\$ 19.00	\$ 19.00
	CPT 87077	\$ 17.00	\$ 50.00
Culture Fungus Culture Gonorrhea (GC) (culture screen only)	CPT 87102	\$ -	\$ 30.00
	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		<u> </u>
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	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ -	\$ 64.26
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
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ -	\$ 64.26
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 (Amplified Probe Technique)	CPT 87535	\$ -	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	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

		Current		Proposed
Description of Activity/Service		Approved Fee		Fee:
Mumps Antibody IgG CPT 8	3735	\$ -	\$	19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6) CPT 8	$\overline{}$	\$ 60.00	\$	25.00
Mycobacterium Species Identification CPT 8	-	•	\$	75.00
Mycoplasma genitalium CPT 8	-	\$ -	\$	52.64
Ova & Parasite - Concentration (smears)	$\overline{}$	\$ 18.00	\$	18.00
Ova & Parasite - Trichrome (smear complex stain)	$\overline{}$	\$ 37.00	\$	37.00
PCR - Influenza A/B CPT 8	$\overline{}$	\$ 41.00	\$	143.70
PCR - Measles and Mumps CPT 8	$\overline{}$	\$ 41.00	\$	52.64
PCR - Norovirus CPT 8	-	\$ 41.00	\$	105.30
Pinworm CPT 8	-	\$ 9.00	\$	6.41
QuantiFERON-TB CPT 8	_	\$ 40.00	\$	92.97
Respiratory Panel 2.1 CPT 8	_	\$ -	\$	625.17
Rubella IgG Antibody CPT 8	-	\$ 29.00	\$	21.59
Salmonella serogrouping CPT 8	-	\$ -	\$	7.77
Shiga-toxin 1 EIA CPT 8	$\overline{}$	\$ 19.00	\$	17.97
Shiga-toxin 2 EIA CPT 8	-	\$ 19.00	\$	17.97
Syphilis (RPR) - Qualitative	_	\$ 9.00	\$	9.00
Syphilis (RPR) - Quantitative CPT 8	_	\$ 9.00	\$	9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	$\overline{}$	\$ 27.00	\$	27.00
Syphilis Serum EIA Screen (non-trep qual)	5592	\$ 9.00	\$	9.00
Systemic Fungus Probe CPT 8	7797	\$ 100.00	\$	140.00
Trichomonas vaginalis amplif CPT 8	7661	\$ -	\$	52.64
VZV (Varicella) IgG Antibody	3787	\$ -	\$	19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	3789	\$ 34.00	\$	21.59
West Nile Virus IgM Confirmation CPT 8	5788	\$ 34.00	\$	25.28
Disease Control:			I	
Fee for Provision of TB Skin Testing Group: Class Fee	-	Ф <u>БОО ОО</u>	•	500.00
Per Capita Student Fee	-	\$ 500.00	\$	500.00
Turbeculosis (TB) Clearance	-	\$ 9.40 \$ 43.00	\$	9.40 43.00
Turbeculosis (TB) Clearance		Φ 43.00	Φ	43.00
Nursing:				
Detention Facility Inspection			1	
(Site visit, analysis of menu, report issuance)	our	\$ 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	\$7	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		\$0 to \$1440		\$0 to \$1440
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		\$0 to \$1380		\$0 to \$1380
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		\$0 to \$1320		\$0 to \$1320
increment of \$5,000 increase the above fees by \$120 Family (4)				
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60		***		# 0.1 # 1000
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
Information φυ,υυυ increase the above rees by \$120 Family (3)				
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60		# 0 ±0 # 4000		#O to #4000
increments) Note: For incomes over \$99,999, for each subsequent income		\$0 to \$1200		\$0 to \$1200
increment of \$5,000 increase the above fees by \$120 Family (6 or more)				
J				

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	\$ -	\$9.4	16 per patient
Nutrition			,	
Community Education Presentation	per hour	\$ 88.00	\$	88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)		\$ 116.00	\$	116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour		•	112.00
Professional Education Presentation by HEA	per hour	\$ 113.00	\$	113.00
Registered Dietitian / Certified Diebetic Educator (RD/CDE)	per hour	\$ -	\$	88.00
(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	por riour	<u> </u>	·	
(20-hour course for health professionals taught by an IBCLC)	per participant	\$ 380.00	\$	469.00
Lactation Counselor Course	' ' '	Φ.	_	222.22
(40-hour course for health professionals taught by an IBCLC)	per participant	\$ -	\$	930.00
Grow Our Own Lactation Consultant Course		\$ 1,700.00	\$	1 700 00
(105-hour IBCLC Prep Course)	per participant	\$ 1,700.00	Ф	1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef * travel expenses charged separately for out of Riverside County classes	per class	\$ 665.00	\$	665.00
Staff Development CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 64.00	\$	74.00
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant	\$ 66.00		
Adult and Pediatric First Aid Class		•	\$	77.00
	per participant	\$ 77.00	\$	91.00
General Population Shelter Class	per participant per participant	\$ 77.00 \$ 40.00	\$ \$	91.00 47.00
General Population Shelter Class Stop the Bleed Class	per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00	\$ \$ \$	91.00 47.00 26.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00	\$ \$ \$	91.00 47.00 26.00 58.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class	per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00	\$ \$ \$	91.00 47.00 26.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00	\$ \$ \$	91.00 47.00 26.00 58.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records:	per participant per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00	\$ \$ \$	91.00 47.00 26.00 58.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record:	per participant per participant per participant per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$	\$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public	per participant per participant per participant per participant per participant per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$	\$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification	per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 95.00 \$ 19.00 \$ 28.00	\$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public	per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 95.00 \$ 19.00 \$ 28.00	\$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 29.00 24.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification	per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 19.00 \$ 28.00 \$ 28.00 \$ 21.00 \$ 21.00	\$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 29.00 24.00 24.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries	per participant	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 28.00 \$ 21.00	\$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 29.00 24.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number	per participant per hour each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 5.00 \$ 1.00	\$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public	per participant per hour each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 5.00 \$ 1.00 \$ 18.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00 21.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number	per participant per hour each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 5.00 \$ 1.00	\$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies	per participant per participant per participant per participant per participant per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 1.00 \$ 1.00 \$ 20.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00 20.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies II. Permit for Disposition of Human Remains Regular Permit	per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 1.00 \$ 20.00 \$ 12.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00 21.00 20.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certificate - Government Agency & General Public Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies	per participant per participant per participant per participant per participant per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 1.00 \$ 20.00 \$ 12.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 5.00 1.00 21.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies II. Permit for Disposition of Human Remains Regular Permit After Hours Permit	per participant per participant per participant per participant per participant per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 18.00 \$ 10.00 \$ 12.00 \$ 12.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 21.00 20.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies II. Permit for Disposition of Human Remains Regular Permit After Hours Permit III. Other Services Letter of Non-Contagious Disease	per participant per participant per participant per participant per participant per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 1.00 \$ 18.00 \$ 12.00 \$ 12.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 21.00 21.00 12.00 12.00
General Population Shelter Class Stop the Bleed Class Aerosol Transmissible Disease & Blood Borne Pathogens Class Fit Testing Class Vital Records: I. Certified Copies, Search, and Certification of No Public Record: AVSS Technical Support Birth - Government Agencies Birth - General Public Birth Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Certified Copies, Searches & Certification Death Listings - sent to mortuaries Admin Fee - Per Authorization Number Fetal Death Certificate - Government Agency & General Public Still Birth Certified Copies II. Permit for Disposition of Human Remains Regular Permit After Hours Permit	per participant per participant per participant per participant per participant per participant per hour each each each each each each each each	\$ 77.00 \$ 40.00 \$ 25.00 \$ 38.00 \$ 40.00 \$ 40.00 \$ 19.00 \$ 28.00 \$ 21.00 \$ 21.00 \$ 1.00 \$ 12.00 \$ 12.00 \$ 12.00 \$ 12.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	91.00 47.00 26.00 58.00 53.00 95.00 22.00 29.00 24.00 24.00 21.00 20.00

California GANNETT

PO Box 631437 Cincinnati, OH 45263-1437

AFFIDAVIT OF PUBLICATION

Naomy Sicra 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:

04/10/2025

and that the fees charged are legal. Sworn to and subscribed before on 04/10/2025

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

Publication Cost:

\$1906.85

Tax Amount:

\$0.00

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Please do not use this form for payment remittance.

MARIAH VERHAGEN Notary Public State of Wisconsin

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 SUPPLIES

THE BOARD OF SUPPLIES THE BOARD OF SUPPLIES THE BOARD OF SUPPLIES THE BOARD OF SUPPLIES THE BOARD OF SUPPLIES SECTION.

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 (RIUS-FP) in accordance with Centers for Medicinar and Medicinard Services standards FY 24/25. RUIS-FPI provides lab testing services to other local povernment apencies, such as Animal Control entities, as well as other Riverside County departments, including Riverside University Health System — Medicinal Services Supplies Services to local area hospitals.

Services 1 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. Section 3. Severability

Section 3.

provisions. Section 4.
This Ordinance repeals Ordinance 734.16 in its entirety. Section 5.
This ordinance shall take effect thirty (30) days after its adoption.

Effective Date

COUNTY OF RIVERSIDE RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES

Ordinance 734.17 Schedule 1							
Description of Activity/Service		Current	Approved Fee		Proposed Fee:		
Business Services:							
Certified Mail	per item	S	3.45	\$	4.35		
Certified Mail (Registered)	per item	S	12.20	\$	16.80		
Certified Mail (Receipt Requested)	per item	S	2.80	\$	3.55		
Records Processing Fee (Subpoena/Records Request Clerical Fee)		S	15.00	\$	15.00		
Records Copying Fee	per page	S	1.00	\$	1.00		
Returned Checks	each	S	20.00	\$	20.00		
Medical Documents, X-Rays & Images (CD included)	per request			\$	25.00		
Therapeutic Med ID Program (MMIC)		S	87.00	\$	87.00		
Therapeutic Med ID Program (MMIC) - Medi-Cal patients		S	43.50	\$	43.50		
Dog Importation Health Certificate Administration Fee	each	S		\$	26.00		
Emergency Medical Services:							
Advanced Life Support (ALS):							
Ambulance Service Permit	per year (1)	S	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	٠\$	250.00	\$	250.00		
EMT-I Certification and Recertification	every 2yrs	· S	25.00	\$	25.00		
EMT-I Certification and Recertification - Late Fee		S	10.00	\$	10.00		
EMT-P Initial Accreditation		S	75.00	\$	75.00		
EMT-P Re-verification	every 2yrs	: S	50.00	\$	50.00		
		-					

Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	S	50.00	5	50.00
Epidemiology					
Special Data Request Fee	per hour	S	100.00	\$	100.00

every 2yrs ; \$

25.00 - \$

75.00 - \$

10.00 - \$

25.00 75.00

10.00

Special Data Request Fee	p	er hour S	100.00 \$	100.00
Immunizations				
Mobile Team Vaccines				
Fluarix - Flu Vaccine	CP	90686 ! \$	\$	20.00
Boostrix - TDAP Vaccine	CP	90715 ! \$	\$	50.00
Covid Vaccine (Pfizer) 6 mos-4 yrs	CPT	91318 ! \$	\$	130.00
Covid Vaccine (Pfizer) 5-11 yrs	CP!	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)	CP1	90707 :\$	\$	103.00
Varivax - Varicella (Pediatric & Adult)	CP!	90716 : \$	\$	14Ω.000
Shingrix - Zoster Vaccine	CPT	90750 : \$	\$	199.000
Gardisil - HPV Human Papillomavirus 9-Valent	CPT	90651 :\$	\$	330.000
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT	90619 :\$	\$	198.000
Menveo - Meningococcal Conjugate one-vial (Groups A,C,Y and W-135)	CPT	90734 : \$	\$	198.000
Menveo - Meningococcal Conjugate two-vial	CPT	90734 : \$	\$	198.00
Vaccination Administration Fee*		:5	-1	\$2.00 - \$90.00

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

EMPT-P Paramedic) and MICN (Mobile Intensive Care Nurse) Late Fee Fees for medical services and most laboratory - See clinical services.

Initial Certification (MICN Challenge) Recertification:

	Injury Prevention Services:			
ľ	Bicycle Helmets*	each	\$3.00 - \$10.00	\$3.00 - \$10.00
ľ	Regular Car Seats*	each	\$20.00 - \$45.00	\$20.00 - \$45.00
r	Special Needs Car Seat*	each	\$0.00 - \$50.00	\$0.00 - \$50.00
	*Sliding fee scale based on Income			

Description of Activity/Service	Current	Approved Fee	Prop	osed Fee:
Non Clinical Laboratory:				
Fees for Registration of Non-Diagnostic General Health Assessment Program:				
Annual Operator/Organization Registration	each: S	100.00	S	100.00
Additional Dates	each:S	12.00	\$	12.00
Additional Program	each:S	43.00	\$	43.0
Additional Site	each:S	20.00	\$	20.0
Personnel Addition	each : S	12.00 :	\$	12.0
Record Changes	each : S	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 Sterilzation (at 28 weeks)	is	18.86	\$	18.86

Record Changes	each : S	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 Sterilzation (at 28 weeks)	į\$	18.86 \$	18.86
PH Laboratory Fees:			
Acid Fast Smear (Auramine)	CPT 87206 : \$	-1.00 }	11.00
Amplication Probe - Chlamydia	CPT 87491 : \$	72.00 ;	52.64
Amplication Probe - Gonorrhea	CPT 87591 : \$	72.00 }	52.04
Concentrate	CPT 87015 : \$	-4.00 \$	14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046 : \$	19.00 ; \$	19.00
Culture Aerobic (culture bacteria - other)	CPT 87070 : S	78.00 ; \$	18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081 : \$	15.00 : \$	15.00
Culture Campylobacter	CPT 87046 S	19.00:\$	19.00
Culture Enteric (feces culture bacteria)	CPT 87045 : S	19.00 : \$	19,00
Culture for Identification	CPT 87077 S	17.00 : \$	50.00
Culture Fungus	CPT 87102 (S	-:\$	30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081 S	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 S	19.00 : \$	19.00
Culture TB	CPT 87116 \$	20.00 : \$	50.00
FA Cryptosporidium (AG IF)	CPT 87272 S	38.00 : \$	38.00
FA Giardia (AG IF)	CPT 87269 S	38.00 - \$	38.00
FA Pneumocystis carinii (AG IF)	CPT 87281 S	19.00 : \$	19.00
FA Rabies	CPT N/A , S	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 S	100.00
Gram Stain (smear)	CPT 87205 - \$	9.00 □ \$	9.00
Hepatitis A IgM Antibody	CPT 86709 S	23.00 · \$	23.00
Hepatitis A Total Antibody	CPT 86708 S	25.00 · \$	25.00
Hepatitis B Core IgM Antibody	CPT 86705 S	24.00 · S	24.00
Hepatitis B Core Total Antibody	CPT 86704 \$	25.00 ° \$	25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517 \$	- · \$	64.26
Hepatitis B Surface Antibody	CPT 86706 S	22.00 • \$	22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340 \$	21.00 · S	21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341 S	21.00 • \$	21.00
Hepatitis C Antibody	CPT 86803 S	29.00 \$	29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522 S	- · S	64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529 S	- : S	52.64

CPT 87389 : \$	28.00:\$	36.12
CPT 86689:\$	46.00 : \$	58.06
CPT 87535:\$	-:\$	52.64
CPT 87536 3	-:s	127.65
CPT 87169 3	9.00 : \$	6.47
CPT 87636 3	-: S	213.95
CPT 87206 \$	-: S	8.09
CPT 83789 \$	-: S	36.17
CPT 86765 \$	- S	19.32
CPT 87593 : \$	- 3	35.09
	CPT 86689 : \$ CPT 87535 : \$ CPT 87536 \$ CPT 87169 \$ CPT 87636 \$ CP	CPT 86689 : \$ 46.00 : \$ CPT 87595 : \$ -1 : \$ CPT 87595 \$ -1 : \$ CPT 87596 \$ -1 : \$ CPT 87

Description of Activity/Service		Curren	t Approved Fee	Proposed Fee:
Mumps Antibody IgG	CPT	86735 : S	- 3	19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT	87188 : \$	60.00	25.00
Mycobacterium Species Identification	CPT	87118 3	- 3	75.00
Mycoplasma genitalium	CPT	87563 3	- 3	52.64
Ova & Parasite - Concentration (smears)	CPT	87177 \$	18.00	18.00
Ova & Parasite - Trichrome (smear complex stain)	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 \$	- 3	625.17
Rubella IgG Antibody	CPT	86762 \$	29.00	21.59
Salmonella serogrouping	CPT	87147 S	- 3	7.77
Shiga-toxin 1 EIA	CPT	8742? S	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 S	9.00 + \$	9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT	86780 S	27.00 ∈ \$	27.00
Syphilis Serum EIA Screen (non-trep qual)	CPT	86592 S	9.00 ± \$	9.00
Systemic Fungus Probe	CPT	87797 is	100.00 + \$	140.00
Trichomonas vaginalis amplif	CPT	87661 I S	\$	52.64
VZV (Varicella) IgG Antibody	CPT	86787 (\$	\$	19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT	86789 I S	34.00 \$	21.39
West Nile Virus IgM Confirmation	CPT	86788 S	34.00 \$	25.28

Disease Control:		
Fee for Provision of TB Skin Testing Group:		
Class Fee	\$ 500.00 FS	500.00
Per Capita Student Fee	\$ 9,40 (\$	9.40
W 4 4 1 7701 01	 10.00.0	40.00

Nursing:				
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour \$	116.00	s	116.00

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 S60 increments) Note: For incomes over \$39,999, for each subsequent income increment c: \$5,000 increase the above fees by \$120 Family (1 or 2)	S0 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 61.	S0 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 c: \$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 \$99,993, for each subsequent income increment c: \$5,000 increase the above fees by \$120 Family (\$5)	S0 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)	S0 to \$1200	\$0 to \$1200

escription of Activity/Service		Curren	t 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	\$	1	\$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 S		116.00 \$	116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour \$ 113.00 I	113.00 \$	113.00	
Professional Education Presentation by HEA	per hour	er hour \$ S	\$	88.00
Registered Dietitian / Certified Diebetic Educator (RD/CDE) (consultation or presentation)	CDE) per hour S	116.00 \$	116.00	
ternational Board Certified Lactation Consultant (IBCLC)	per hour	\$	116.00 (\$	116.00
Staff Training (for non-County providers)	per hour	\$	80.00 t \$	88.00
actation Educator Course 20-hour course for health professionals taught by an IBCLC)	(BCLC) 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 dass		665.00 \$	665.00

* travel expenses charged separately for out of Riverside County classes

Staff Development			
F CPR (Cardiopulmonary Resuscitation) Class	per participant : \$	64.00 \$	74.20
CPR (Cardiopulmonary Resuscitation) Class - Blended	per participant : \$	66.00 \$	77.20
Adult and Pediatric First Aid Class	per participant : \$	77.00 \$	91.00
General Population Shelter Class	per participant \$	40.001\$	47.LJ
! Stop the Bleed Class	per participant \$	25.00 1 \$	26.LJ
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant \$	38.00 \$	58.00
I Fit Testing Class	per participant \$	40.001\$	53.00

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

AVSS Technical Support	per hour : \$	95.00 \$	95.00
I Birth - Government Agencies	each:\$	19.00 \$	22.00
I Birth - General Public	each : \$	28.00:\$	29.00
I Birth Certified Copies, Searches & Certification	each : \$	28.00:\$	29.00
I Death Certificate - Government Agency & General Public	each:\$	"1.00 : S	24.00
I Death Certified Copies, Searches & Certification	each : \$	Z1.00:S	24.00
1 Death Listings - sent to mortuaries	each : \$	5.00 : \$	5.20
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 S	12.00

V. Manuer Perez. Chair of the Board

10.00 S

10.00 S

U. Manue Perez. Chair of the Board of Board of Supervisors of said County, held on April 1, 2025, the foregoing Ordinance was adopted by said Board by the following vote:

each - max 2 \$

AYES: Medina, Spiegel, and Perez
NAYS: None
ABSENT: Washington and Gutierrez Kimberly A. Rector, Clerk of the Board By: Naomy Sicra, Clerk of the Board Assistant

Letter of Non-Contagious Disease

10.00

10.00

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

Ad Order Number: 0011728823

Account Number: 5209148

Customer's Reference / PO Number:

Publication: The Press-Enterprise

Publication Dates: 04/10/2025

Amount: \$3,807.30

Payment Amount: \$0.00

Invoice Text:

r.LP1-12/16/16

1

The Press-Enterprise

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

5209148

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:

04/10/2025

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

Date: April 11, 2025. At: Riverside California

r.LP1-12/16/16

Legal Advertising Representative, The Press-Enterprise

1

Legal No. **0011728823**

Ad Copy:

Legal Notice

Legal Notice

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

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:

Purpose Section 1.

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.

Fees and Charges Section 2.

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

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

This Ordinance repeals Ordinance 734.16 in its entirety.

Effective Date Section 5.

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

V. Manuel Perez, Chair of the Board

Legal Notice

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on April 1, 2025, the foregoing Ordinance was adopted by said Board by the following vote:

AYES: Medina, Spiegel, and Perez

NAYS: None

ABSENT: Washington and Gutierrez

Kimberly A. Rector, Clerk of the Board

By: Naomy Sicra, Clerk of the Board Assistant

COUNTY OF RIVERSIDE

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

Description of Activity/Service		Current Approved Fee		Proposed Fee:
Business Services:				
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
Dog Importation Health Certificate Administration Fee	each	\$ -	\$	26.00
Emergency Medical Services:				
Advanced Life Support (ALS):				
A THE PROPERTY OF THE PROPERTY			-	

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		\$ 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
	· ·		

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	\$ E	\$ 130.00
Priorix - MMR (Pediatric & Adult)	CPT 90707	\$ -3	\$ 103.00
Varivax - Varicella (Pediatric & Adult)	CPT 90716	\$ ₩	\$ 140.00
Shingrix - Zoster Vaccine	CPT 90750	\$ 	\$ 199.00
Gardisil - HPV Human Papillomavirus 9-Valent	CPT 90651	\$ -	\$ 330.00
MenQuadfi - Meningococcal Conjugate (Groups A,C,W and Y)	CPT 90619	\$ 3	\$ 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

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			

Description of Activity/Service		Current Approved Fee		Proposed Fee:
Non Clinical Laboratory:				
Fees for Registration of Non-Diagnostic General Health Assessment Program:				
Annual Operator/Organization Registration	each	\$ 100.00	\$	100.00
Additional Dates	each	\$ 12.00	\$	12.00
Additional Program	each	\$ 43.00	\$	43.00
Additional Site	each	\$ 20.00	\$	20.00
Personnel Addition	each	\$ 12.00	\$	12.00
Record Changes	each	\$ 12.00	\$	12.00
Review Procedural Changes	each	\$ 20.00	\$	20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$	75.00
Spore Test - Instrument Sterilzation (at 28 weeks)	7	\$ 18.86	\$	18.86

Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$	75.0
Spore Test - Instrument Sterilzation (at 28 weeks)		\$ 18.86	\$	18.8
PH Laboratory Fees:				
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$	11.0
Amplication Probe - Chlamydia	CPT 87491	\$ 72.00		52.6
Amplication Probe - Gonorrhea				52.6
Concentrate	CPT 87015			14.0
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046			19.0
Culture Aerobic (culture bacteria - other)	CPT 87070		-	18.0
Culture Bordetella pertussis (culture screen only)	CPT 87081			15.0
Culture Campylobacter	CPT 87046			19.0
Culture Enteric (feces culture bacteria)	CPT 87045		_	19.0
Culture for Identification	CPT 87077		-	50.0
Culture Fungus	CPT 87102		\$	30.0
Culture Gonorrhea (GC) (culture screen only)	CPT 87102		\$	15.0
Culture Group A strep (Throat) (culture screen only)	CPT 87081		\$	15.0
			-	
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081		_	15.0
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045		\$	19.0
Culture TB	CPT 87116			50.
FA Cryptosporidium (AG IF)	CPT 87272		\$	38.
FA Giardia (AG IF)	CPT 87269			38.
FA Pneumocystis carinii (AG IF)	CPT 87281		\$	19.
FA Rabies	CPT N/A		\$	50.
Fecal Leukocyte (smear gram stain)	CPT 89055		\$	9.
Fungus ID Mold	CPT 87107		\$	50.
Fungus ID Yeast	CPT 87106		-	50.
GeneXpert Assay (MTB /RIF)	CPT 87556		\$	100.
Gram Stain (smear)	CPT 87205		<u> </u>	9.
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$	23.
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$	25.
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$	24.
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$	25.
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ -	\$	64.
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$	22.
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$	21.
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341			21.
Hepatitis C Antibody	CPT 86803		\$	29.
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522		\$	64.
Herpes Simplex Virus, Amplified Probe	CPT 87529		\$	52.
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389		\$	36.
HIV-1 and HIV-2 Geenuis Confirmation (2 shots total)	CPT 86689		\$	58
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535		\$	52.
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536		\$	127.
ID of Parasite	CPT 87169		\$	6
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636		\$	213
Kinyoun staining for TB ID	CPT 87206		\$	8.
Mass spectrometry (laboratory testing method)	CPT 83789		\$	36
wass spectrometry (laboratory testing mounds)	OF 1 63769		1 2	
Measles Antibody IgG	CPT 86765	\$ -	\$	19.
MonkeyPox	CPT 87593	S -	s	35.

Description of Activity/Service		urrent oved Fee	Proposed Fee:		
Mumps Antihody IgG	CPT 86735	\$ E3	\$	19.5	
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 60.00	\$	25.0	
Mycobacterium Species Identification	CPT 87118	\$ 2	\$	75.0	
Mycoplasma genitalium	CPT 87563	\$ -	\$	52.6	
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$	18.0	
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$	37.0	
PCR - Influenza A/B	CPT 87502	\$ 41.00	\$	143.7	
PCR - Measles and Mumps	CPT 87798	\$ 41.00	\$	52.6	
PCR - Norovirus	CPT 87801	\$ 41.00	\$	105.3	
Pinworm	CPT 87172	\$ 9.00	\$	6.4	
QuantiFERON-TB	CPT 86480	\$ 40.00	\$	92.9	
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	\$	17.9	
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$	9.0	
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$	9.0	
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780	\$ 27.00	\$	27.0	
Syphilis Serum EIA Screen (non-trep qual)	CPT 86592	\$ 9.00	\$	9.0	
Systemic Fungus Probe	CPT 87797	\$ 100.00	\$	140.0	
Trichomonas vaginalis amplif	CPT 87661	\$ 	\$	52.6	
VZV (Varicella) IgG Antibody	CPT 86787	\$ 8	\$	19.3	
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 34.00	\$	21.5	
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$	25.2	

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

Nursing:				CORONA, CA 92878 (909) 610-6200
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00	The Press-Enterprise
				Published: 4/3, 4/10, 4/17/25

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 norements) Note: For incomes over \$99,999, for each subsequent income norement 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 norements) Note: For incomes over \$99,999, for each subsequent income norement 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 ncrements) Note: For incomes over \$99,999, for each subsequent income ncrement 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 norements) Note: For incomes over \$99,999, for each subsequent income norement of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260	\$0 to \$1260

Community Health Workers

Description of Activity/Dervice		- distance as			
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$	27	\$2	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					
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

Detention Facility Inspection (Registered Dietitian)		•	116.00	•	116.00
(Site visit, analysis of menu, report issuance)	per hour	Ф	116.00	Þ	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	\$		\$	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

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

NOTICE OF PETITION
TO ADMINISTER ESTATE OF:
Valerie Elaine Chavez
CASE NO. PRRI2500985
To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of Valerie Elaine Chavez

A PETITION FOR PROBATE has been filed by Robin Unruh in the Superior Court of California, County

of Riverside

THE PETITION FOR PROBATE requests that Robin
Unruh be appointed as personal representative to names as follows:

Marie Unruh be appointed as personal representative to administer the estate of the decedent.

THE PETITION requests authority to administer

administer the estate or the decedent. THE PETITION requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or consented to the proposed action.) The independent administration authority will be granted unless an interested person files an objection to the petition and shows good cause why the court should not grant the authority.

A hearing on the petition will be held in this court as follows:

Date: May 12, 2025
Time: 8:30 AM Dept.:12
Address of the Court: 4050 Main Street, Riverside, CA 92501.

If you object to the granting of the petition, you should

\$2.00 - \$90.00

CA 92501.

If you object to the granting of the petition, you should appear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.

If you are a creditor or a contingent creditor of the decedent, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the later of either (1) four months from the date of first issuance of letters to a general street. San Bernardino, CA 92415

you must file your claim with the court and mail a copy to the personal representative appointed by the court within the later of either (1) four months from the date of first issuance of letters to a general representative as defined in section 59(b). personal representative, as defined in section 58(b)

personal representative, as defined in section 58(b) of the California Probate Code, or (2) 60 days from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code.

Other California statutes and legal authority may affect your rights as a creditor. You may want to consult with an attorney knowledgeable in California law.

You may examine the file kept by the court.

If you are a person interested in the estate, you may file with the court a Request for Special Notice (form DE-154) of the filing of an inventory and appraisal of estate assets or of any petition or account as provided in Probate Code Section 1250. A Request for Special Notice form is available from the court clerk.

BRANCH NAME: Civil
3. A copy of this Order to Show Cause shall be published at least once in each week for four successive weeks prior to the date set for hearing on the petition in the following newspaper of general circulation, printed in this county: NEWSPAPER NAME: San Bernardino Sun (5/6 ilbert G. Ochoa JUDGE OF THE SUPERIOR COURT Date: APR 02 2025

Special Notice form is available from the court clerk. Special Notice form is available from the court clerk. Attorney for Petitioner Ryan Michael Darling - SBN 268706

3697 Arlington Ave. Riverside, CA 92506 (951) 788-2889 The Press-Enterprise Published: 4/10, 4/17, 4/24/25

NOTICE OF PETITION
TO ADMINISTER ESTATE OF:
 FLORENCIO GARCIA
 CASE NO. PRMC2500273

To all heirs, beneficiaries, creditors, contingent creditors, and persons who may otherwise be interested in the will or estate, or both, of FLORENCIO GARCIA
A PETITION FOR PROBATE has been filed by NELLIE CORTEZ in the Superior Court of California, County of Riverside
THE PETITION FOR PROBATE requests that NELLIE CORTEZ be appointed as personal representative to administer the estate of the decedent.

The following person(s) is (uie) uoing business as:
H.O.P.E. DOG TRAINING
1180 6TH ST
NORCO, CA 92860
Riverside County
Mailing Address (If different than business address - optional)
3832 CORONA AVE., NORCO, CA
92860
Full name of all registrants and address:
1) HELPING OUR PETS
EDUCATION
1180 6TH ST
NORCO, CA 92860
State of Inc./Org./Reg.:
CALIFORNIA

ORDER TO SHOW CAUSE FOR CHANGE OF NAME CASE NUMBER: CIV SB 2506541 PETITION OF: Naomi Marie Kleinhans FOR CHANGE OF NAME TO ALL PERSONS: INTERESTED

Naomi Petitioner:

<u>resent name:</u>

Street, San Bernardino, CA 92415 BRANCH NAME: Civil

The Sun (San Bernardino) Published: 4/10, 4/17, 4/24, 5/1/25

FICTITIOUS BUSINESS
NAME STATEMENT
FILED
County of Riverside Peter Aldana
Assessor-County Clerk-Recorder
R-202503883 03/21/2025
The following person(s) is (are) doing

THE PETITION FOR PROBATE requests that NELLIE CORTEZ be appointed as personal representative to administer the estate of the decedent. THE PETITION requests authority to administer the estate under the Independent Administration of Estates Act. (This authority will allow the personal representative to take many actions without obtaining court approval. Before taking certain very important actions, however, the personal representative will be required to give notice to interested persons unless they have waived notice or interested persons unless they have waived notice to interested persons unless they have waived notice or interested person files an objection to the perition and shows good cause why the court should not grant the authority.

A hearing on the petition will be held in this court as follows:

Date: MAY 13, 2025

Time: 8:30 AM Dept.: \$101

Address of the Court: 30755-D AULD ROAD, MURRIETA, CA 92563.

If you oppear at the hearing and state your objections or file written objections with the court before the hearing. Your appearance may be in person or by your attorney.

If you are a creditor or a contingent creditor of the decedent, you must file your claim with the court and mail a copy to the personal representative appointed by the court within the later of either (1) four months from the date of first issuance of letters to a general personal representative, as defined in sections \$600 the california Probate Code, or (2) 60 days from the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code Section 1250. A Request for Special Motice form is available from the court or section in the date of mailing or personal delivery to you of a notice under section 9052 of the California Probate Code Section 1250. A Request for Special Motice form is available from the court cases or of any peritino or account as provided in Probate Code Section 1250. A Request for Special Motice form is available from the court clerk. After the use in this state of the pre

I hereby certify that this copy is a correct copy of the original statement on file in my office.

Peter Aldana
Riverside County Clerk
The Press-Enterprise
Published: 3/27, 4/3, 4/10, 4/17/25