

W.9.a.

AGENDA COVER MEMO

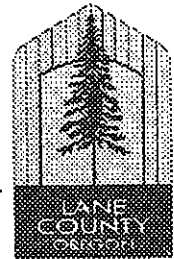
AGENDA DATE: June 11, 2003

TO: Board of County Commissioners

DEPT: Health & Human Services

PRESENTED BY: Rob Rockstroh, Director

AGENDA ITEM TITLE: IN THE MATTER OF AMENDING CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES (LM 60.840) EFFECTIVE JULY 1, 2003



I. MOTION

TO AMEND CHAPTER 60 OF LANE MANUAL TO REVISE CERTAIN HEALTH & HUMAN SERVICES FEES (LM 60.840) EFFECTIVE JULY 1, 2003

II. ISSUE OR PROBLEM

The last annual fee schedule revision for the Department of Health & Human Services was completed in June 2002. In the 2003 revision, fees have been added or increased to reflect current service and supply costs and to maximize revenue collection; fees have been deleted for services and supplies no longer provided; and language and organizational changes have been made to update terminology and accurately list the services and supplies provided by this department.

III. DISCUSSION

A. Background / Analysis

Since the last annual fee revision, the Department of Health & Human Services has made one interim revision. This revision was completed in October 2002 and included adding the "Sexually Transmitted Disease, lab test – urine" fee for Public Health. The fee added in the interim revision is not being changed with this request.

Generally, fees charged and collected by this department are determined by a higher jurisdiction or other outside factors. In some case, fees are set by state statute or

administrative rule. Fees are also set by the Oregon Health Plan reimbursement schedule, federally supported sliding-fees scales, and state required reductions and waivers. The department complies with required outside fee determinants; and, at the same time, strives to maximize revenue collections from fees while attempting to minimize barriers and encourage utilization of services.

Health & Human Services staff has conducted a full review of fees. Staff proposed that some fees should be increased to match the cost of providing the services and to maximize reimbursements from the state and other sources. Staff also proposed that Public Health fees be organized by fee type within each program. The Finance and Audit Committee reviewed the proposed fee schedule on May 27, 2003 and recommended that two of the Environmental Health fees have a smaller increase than originally proposed. The fees that changed are the inspection of **Restaurant Mobile Unit** fee and the **Food Service Plan Review/Opening Inspection** fee. Both fees are currently listed at \$100 and had been requested to increase to \$200. These fee increases will now both be revised from \$100 to \$150 each.

B. Analysis

Public Health

Public Health staff completed a major reorganization of the Public Health section of the Lane Manual. Program descriptions have been added or updated; language has been updated; and fees have been increased to reflect cost and maximize revenue while maintaining access to services.

The proposed changes include separating fees into three categories within the Communicable Disease and Family Planning sections of the Lane Manual. The new categories are: Office Visits, Procedures, and Treatments/Medications. Changes in fees include: new fees that more clearly define services offered, increased fees that bring reimbursement in line with costs, deleted obsolete fees, and updated medical terminology. The department's change in fee structure is a move toward greater fiscal awareness within the clinic setting. This is undertaken in order to continue to serve the public when costs have increased and funds are limited. Although new and increased fees are intended to maximize reimbursement, they are also designed to minimize barriers and encourage utilization of services. Clients will not be refused service due to inability to pay.

See tables below for a summary of the changes: new fees, changing fees, and deleted fees. The first table lists new fees, most of which are listed under both Communicable Disease and Family Planning.

New Fees

Proposed New Fee	Amount
Counseling, HIV (includes initial testing, follow-up visit)	\$ 30.00
Counseling, Pregnancy (includes urine pregnancy test)	\$ 30.00
Established Patient – Problem Focused – Brief	\$ 30.00
Established Patient – Problem Focused – Minimal	\$ 35.00
Established Patient – Problem Focused – Limited	\$ 45.00
Established Patient – Problem Focused – Moderate	\$ 70.00
Established Patient – Problem Focused – Extensive	\$ 95.00
Established Patient – Prevention	\$ 30.00
New Patient – Prevention	\$ 40.00
New Patient – Problem Focused – Minimal	\$ 40.00
New Patient – Problem Focused – Limited	\$ 50.00
New Patient – Problem Focused – Moderate	\$ 80.00
New Patient – Problem Focused – Extensive	\$ 110.00
Off-site Direct Observation Therapy (DOT)	\$ 25.00
Chlamydia Test	\$ 10.00
Gram Stain	\$ 10.00
VDRL	\$ 10.00
VDRL and/or Rubella Titer	\$ 10.00
Wet Mount/KOH	\$ 10.00
Condoms, Female	\$ 3.00
HIV Expedited Testing (private lab, non-deferrable)	\$ 55.00
Administration of Contraceptive Injectables	\$ 10.00
Cervical Cap and Fitting	Supply cost + Office Visit
Contraceptive Injectable	Supply cost + \$ 10.00 admin. Fee
Chlamydia / Gonococcal Test (private lab, non-deferrable)	\$ 24.00
Intrauterine Device (IUD) Insertion	Supply cost + \$ 40.00 + Office Visit
IUD Removal	\$ 20.00 + Office Visit
Supply Pick-up Only (no RN visit)	Supply cost
Vaginal Film	Supply cost + Office Visit
Vaginal Ring	Supply cost + Office Visit

Fee Changes

Fee	Current Charge	Proposed Charge	Proposed Increase/Decrease
Annual Visit	\$ 198.00	\$ 195.00	(\$ 3.00)
Contraceptive Management Visit	\$ 80.00	\$ 76.00	(\$ 4.00)
Contraceptive Management Visit, Off-Site	\$ 119.00	\$ 113.00	(\$ 6.00)
Infection / Disease Visit	\$ 178.00	\$ 157.00	(\$ 21.00)
Pap Smear Visit	\$ 155.00	\$ 122.00	(\$ 33.00)
Pregnancy Testing Visit	\$ 97.00	\$ 98.00	\$ 1.00
Gamma Globulin for Hepatitis Close Contact	\$ 10.00	Acquisition cost + \$ 10 admin fee	
Gonococcal Test	\$ 10.00	\$ 15.00	\$ 5.00
Other Medications	\$ 5.00	Acquisition cost + \$10 admin fee	
Premarital Assessment (non-deferrable)	\$ 15.00	\$ 20.00	\$ 5.00
Hepatic Function Study	\$ 10.00	\$ 15.00	\$ 5.00
Specimen Collection & Shipping	\$ 6.00	\$ 10.00	\$ 4.00
Hematocrit	\$ 6.00	\$ 10.00	\$ 4.00
Pap Smear	\$ 10.00	\$ 25.00	\$ 15.00
Pregnancy Test, Serum (non-deferrable)	\$ 20.00	\$ 26.00	\$ 6.00
Pregnancy Test, Urine (as part of problem focused or prevention visit)	\$ 12.00	\$ 10.00	(\$ 2.00)
Glucose Test	\$ 6.00	\$ 10.00	\$ 4.00
Urinalysis – Microscopic	\$ 6.00	\$ 10.00	\$ 4.00
Urinalysis – Dip Stick	\$ 2.00	\$ 3.00	\$ 1.00
Wet Mount / KOH	\$ 6.00	\$ 10.00	\$ 4.00
Condoms (6)	\$ 2.00	\$ 1.00	(\$ 1.00)
Condom, Lubricant (1)	\$ 2.00	\$ 1.00	(\$ 1.00)
Diaphragm and Fitting	Actual Cost	Supply cost + Office Visit	
Emergency Contraceptive	\$ 4.00	Supply cost + Office Visit	
Nystatin Cream	\$ 4.00	\$ 4.00 + Office Visit	
Oral Contraceptives	\$ 10.00/mo.	Supply cost + Office Visit	
Other Contraceptive Methods	Actual Cost	Supply cost + Office Visit	
Vaginal Yeast Cream	\$ 10.00	\$ 10.00 + Office visit	

Fee Changes Continued

Fee	Current Charge	Proposed Charge	Proposed Increase/Decrease
Maternity Case Management (Full)	\$ 72.00	\$ 77.00	\$ 5.00
Case Management Visit	\$ 65.00	\$ 44.00	(\$ 21.00)
High Risk Maternity Case Management (Full)	\$ 128.00	\$ 132.00	\$ 4.00
High Risk Maternity Case Management (Partial)	\$ 62.00	\$ 66.00	\$ 4.00
Home Environment Assessment	\$ 45.00	\$ 44.00	(\$ 1.00)
Initial Assessment	\$ 40.00	\$ 26.00	(\$ 14.00)
Nutritional Case Management	\$ 50.00	\$ 51.00	\$ 1.00
Telephone Contact Visit	\$ 12.00	\$ 11.00	(\$ 1.00)
MCH – Office Visit New – Prevention	\$ 30.00	\$ 40.00	\$ 10.00
MCH – Office Visit Established – Prevention	\$ 15.00	\$ 30.00	\$ 15.00
PKU	\$ 6.00	\$ 10.00	\$ 4.00
RH and Type	\$ 9.00	\$ 10.00 + lab cost	\$ 1.00 + lab cost
Food Service Fees – Bed and Breakfast	\$ 100.00	\$ 110.00	\$ 10.00
Restaurants Full Service 0 – 15 Seats	\$ 335.00	\$ 370.00	\$ 35.00
Restaurants Full Service 16 – 50 Seats	\$ 370.00	\$ 410.00	\$ 40.00
Restaurants Full Service 51- 150 Seats	\$ 425.00	\$ 470.00	\$ 45.00
Restaurants Full Service Over 150 Seats	\$ 500.00	\$ 550.00	\$ 50.00
Restaurants Limited Service	\$ 335.00	\$ 370.00	\$ 35.00
Restaurants Mobile Units	\$ 100.00	\$ 150.00	\$ 50.00
Tourists and Travelers Up to 25 units	\$ 140.00	\$ 155.00	\$ 15.00
Tourists and Travelers 26 to 50 units	\$ 200.00	\$ 220.00	\$ 20.00
Tourists and Travelers 51 to 75 units	\$ 250.00	\$ 275.00	\$ 25.00
Tourists and Travelers 76 to 100 units	\$ 300.00	\$ 330.00	\$ 30.00
Tourists and Travelers 101 and over	\$ 300.00	\$ 330.00	\$ 30.00
Tourists and Travelers Bed and Breakfast	\$ 50.00	\$ 55.00	\$ 5.00
Tourist and Travelers Hostel 1 – 10 beds	\$ 50.00	\$ 55.00	\$ 5.00
Tourist and Travelers Hostel 11+ beds	\$ 100.00	\$ 110.00	\$ 10.00
Organizational Camps	\$ 160.00	\$ 180.00	\$ 20.00
Public Swimming Pools, Spa Pools	\$ 175.00	\$ 195.00	\$ 20.00
Food Service Plan Review/Opening Inspection	\$ 100.00	\$ 150.00	\$ 50.00
Loan Review – Sewage and Water System Combination	\$ 85.00	\$ 100.00	\$ 15.00

The following Public Health fees should be deleted because the fee is duplicated in the Lane Manual or the fee is obsolete or has been changed significantly and is included within another proposed fee.

Clinical Fees

- Field Visits (e.g. DOT)
- Follow-up STD Visit
- HIV, Testing / Counseling
- Influenza Immunizations
- Extensive Office Visit (e.g. TB)
- Limited Office Visit (e.g. DOT)
- Overseas Immunization Certificate
- Pneumonia Immunization
- Prevention Case Management Follow-Up
- Prevention Case Management (PCM)
- Screening and Review Plus
- Administration Fee for Each Vaccine
- Plus Actual Cost of Vaccine
- Sexually Transmitted Disease Clinic, CD Screening

Family Planning

- Annual Physical
- Colposcopy
- Colposcopy with Biopsy
- Depo Provera
- Initial Brief Physical
- Initial Comprehensive Physical
- Revisit Extensive
- Revisit Routine
- Revisit – Extensive
- Revisit – Limited
- Revisit – Routine
- Specimen Collection & Shipping
- Avanti
- Contraceptive Foam, Large
- Contraceptive Foam, Small
- IUD (A portion may be paid by voucher)
- Other Medication
- HIV T&C Visit
- Paracervical Block Kit

Maternal & Child Health

- Intermediate Office Visit
- NCAST Assessment
- Report Preparation / Consultation
- Child Birth Education Classes (Six Sessions)
- MCH Safety Poster

Environmental Health

All fees listed under "Water Supply"

Alcohol and Drug

ODL Evaluation/Recommendation: Request to increase fee from \$50 to \$75 to cover the cost of one hour staff time necessary to complete an evaluation and recommendation.

ODL Re-referral and ODL Transfer Fee: Request to delete these fees of \$40 and \$50 respectively, as these fees are no longer necessary.

C. Alternative / Options

1. To approve the proposed fee adjustment and appropriate increased fees in the next supplemental as needed.
2. To not approve the proposed adjustment in fees. To do so would, in some cases, limit the ability of programs to generate revenue to cover increased costs, and would also limit the flexibility of programs charging client fees which most closely match the level of service provided.

D. Recommendation

It is recommended the Board amend Lane Manual to revise the Health & Human Services fee schedule.

IV. IMPLEMENTATION / TIMING

Fees would become effective July 1, 2003. Budget adjustments for FY 2003/2004 would be processed during the first supplemental process in FY 2003/2004.

V. ATTACHMENTS

Board Order

I: Admin \ Lynise \ 2003 Annual Fee Revision

IN THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.

IN THE MATTER OF AMENDING CHAPTER 60 OF
LANE MANUAL TO REVISE CERTAIN HEALTH
AND HUMAN SERVICES FEES (LM 60.840)
EFFECTIVE JULY 1, 2003

The Board of County Commissioners of Lane County orders as follows:

Lane Manual Chapter 60 is hereby amended by removing, substituting and adding the following section:

REMOVE THIS SECTION

60.840
as located on pages 60-11
through 60-20
(a total of 10 pages)

INSERT THIS SECTION

60.840
as located on pages 60-11
through 60-21
(a total of 11 pages)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution and addition is to amend LM 60.840 to revise certain Health and Human Services fees, effective July 1, 2003.

Adopted this _____ day of _____ 2003.

Peter Sorenson, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 6/3/03 Lane County
J. Kaidlaw
OFFICE OF LEGAL COUNSEL

(3) Real Property Seizures and Sale. The Sheriff shall collect the following fees per ORS 21.410 and 23.460:

- (a) Prepare and file certificate of levy \$ 15.50
- (b) Prepare, mail and publish notices of sale \$ 15.50
- (c) Conduct sale (including postponements),
prepare return (1 hour minimum) \$ 31.00/hr.
- (d) Prepare and post after-sale notice \$ 32.50
- (4) Background Checks for Transfer of Handguns.
The Sheriff shall collect per ORS 166.420 \$ 15.00
- (5) Community Corrections Center (Center) and Electronic Supervision
Program (ESP):

(a) The Sheriff is authorized to collect the following offender fees:

	Hourly Wage	Center Fee/Day	ESP Fee/Day
1.	6.50 - 7.00	10.50	9.00
2.	7.01 - 8.50	12.50	11.00
3.	8.51 - 10.00	15.50	14.00
4.	10.01 - 11.50	17.50	16.00
5.	11.51 - 13.00	19.50	18.00
6.	13.01 - 14.50	21.50	20.00
7.	14.51 - 16.00	23.50	22.00
8.	16.01 - 17.50	26.50	25.00
9.	17.51 - 19.00	28.50	27.00
10.	19.01 - 20.50	30.50	29.00
11.	20.51 - 22.00	32.50	31.00
12.	22.01 - 23.50	35.50	34.00
13.	23.51 - 25.00	37.50	36.00
14.	25.01 +	39.50	38.00

(b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest \$ 35.00

(c) The Sheriff may approve fee reductions based upon verified financial hardship \$ 15.50

(6) Community Service Fees.

(a) The Sheriff is authorized to collect the following offender fees:

- Referral Fee \$ 40.00
- Re-Referral Fee \$ 15.00

(b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. *(Revised by Order No. 01-10-17-9, Effective 1.1.02)*

60.840 Department of Health and Human Services Fees.

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will

be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," "Acquisition Cost," or "Supply Cost" will be set at the beginning of each fiscal year, or as directed by the state.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Public Speaking

(recommended donation only) \$ 50.00/hour

Record Search

Search plus copies of first 5 pages \$ 3.50

Additional pages \$.25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

(2) Communicable Disease Fees. The Communicable Disease Program promotes the health of the community through communicable disease investigation, prevention, and education, and is a core function of Public Health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Clients are not refused service due to inability to pay.

(a) Office Visits – Communicable Disease

Counseling, HIV (includes initial testing, follow-up visit) \$ 30.00

Established Patient–Problem Focused-Brief..... \$ 30.00

Established Patient–Problem Focused

-Minimal..... \$ 35.00

Established Patient–Problem Focused

-Limited..... \$ 45.00

Established Patient–Problem Focused

-Moderate \$ 70.00

Established Patient–Problem Focused

-Extensive..... \$ 95.00

Established Patient–Prevention..... \$ 30.00

New Patient–Prevention \$ 40.00

New Patient–Problem Focused-Minimal..... \$ 40.00

New Patient–Problem Focused-Limited \$ 50.00

New Patient–Problem Focused-Moderate \$ 80.00

New Patient–Problem Focused-Extensive..... \$ 110.00

Off-Site Direct Observation Therapy (DOT)..... \$ 25.00

(b) Procedures-Communicable Disease

Chlamydia test	\$ 10.00
Gonococcal test.....	\$ 15.00
Gram Stain	\$ 10.00
Hepatic Function Study	\$ 15.00
HIV Expedited Testing (private lab, non-deferrable).....	\$ 55.00
Premarital Assessment (non-deferrable).....	\$ 20.00
Sexually Transmitted Disease, lab test-urine (non-deferrable).....	\$ 24.00
Specimen Collection & Shipping	\$ 10.00
Tuberculin Skin Tests	\$ 10.00
VDRL	\$ 10.00
Wet Mount/KOH	\$ 10.00
(c) Treatment/Medications-Communicable Disease	
Administration of Vaccine/Medication.....	\$ 10.00
Condom, Lubricant (1)	\$ 1.00
Condoms (6)	\$ 1.00
Condoms, Female	\$ 3.00
Gamma Globulin for Hepatitis Close Contact.....	acquisition cost plus \$10.00 admin fee
Immunizations	acquisition cost plus \$10.00 admin fee
Nystatin Cream	\$ 4.00 plus office visit
Other Medications.....	acquisition cost plus \$10.00 admin fee
Vaginal Yeast Cream	\$ 10.00

(3) Family Planning Fees. The Family Planning Program promotes the well being of children and families by reducing unintended pregnancies and supporting reproductive health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Sliding scale fees are set by Title X guidelines based on semi-annual federal poverty updates. Family Planning Expansion Project (FPEP) and Oregon Health Plan (OHP) reimbursements are set by Oregon Medical Assistance Program (OMAP). When applicable, third party (insurance) is billed prior to OHP, FPEP, or private payment. Clients are not refused service due to inability to pay.

(a) Office Visits – Family Planning	
Counseling, HIV (includes initial testing, follow-up visit)	\$ 30.00
Counseling, Pregnancy (includes urine pregnancy test).....	\$ 30.00
Established Patient–Problem Focused-Brief.....	\$ 30.00
Established Patient–Problem Focused -Minimal.....	\$ 35.00
Established Patient–Problem Focused -Limited.....	\$ 45.00
Established Patient–Problem Focused -Moderate	\$ 70.00

Established Patient-Problem Focused	
-Extensive.....	\$ 95.00
Established Patient-Prevention.....	\$ 30.00
New Patient-Prevention	\$ 40.00
New Patient-Problem Focused-Minimal.....	\$ 40.00
New Patient-Problem Focused-Limited	\$ 50.00
New Patient-Problem Focused-Moderate	\$ 80.00
New Patient-Problem Focused-Extensive.....	\$ 110.00
Family Planning Expansion Project (FPEP)/	
Oregon Health Plan (OHP) Bundled Services	
Annual Visit	\$ 195.00
Contraceptive Management Visit.....	\$ 76.00
Contraceptive Management Visit, Off-Site...	\$ 113.00
Infection/Disease Visit	\$ 157.00
Pap Smear Visit.....	\$ 122.00
Pregnancy Testing Visit	\$ 98.00
(b) Procedures-Family Planning	
Chlamydia Test.....	\$ 10.00
Chlamydia/Gonococcal Test (private lab, non-deferrable)	\$ 24.00
Gonococcal test.....	\$ 15.00
Glucose test.....	\$ 10.00
Gram Stain	\$ 10.00
Hematocrit	\$ 10.00
HIV Expedited Testing	
(private lab, non-deferrable).....	\$ 55.00
Pap Smear	\$ 25.00
Pregnancy Test Serum (non-deferrable)	\$ 26.00
Pregnancy Test, Urine (as part of problem focused or prevention visit).....	\$ 10.00
Urinalysis - Dip Stick	\$ 3.00
Urinalysis - Microscopic.....	\$ 10.00
Wet Mount/KOH	\$ 10.00
VDRL and/or Rubella Titer	\$ 10.00
(c) Treatment/Medications-Family Planning	
Administration of Contraceptive Injectables	\$ 10.00
Cervical Cap and Fitting	supply cost plus office visit
Condom, Lubricant (1)	\$ 1.00
Condoms (6)	\$ 1.00
Condoms, Female	\$ 3.00
Contraceptive Foams/Jellies/Creams	\$ 6.00
Contraceptive Injectable	supply cost plus \$10.00 admin fee
Diaphragm and Fitting	supply cost plus office visit
Emergency Contraceptive.....	supply cost plus office visit
Intrauterine Device (IUD) Insertion.....	supply cost plus \$40.00 and office visit

IUD Removal.....	\$20.00 and office visit
Nystatin Cream	\$4.00 plus office visit
Oral Contraceptives	supply cost plus office visit
Other Contraceptive Methods	supply cost plus office visit
Supply Pickup Only (No RN Visit)	supply cost
Vaginal Film	supply cost plus office visit
Vaginal Ring.....	supply cost plus office visit
Vaginal Yeast Cream	\$10.00 plus office visit

(4) Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for service are based on cost and Oregon Medical Assistance Program (OMAP) guidelines. The Maternity Case Management Program reimburses Lane County MCH for services provided for eligible pregnant women and the Targeted Case Management Program reimburses Lane County MCH for services provided high risk infants and children.

(a) Maternity Case Management Prenatal Case Management Visit	\$ 44.00
High Risk Maternity Case Management (Full)	\$ 132.00
High Risk Maternity Case Management (Partial)	\$ 66.00
Home Environment Assessment.....	\$ 44.00
Initial Assessment.....	\$ 26.00
Maternity Case Management (Full)	\$ 77.00
Maternity Case Management (Partial)	\$ 39.00
Nutritional Case Management	\$ 51.00
Telephone Contact Visit	\$ 11.00
(b) Targeted Case Management (TCM) Home Visit.....	\$ 120.00
(c) Other Maternal Child Health (MCH) Services Developmental Screening.....	\$ 60.00
Developmental Reporting/Consultation.....	\$ 45.00
Home Visit.....	\$ 120.00
Office Visit New-Prevention.....	\$ 40.00
Established-Prevention.....	\$ 30.00
PKU	\$ 10.00
Rh and Type.....	\$10.00 plus lab cost
(d) Child Safety Seat	acquisition cost

(5) Environmental Health Program Fees.

Surcharge/State Consultation and Maintenance Fee. In order to offset a portion of the statewide Environmental Health Program cost, a fee for activities in Pools and Spas, Food Services and Tourist and Travelers is levied at rates as specified in Oregon Revised Statutes. The fee is collected by Lane County, in addition to the fee

collected at the time of licensing, and is forwarded to the Oregon State Health Division per ORS 624.510(2), ORS 446.425(2) and ORS 448.100(2).

Inspection Fees

Correctional Institution Inspections.....	\$ 75.00
Day Care Inspections	\$ 75.00
School Inspections	\$ 75.00
Group Care Home Inspections.....	\$ 75.00
Mobile Units Licensed by Another Jurisdiction..	\$ 25.00

Licensing Fees

Food Service Fees

Bed and Breakfast \$ 110.00^{8/9}

Benevolent Temporary Restaurant

Administrative Fee..... \$ 20.00

Food Service Workers Permit \$ 10.00

Duplicate..... \$ 5.00

Temporary Restaurant \$ 60.00/event¹⁰

Grouping of Six or More, Recurring..... \$ 60.00/month,
not to exceed \$400
per year

Restaurants

Full Service

0-15 Seats..... \$ 370.00^{11/12}

16-50 Seats..... \$ 410.00^{13/14}

51-150 Seats..... \$ 470.00^{15/16}

Over 150 Seats \$ 550.00^{17/18}

Limited Service..... \$ 370.00^{19/20}

Mobile Units \$ 150.00

Warehouse \$ 75.00

⁸ Delinquency Penalty provided per ORS 446.323 as follows:

(1) No person shall operate a restaurant or bed and breakfast facility without a license to do so from the Health Division. The license shall be posted in a conspicuous place on the premises of the licensee.

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be equal to 50 percent of the license renewal fee and shall be increased by 50 percent of the license renewal fee on the first day of each succeeding month in which the license is not renewed.

⁹ January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

¹⁰ Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 50 percent of the license fee in addition to the license fee.

¹¹ See #8.

¹² See #9.

¹³ See #8.

¹⁴ See #9.

¹⁵ See #8.

¹⁶ See #9.

¹⁷ See #8.

¹⁸ See #9.

¹⁹ See #8.

²⁰ See #9.

Commissary.....	\$ 150.00
Tourists and Travelers	
Permanent	
Up to 25 units.....	\$ 155.00 ²¹
26 to 50 units.....	\$ 220.00 ²²
51 to 75 units.....	\$ 275.00 ²³
76 to 100 units.....	\$ 330.00 ²⁴
101 and over.....	\$ 330.00 ²⁵
	plus \$2.50 for each unit over 100
Temporary	
Up to 25 units.....	\$ 70.00
26 to 50 units.....	\$ 100.00
51 to 75 units.....	\$ 125.00
76 to 100 units.....	\$ 150.00
101 and over.....	\$ 150.00
	plus \$1.25 for each unit over 100
Bed and Breakfast.....	\$ 55.00 ²⁶
Hostel 1-10 beds.....	\$ 55.00 ²⁷
11+ beds.....	\$ 110.00 ²⁸
Organizational Camps.....	\$ 180.00 ²⁹
Picnic Park.....	\$ 75.00 ³⁰
Public Swimming Pools, Spa Pools.....	\$ 195.00
Vending Units	
1-10.....	\$ 60.00
11-20.....	\$ 70.00
21-30.....	\$ 100.00
31-40.....	\$ 110.00
41-50.....	\$ 135.00
51-75.....	\$ 160.00
76-100.....	\$ 210.00

²¹ Delinquency Penalty provided per ORS 446.323 as follows:

(1) Any person failing to apply for licensing within 30 days after engaging in the recreation park or travelers' accommodation business is delinquent and shall pay a penalty fee equal to the license fee plus the fee provided in ORS 446.321.

(2) Any person, initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or travelers' accommodation business who has failed to renew a license on or before the expiration date is delinquent. If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

²² See #21.

²³ See #21.

²⁴ See #21.

²⁵ See #21.

²⁶ See #21.

²⁷ See #21.

²⁸ See #21.

²⁹ See #21.

³⁰ See #21.

101-250	\$ 360.00
251-500	\$ 560.00
501-750	\$ 760.00
751-1,000	\$ 930.00
1,001-1,500	\$1,220.00
1,501-2,000	\$1,600.00
Nonrefundable Processing Fee	\$ 22.00
Plan Review	
Bed and Breakfast Plan Review.....	\$ 100.00
Food Service Plan Review/Opening Inspection ..	\$ 150.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$ 400.00
Additional Construction Inspections (each)	\$ 100.00
Loan Reviews:	
Sewage and Water System Combination.....	\$ 100.00
Sewage System Only	\$ 75.00
Water System Only (includes Bacteria Test)	\$ 80.00
Note: If Lab tests, in addition to Bacteria are Requested, add the appropriate Lab fee found in LM 60.840(5) Domestic Water Samples	
(6) General Mental Health Fees.	
All missed appointments, unexcused, may be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist	\$ 205.00/hour
Psychiatric Nurse Practitioner	\$ 170.00/hour
Therapist/Nurse.....	\$ 100.00/hour
Client Requested Court Appearance	\$ 100.00/hour
Client Medical Records Request	\$20.00 flat fee + \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 35.00/hour
Enhanced Care Facility.....	\$ 80.00/day
Group Screening	\$ 33.00/hour
Group Therapy/Sessions.....	\$ 33.00/hour
Injections/Dose	\$ 15.00 flat fee
Intake	\$ 100.00/hour
Interpretive Services-Oral/Sign	\$ 40.00/hour
Lab Work, All Types.....	Actual Cost
Money Management Fee	\$ 10.00/month
Oral Medications Supplied	
One Prescription	\$ 7.00
Two Prescriptions	\$ 10.00
Three Prescriptions	\$ 12.00
Four Prescriptions	\$ 16.00
Five Prescriptions	\$ 20.00
Personal Assessment by RN Only	\$ 30.00
Personal Care Reassessment by RN Only	\$ 30.00
Personal Care Delegation by RN Only.....	\$ 30.00
Physical Exam-Limited	\$ 35.00
Physical Exam-General	\$ 45.00

Physician/Psychiatric

Includes: Individual and Family Counseling,
Professional Consultation, Medication Management,
Evaluations and Assessments

Adult	\$ 205.00/hour
Child	\$ 225.00/hour
Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused	\$ 80.00
Polygraph, All Types.....	Actual Cost

Psychiatric Nurse Practitioner Services

Includes: Individual and Family Counseling,
Professional Consultation, Medication
Management, Evaluations and Assessments

Adult	\$ 170.00/hour
Child	\$ 190.00/hour

Report Preparation.....	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Skills Training, Group	\$ 33.00/hour
Skills Training, Individual.....	\$ 100.00/hour
Therapist or Nursing Services	\$ 100.00/hour

Includes: Individual and Family Counseling,
Family Support Services, Collateral Treatment,
Professional Consultation, Medication Management,
Referral Screening, Evaluations and Assessments

(7) Alcohol and Drug Fees.

All missed appointments, unexcused, will be charged for 1 hour of service
at the applicable rate.

Physician/Psychiatrist.....	\$ 205.00/ hour
Psychiatric Nurse Practitioner	\$ 170.00/hour
Therapist/Nurse	\$ 100.00/hour
Client Requested Court Appearance	\$ 100.00/hour
Correction Evaluations	\$ 120.00/ session
Courtesy Dosing/Set-Up.....	\$ 15.00 flat fee
DUI/Corrections Re-Referral	\$ 45.00/case
Group Screening.....	\$ 33.00/hour
Group Therapy/Sessions.....	\$ 33.00/hour
Injections/Dose.....	\$ 15.00 flat fee
Intake	\$ 100.00/hour
Intensive Care Monitoring.....	\$ 60.00/case
Interpretive Services-Oral/Sign	\$ 40.00/hour
Lab Work, Excluding Urinalysis.....	Actual Lab Fees
Methadone Courtesy Dose	\$ 10.00
ODL Evaluation/Recommendation	\$ 75.00
ODL Group Session	N/C
ODL Makeup Session.....	\$ 50.00
ODL Monthly Contact.....	\$ 35.00
Oral Medications Supplied, Methadone Only	
One Prescription	\$ 7.00

Two Prescriptions	\$ 14.00
Three Prescriptions	\$ 21.00
Four Prescriptions	\$ 28.00
Five Prescriptions	\$ 35.00
Replacement Bottle, Methadone	\$ 3.00
Physical Exam, Antabuse	\$ 25.00
Physical Exam, Limited	\$ 35.00
Physical Exam, General	\$ 85.00
Physical Exam, with Lab Work	\$ 95.00
Physician/Psychiatrist Services	\$ 205.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services	\$ 170.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Standard Case Monitoring	\$ 30.00/case
Therapist or Nursing Services	\$ 100.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling	\$ 11.00 + actual lab fee
Collection and Handling Only	\$ 11.00
(8) <u>Parole & Probation Fees</u>	
DNA Sample Fee	\$ 10.00
Electronic Supervision	up to \$35.00/day
Daily fee charged based on hourly wage:	
Hourly Wage	Electronic Supervision Fee
\$ 0.00 - \$ 7.00	\$ 8.00
\$ 7.01 - \$ 8.50	\$ 10.00
\$ 8.51 - \$ 10.00	\$ 12.00
\$ 10.01 - \$ 11.50	\$ 14.00
\$ 11.51 - \$ 13.00	\$ 16.00
\$ 13.01 - \$ 14.50	\$ 18.00
\$ 14.51 - \$ 16.00	\$ 20.00
\$ 16.01 - \$ 17.50	\$ 22.00
\$ 17.51 - \$ 19.00	\$ 24.00
\$ 19.01 - \$ 20.50	\$ 26.00
\$ 20.51 - \$ 22.00	\$ 28.00
\$ 22.01 - \$ 23.50	\$ 30.00
\$ 23.51 - \$ 25.00	\$ 32.00
\$ 25.01 - +	\$ 35.00
Interstate Compact Transfer Fee	\$ 150.00
Missed, Unexcused, Polygraph Test	Actual Cost
Polygraph Test	Actual Cost

Positive Urinalysis	\$ 30.00/flat fee
Program Participation	\$ 5.00/session
Supervision Fees	\$ 35.00/monthly

(9) Family Mediation

Parent Education Class	\$ 45.00/Attendee
------------------------------	-------------------

(Revised by Order No. 98-8-12-2, Effective 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02)

60.841 District Attorney – Medical Examiner Fees.(1) General Fees.

Medical Examiner Record Copy	\$ 15.00
First copy for immediate family, governmental investigative agency, and medical facility involved	Free

(Revised by Order No. 02-6-26-8, Effective 7.1.02)

60.842 Fees for Real Property Compensation Claim Application.

Pursuant to Lane County Charter, Chapter II, Section 5, and LC 2.700 through 2.070, a fee is established to partially cover County costs of processing an application filed to seek compensation under the procedures in LC 2.700 through 2.770. Unless waived by the County Administrator, an application for a claim of compensation from Lane County pursuant to Article I, Section 18(a) through (f) of the Oregon Constitution and LC 2.700 through 2.770 shall include an application fee of \$850.00 for the costs incurred by the County in processing the application. In addition, the applicant shall pay to the county \$100.00 for notice costs as required by the County Administrator. The County shall refund the application fee and costs paid by the applicant if it is determined by the County or by a court or other reviewing body that the applicant is entitled to compensation under Article I, Section 18(a) through (f) of the Oregon Constitution.

(Revised by Order No. 01-6-13-9, Effective 7.1.01)

60.845 Assessment and Taxation Fees.

The following fees shall be charged by the Department of Assessment and Taxation. Taxing districts will not be charged for routine requests for information.

(1) Computation of the Deferred Tax Liability on Specially Assessed Property When No Formal Action Is Being Taken to Change the Status or Use of the Property.

Basic Charge	\$ 25.00
Additional Hour	\$ 10.00/hour

(2) Microfiche. All products except those specifically listed below: \$10.00 basic fee, plus 50 cents per microfiche sheet.

Assessment Roll

Real Property	\$ 42.50
Mobile Homes	\$ 13.50

Tax Roll

Real Property	\$ 50.00
Mobile Homes	\$ 15.00
Personal Property	\$ 18.00
Utilities	\$ 4.50
Site to Map/Map to Site	\$ 15.00
Alpha by Code	\$ 20.00
Alpha by Index	\$ 38.50
Alpha by Map	\$ 38.50

At right margin indicates changes
Bold indicates material being added
Strikethrough indicates material being deleted

LEGISLATIVE
FORMAT

60.84060.84060.839

Lane Manual

60.84060.840.

- (d) Prepare and post after-sale notice..... \$ 32.50
- (4) Background Checks for Transfer of Handguns.
The Sheriff shall collect per ORS 166.420..... \$ 15.00
- (5) Community Corrections Center (Center) and Electronic Supervision Program (ESP):
- (a) The Sheriff is authorized to collect the following offender fees:
- | | Hourly Wage | Center Fee/Day | ESP Fee/Day |
|-----|---------------|----------------|-------------|
| 1. | 6.50 - 7.00 | 10.50 | 9.00 |
| 2. | 7.01 - 8.50 | 12.50 | 11.00 |
| 3. | 8.51 - 10.00 | 15.50 | 14.00 |
| 4. | 10.01 - 11.50 | 17.50 | 16.00 |
| 5. | 11.51 - 13.00 | 19.50 | 18.00 |
| 6. | 13.01 - 14.50 | 21.50 | 20.00 |
| 7. | 14.51 - 16.00 | 23.50 | 22.00 |
| 8. | 16.01 - 17.50 | 26.50 | 25.00 |
| 9. | 17.51 - 19.00 | 28.50 | 27.00 |
| 10. | 19.01 - 20.50 | 30.50 | 29.00 |
| 11. | 20.51 - 22.00 | 32.50 | 31.00 |
| 12. | 22.01 - 23.50 | 35.50 | 34.00 |
| 13. | 23.51 - 25.00 | 37.50 | 36.00 |
| 14. | 25.01 + | 39.50 | 38.00 |
- (b) The Sheriff is authorized to collect the following set up fee from those persons eligible and accepted for the Electronic Surveillance Program (ESP) pretrial house arrest \$ 35.00
- (c) The Sheriff may approve fee reductions based upon verified financial hardship..... \$ 15.50
- (6) Community Service Fees.
- (a) The Sheriff is authorized to collect the following offender fees:
- | | |
|----------------------|----------|
| Referral Fee | \$ 40.00 |
| Re-Referral Fee..... | \$ 15.00 |
- (b) The Sheriff may approve reduction of the referral fee to \$15.00 when an offender presents an Oregon Trail Card. (Revised by Order No. 01-10-17-9, Effective 1.1.02)

60.840 Department of Health and Human Services Fees.

In order to ensure the efficiency of human services in Lane County, the Department of Health and Human Services is authorized to collect fees for services.

When the fee is listed at actual cost or acquisition cost, this is to mean the actual cost of purchasing the service or product, rounded to the nearest dollar.

The Department Director, or designated program managers within the Department have authority to waive any fee in part or in whole for good cause shown or in circumstances where it is apparent that the client could not accept the services if a fee was required. Written documentation on these extenuating circumstances are to be kept on file. Fiscal records should reflect charges as per fee schedule, with balances shown for bad debts and for fees waived. Those fees for which a sliding fee scale is appropriate, will be discounted according to the annual Service Discount Schedule approved by the United States Department of Health and Human Services, Region X.

[At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840. |

Pursuant to the authorization of ORS 431.415 and the authority of the Lane County Home Rule Charter, the following fees shall be charged by the Department of Health and Human Services and paid to Lane County for the following services. Any fee that is designated "Actual," or "Acquisition Cost," or "Supply Cost" will be set at the beginning of each fiscal year, or as directed by the state.

(1) General Fees.

Professional Services

Contracted Professional Services will be provided at cost as specified by the contract. Services shall include, but not be limited to polygraph, plethysmograph and psychiatric testing.

Public Speaking

(recommended donation only)..... \$ 50.00/hour

Record Search

Search plus copies of first 5 pages..... \$ 3.50

Additional pages \$.25/each

Research Fees

In accordance with the provisions of LM 60.838 requests for information which, in the judgment of the Department Director or designee, require research by professional or specialized staff, the actual salary hourly rate of the researcher(s) times 2.42 shall be charged. Charges will be computed on quarter hours. The requestor will be advised, prior to research, of the estimated cost.

(2) Clinical Communicable Disease Fees. ~~Third party payments will be accepted in lieu of the listed fees. Fees will be charged to clients who do not have third party coverage. The Communicable Disease Program promotes the health of the community through communicable disease investigation, prevention, and education, and is a core function of Public Health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Clients are not refused service due to inability to pay.~~

(a) Office Visits – Communicable Disease

Counseling, HIV (includes initial testing, follow-up visit)..... \$ 30.00

Established Patient–Problem Focused–Brief... \$ 30.00

Established Patient–Problem Focused

-Minimal..... \$ 35.00

Established Patient–Problem Focused

-Limited..... \$ 45.00

Established Patient–Problem Focused

-Moderate..... \$ 70.00

Established Patient–Problem Focused

-Extensive..... \$ 95.00

Established Patient–Prevention..... \$ 30.00

New Patient–Prevention..... \$ 40.00

New Patient–Problem Focused–Minimal..... \$ 40.00

New Patient–Problem Focused–Limited..... \$ 50.00

New Patient–Problem Focused–Moderate..... \$ 80.00

New Patient–Problem Focused–Extensive \$ 110.00

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

LEGISLATIVE
 FORMAT

60.84060.84060.839

Lane Manual

60.84060.840.

	Off-Site Direct Observation Therapy (DOT) ..	\$ 25.00
(b)	Procedures-Communicable Disease	
	Chlamydia test	\$ 10.00
	Gonococcal test	\$ 15.00
	Gram Stain	\$ 10.00
	Hepatic Function Study	\$ 15.00
	HIV Expedited Testing	
	(private lab, non-deferrable)	\$ 55.00
	Premarital Assessment (non-deferrable)	\$ 20.00
	Sexually Transmitted Disease, lab test-urine	
	(non-deferrable)	\$ 24.00
	Specimen Collection & Shipping	\$ 10.00
	Tuberculin Skin Tests	\$ 10.00
	VDRL	\$ 10.00
	Wet Mount/KOH	\$ 10.00
(c)	Treatment/Medications-Communicable Disease	
	Administration of Vaccine/Medication	\$ 10.00
	Condom, Lubricant (1)	\$ 1.00
	Condoms (6)	\$ 1.00
	Condoms, Female	\$ 3.00
	Gamma Globulin for Hepatitis Close Contact	acquisition cost plus \$10.00 admin fee
	Immunizations	acquisition cost plus \$10.00 admin fee
	Nystatin Cream	\$ 4.00 plus office visit
	Other Medications	acquisition cost plus \$10.00 admin fee
	Vaginal Yeast Cream	\$ 10.00
	Administration of State Supplied Vaccine	\$ 10.00 ¹⁵
	Condoms (6)	\$ 1.00
	Field Visits (e.g. DOT)	\$ 25.00
	Follow up STD Visit	\$ 10.00
	Gamma Globulin Immunizations for close contact of	
	Hepatitis cases	\$ 10.00/ea ¹⁶
	G.C. Culture	\$ 10.00
	HIV Testing/Counseling	\$ 15.00 ¹⁷

¹⁵ In those programs where State law directs that services are to be provided free of charge, clinic examination charges will be automatically waived. The fee is related to administrative overhead cost only.

¹⁶ See #15.

¹⁷ See #15.

At right margin indicates changes
 Bold indicates material being added
 Strikethrough indicates material being deleted

LEGISLATIVE
 FORMAT

60.84060.84060.839

Lane Manual

60.84060.840.

Immunizations.....	acquisition cost plus \$10.00 admin fee/dose
Influenza Immunizations.....	acquisition cost plus \$10.00
Nystatin Cream.....	\$ 4.00
Office Visit	
Extensive (e.g. TB).....	\$ 35.00
Limited (e.g. DOT).....	\$ 12.00
Other Medications.....	\$ 5.00
Overseas Immunization Certification.....	\$ 3.00
Pneumonia Immunization	acquisition cost plus \$10.00 admin. fee/dose
Premarital Assessment (non-deferrable).....	\$ 15.00
Prevention Case Management Follow-Up	\$ 95.00/session
Prevention Case Management (PCM).....	\$ 135.00/session
SGOT	\$ 10.00
Screening and Review Plus.....	\$ 15.00
Administration Fee for Each Vaccine.....	\$ 10.00
Plus Actual Cost of Vaccine.....	Actual Cost
Sexually Transmitted Disease Clinic, CD Screening....	\$ 15.00 ¹⁸
Sexually Transmitted Disease, lab test — urine (non-deferrable).....	\$ 24.00
Specimen Collection & Shipping.....	\$ 6.00
Tuberculin skin tests.....	\$ 10.00/ea
Yeast Vaginal Medications	\$ 10.00

(3) ~~Family Planning Program Fees. The Family Planning Program collects fees using the guidelines set forth by the Oregon State Health Division Office of Medical Assistance Programs (OMAP). Charges will be made for services provided. Efforts will be made to utilize third party payments to the extent possible. All fees collected must accrue to the benefit of the Family Planning Program and no person will be refused service because of inability to pay.~~

(3) **Family Planning Fees.** The Family Planning Program promotes the well being of children and families by reducing unintended pregnancies and supporting reproductive health. Fees for service are based on costs and are designed to minimize barriers and encourage utilization of services. Sliding scale fees are set by Title X guidelines based on semi-annual federal poverty updates. Family Planning Expansion Project (FPEP) and Oregon Health Plan (OHP) reimbursements are set by Oregon Medical Assistance Program (OMAP). When applicable, third party (insurance) is billed prior to OHP, FPEP, or private payment. Clients are not refused service due to inability to pay.

- (a) Office Visits – Family Planning
 Counseling, HIV (includes initial
 testing, follow-up visit)..... \$ 30.00

¹⁸ See #15.

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840-

Counseling, Pregnancy	
(includes urine pregnancy test)	\$ 30.00
Established Patient-Problem Focused-Brief...	\$ 30.00
Established Patient-Problem Focused	
-Minimal.....	\$ 35.00
Established Patient-Problem Focused	
-Limited.....	\$ 45.00
Established Patient-Problem Focused	
-Moderate.....	\$ 70.00
Established Patient-Problem Focused	
-Extensive.....	\$ 95.00
Established Patient-Prevention.....	\$ 30.00
New Patient-Prevention.....	\$ 40.00
New Patient-Problem Focused-Minimal.....	\$ 40.00
New Patient-Problem Focused-Limited.....	\$ 50.00
New Patient-Problem Focused-Moderate.....	\$ 80.00
New Patient-Problem Focused-Extensive	\$ 110.00
Family Planning Expansion Project (FPEP)/	
Oregon Health Plan (OHP) Bundled Services	
Annual Visit.....	\$ 195.00
Contraceptive Management Visit.....	\$ 76.00
Contraceptive Management Visit, Off-Site	\$ 113.00
Infection/Disease Visit.....	\$ 157.00
Pap Smear Visit.....	\$ 122.00
Pregnancy Testing Visit.....	\$ 98.00
(b) Procedures-Family Planning	
Chlamydia Test.....	\$ 10.00
Chlamydia/Gonococcal Test (private lab,	
non-deferrable).....	\$ 24.00
Gonococcal test	\$ 15.00
Glucose test.....	\$ 10.00
Gram Stain	\$ 10.00
Hematocrit.....	\$ 10.00
HIV Expedited Testing	
(private lab, non-deferrable).....	\$ 55.00
Pap Smear	\$ 25.00
Pregnancy Test Serum (non-deferrable)	\$ 26.00
Pregnancy Test, Urine (as part of problem	
focused or prevention visit)	\$ 10.00
Urinalysis - Dip Stick.....	\$ 3.00
Urinalysis - Microscopic.....	\$ 10.00
Wet Mount/KOH	\$ 10.00
VDRL and/or Rubella Titer.....	\$ 10.00
(c) Treatment/Medications-Family Planning	
Administration of Contraceptive Injectables..	\$ 10.00
Cervical Cap and Fitting.....	supply cost plus office visit

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840. |

Condom, Lubricant (1).....	\$ 1.00
Condoms (6)	\$ 1.00
Condoms, Female	\$ 3.00
Contraceptive Foams/Jellies/Creams.....	\$ 6.00
Contraceptive Injectable.....	supply cost plus \$10.00 admin fee
Diaphragm and Fitting.....	supply cost plus office visit
Emergency Contraceptive.....	supply cost plus office visit
Intrauterine Device (IUD) Insertion	supply cost plus \$40.00 and office visit
IUD Removal.....	\$20.00 and office visit
Nystatin Cream	\$4.00 plus office visit
Oral Contraceptives	supply cost plus office visit
Other Contraceptive Methods	supply cost plus office visit
Supply Pickup Only (No RN Visit).....	supply cost
Vaginal Film.....	supply cost plus office visit
Vaginal Ring.....	supply cost plus office visit
Vaginal Yeast Cream.....	\$10.00 plus office visit
(a) Annual Physical.....	\$ 40.00+lab
Colposcopy.....	\$ 100.00
Colposcopy with Biopsy.....	\$ 125.00
Depo-Provera	\$ 32.00
Initial Brief Physical.....	\$ 30.00
Initial Comprehensive Physical.....	\$ 60.00+lab
Revisit Extensive.....	\$ 35.00+lab
Revisit Routine.....	\$ 20.00+lab
Laboratory Tests	
GC Culture/VDRL.....	\$ 10.00
Hematoerit	\$ 6.00
Pap Smear	\$ 10.00
Revisit Extensive.....	\$ 35.00+lab
Revisit Limited	\$ 10.00+lab
Revisit Routine	\$ 20.00+lab
Serum/Urine Pregnancy Test with Counseling....	\$ 20.00
Serum/Urine Pregnancy Test with exam	\$ 12.00
Specimen Collection & Shipping	\$ 6.00
Two Hour Post Prandial Glucose	\$ 6.00

At right margin indicates changes
 Bold indicates material being added
 Strikethrough indicates material being deleted

LEGISLATIVE
 FORMAT

60.84060.84060.839

Lane Manual

60.84060.840.

Urinalysis - Microscopic.....	\$ 6.00
Urinalysis - Dip Stick.....	\$ 2.00
Wet Mount.....	\$ 6.00
Supplies	
Condoms/12.....	\$ 2.00
Avanti.....	\$ 3.00/pkg. of 3
Reality condom with lubricant.....	\$ 2.00 ea.
Contraceptive Foam, Large.....	\$ 8.00
Contraceptive Foam, Small.....	\$ 6.00
Contraceptive Cream, Jelly.....	\$ 6.00
Diaphragm.....	Actual Cost
Emergency Contraceptive Packets.....	\$ 4.00/pkg.
IUD (A portion may be paid by voucher).....	Cost
Nystatin.....	\$ 4.00
Oral Contraceptives.....	\$ 10.00/mo.
Other Contraceptive Methods.....	Actual Cost
Other Medication.....	\$ 5.00
Yeast Vaginal Medication.....	\$ 10.00
(b) Family Planning Program Fees Medicaid Clients Only	
Annual Family Planning Visits.....	\$ 198.00
Contraceptive Visit.....	\$ 80.00
Contraceptive Visit, Off Site.....	\$ 119.00
HIV T&C Visit.....	\$ 60.00
Infection Disease Visit.....	\$ 178.00
Pap Smear Visit.....	\$ 155.00
Paracervical Block Kit.....	\$ 12.00
Pregnancy Test Visit.....	\$ 97.00

(4) ~~Maternal & Child Health~~Maternal Child Health Fees. Maternal Child Health (MCH) promotes optimal health of pregnant women, infants, and children. Fees for service are based on cost and Oregon Medical Assistance Program (OMAP) guidelines. The Maternity Case Management Program reimburses Lane County MCH for services provided for eligible pregnant women and the Targeted Case Management Program reimburses Lane County MCH for services provided high risk infants and children.

(a) Maternity Case Management Prenatal Medicaid	
Case Management Visit.....	\$ 44.00
High Risk Maternity Case	
Management (Full)	\$ 132.00
High Risk Maternity Case	
Management (Partial)	\$ 66.00
Home Environment Assessment.....	\$ 44.00
Initial Assessment	\$ 26.00
Maternity Case Management (Full-Service)	\$7277.00
Maternity Case Management (Partial-Service) ..	\$ 39.00
Case Management Visits.....	\$ 65.00
High Risk Case Management (Full Service)	\$ 128.00
High Risk Case Management (Partial Service) ..	\$ 62.00

At right margin indicates changes
 Bold indicates material being added
 Strikethrough indicates material being deleted

**LEGISLATIVE
 FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840.

	Home Environment Assessment.....	\$ 45.00	
	Initial Needs Assessment.....	\$ 40.00	
	Nutritional CounselingCase Management.....	\$5051.00	
	Telephone Contact Visit	\$1211.00	
(b)	General MCH ServicesTargeted Case Management (TCM)		
	Home Visit.....	\$ 120.00	
(c)	Other Maternal Child Health (MCH) Services		
	Developmental Screening.....	\$ 60.00	
	Developmental Reporting/Consultation	\$ 45.00	
	Office VisitHome Visit.....	\$ 120.00	
	Office Visit		
	New-Prevention	\$ 40.00	
	Established-Prevention	\$ 30.00	
	New Limited	\$ 30.00	
	Established Limited	\$ 15.00	
	Intermediate	\$ 20.00	
	NCAST Assessment	\$ 60.00	
	Report Preparation/Consultation.....	\$ 45.00	
	Developmental Screening.....	\$ 60.00	
	Report Preparation/Consultation.....	\$ 45.00	
	PKU	\$ 610.00	
	Rh and Type	\$10.00 plus lab cost	
	Rh and Type.....	\$ 9.00	
(ed)	Child Safety Seat	acquisition cost	
(d)	Child Birth Education Classes		
	(Six Sessions).....	\$ 40.00 ¹⁹	
(e)	MCH Safety Poster	\$ 15.00/each	
(5)	Environmental Health Program Fees.		

Surcharge/State Consultation and Maintenance Fee. In order to offset a portion of the statewide Environmental Health Program cost, a fee for activities in Pools and Spas, Food Services and Tourist and Travelers is levied at rates as specified in Oregon Revised Statutes. The fee is collected by Lane County, in addition to the fee collected at the time of licensing, and is forwarded to the Oregon State Health Division per ORS 624.510(2), ORS 446.425(2) and ORS 448.100(2).

Inspection Fees

Correctional Institution Inspections.....	\$ 75.00
Day Care Inspections.....	\$ 75.00
School Inspections.....	\$ 75.00
Group Care Home Inspections.....	\$ 75.00
Mobile Units Licensed by Another Jurisdiction.	\$ 25.00

Licensing Fees

Food Service Fees

¹⁹ Sliding Fee Scale

|At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840. |

Bed and Breakfast.....	\$10110.00 ^{20/21}
Benevolent Temporary Restaurant	
Administrative Fee.....	\$ 20.00
Food Service Workers Permit	\$ 10.00
Duplicate.....	\$ 5.00
Temporary Restaurant.....	\$ 60.00/event ²²
Grouping of Six or More, Recurring	\$ 60.00/month, not to exceed \$400 per year
Restaurants	
Full Service	
0-15 Seats.....	\$335370.00 ^{23/24}
16-50 Seats.....	\$370410.00 ^{25/26}
51-150 Seats.....	\$425470.00 ^{27/28}
Over 150 Seats	\$500550.00 ^{29/30}
Limited Service.....	\$335370.00 ^{31/32}
Mobile Units	\$100150.00
Warehouse	\$ 75.00
Commissary	\$ 150.00
Tourists and Travelers	
Permanent	
Up to 25 units.....	\$140155.00 ³³

²⁰ Delinquency Penalty provided per ORS 446.323 as follows:

(1) No person shall operate a restaurant or bed and breakfast facility without a license to do so from the Health Division. The license shall be posted in a conspicuous place on the premises of the licensee.

(2) A license issued under ORS 624.010 to 624.120 that is not renewed on or before the expiration date of the license (December 31 of each year) is delinquent. If the delinquency extends 30 days or more past the expiration date, the licensee shall pay a delinquency fee in addition to the renewal fee required in subsection (4) of this section. The delinquency fee shall be equal to 50 percent of the license renewal fee and shall be increased by 50 percent of the license renewal fee on the first day of each succeeding month in which the license is not renewed.

²¹ January 1 - August 31, Full Fee, September 1-December 31, 50% Fee.

²² Any person failing to apply for a temporary restaurant permit prior to the day of the event shall pay a penalty fee of 50 percent of the license fee in addition to the license fee.

²³ See #20.

²⁴ See #21.

²⁵ See #20.

²⁶ See #21.

²⁷ See #20.

²⁸ See #21.

²⁹ See #20.

³⁰ See #21.

³¹ See #20.

³² See #21.

³³ Delinquency Penalty provided per ORS 446.323 as follows:

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840.

26 to 50 units.....	\$200220.00 ³⁴
51 to 75 units.....	\$250275.00 ³⁵
76 to 100 units.....	\$300330.00 ³⁶
101 and over.....	\$300330.00 ³⁷
	plus \$2.50 for each unit over 100
Temporary	
Up to 25 units.....	\$ 70.00
26 to 50 units.....	\$ 100.00
51 to 75 units.....	\$ 125.00
76 to 100 units.....	\$ 150.00
101 and over.....	\$ 150.00
	plus \$1.25 for each unit over 100
Bed and Breakfast.....	\$5055.00 ³⁸
Hostel 1-10 beds	\$5055.00 ³⁹
11+10 beds.....	\$100110.00 ⁴⁰
Organizational Camps	\$160180.00 ⁴¹
Picnic Park	\$ 75.00 ⁴²
Public Swimming Pools, Spa Pools.....	\$175195.00
Vending Units	
1-10	\$ 60.00
11-20	\$ 70.00
21-30	\$ 100.00
31-40	\$ 110.00
41-50	\$ 135.00
51-75	\$ 160.00
76-100	\$ 210.00
101-250	\$ 360.00

(1) Any person failing to apply for licensing within 30 days after engaging in the recreation park or travelers' accommodation business is delinquent and shall pay a penalty fee equal to the license fee plus the fee provided in ORS 446.321.

(2) Any person, initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or travelers' accommodation business who has failed to renew a license on or before the expiration date is delinquent. If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

³⁴ See #33.

³⁵ See #33.

³⁶ See #33.

³⁷ See #33.

³⁸ See #33.

³⁹ See #33.

⁴⁰ See #33.

⁴¹ See #33.

⁴² See #33.

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840.

251-500	\$ 560.00
501-750	\$ 760.00
751-1,000	\$ 930.00
1,001-1,500	\$1,220.00
1,501-2,000	\$1,600.00
Nonrefundable Processing Fee	\$ 22.00
Plan Review	
Bed and Breakfast Plan Review	\$ 100.00
Food Service Plan Review/ Opening Inspection	\$100 \$150.00
Swimming Pools, Wading Pools and Spa Pools (Construction Permit and Plan Review)	
Includes first two construction Inspections	\$ 400.00
Additional Construction Inspections (each)	\$ 100.00
Water Supply Community (Construction Permit and Plan Review)	
As-Built Plans and Certification	
Statement	No Fee
Combination of two or more	\$ 250.00
Disinfection Only	\$ 50.00
Distribution and Storage	\$ 200.00
Distribution Only	\$ 200.00
Storage Only	\$ 200.00
Master Plan	\$ 250.00
Water Source	\$ 200.00
Water Treatment (full)	\$ 200.00
Water Supply Non-community (Construction	
Permit and Plan Review)	
As-Built Plans and Certification	
Statement	No Fee
Combination of two or more	\$ 100.00
Disinfection Only	\$ 50.00
Distribution and Storage	\$ 100.00
Distribution Only	\$ 100.00
Storage Only	\$ 100.00
Master Plan	\$ 100.00
Water Source	\$ 100.00
Water Treatment (full)	\$ 100.00
Domestic Water Samples:	
Arsenic Analysis	\$ 40.00
Bacterial Analysis	\$ 20.00
Nitrate Analysis	\$ 20.00
Loan Reviews:	
Sewage and Water System Combination	\$85 \$100.00
Sewage System Only	\$ 75.00
Water System Only (includes Bacteria Test)	\$ 80.00
Note: If Lab tests, in addition to Bacteria are Requested, add the appropriate Lab fee found in LM 60.840(5) Domestic Water Samples	

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840.

(6) General Mental Health Fees.

All missed appointments, unexcused, may be charged for 1 hour of service at the applicable rate.

Physician/Psychiatrist.....	\$ 205.00/hour
Psychiatric Nurse Practitioner	\$ 170.00/hour
Therapist/Nurse	\$ 100.00/hour
Client Requested Court Appearance	\$ 100.00/hour
Client Medical Records Request	\$20.00 flat fee + \$.25 per page copy charge as specified in LM 60.830
Daily Structure & Support.....	\$ 35.00/hour
Enhanced Care Facility	\$ 80.00/day
Group Screening	\$ 33.00/hour
Group Therapy/Sessions	\$ 33.00/hour
Injections/Dose.....	\$ 15.00 flat fee
Intake.....	\$ 100.00/hour
Interpretive Services-Oral/Sign.....	\$ 40.00/hour
Lab Work, All Types.....	Actual Cost
Money Management Fee.....	\$ 10.00/month
Oral Medications Supplied	
One Prescription	\$ 7.00
Two Prescriptions	\$ 10.00
Three Prescriptions	\$ 12.00
Four Prescriptions.....	\$ 16.00
Five Prescriptions	\$ 20.00
Personal Assessment by RN Only.....	\$ 30.00
Personal Care Reassessment by RN Only.....	\$ 30.00
Personal Care Delegation by RN Only.....	\$ 30.00
Physical Exam-Limited	\$ 35.00
Physical Exam-General	\$ 45.00
Physician/Psychiatric	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 205.00/hour
Child	\$ 225.00/hour
Plethysmograph, Full Assessment.....	\$ 200.00
Plethysmograph, Maintenance	\$ 150.00
Plethysmograph, Treatment.....	\$ 80.00
Plethysmograph, No Show, Unexcused	\$ 80.00
Polygraph, All Types.....	Actual Cost
Psychiatric Nurse Practitioner Services	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	\$ 170.00/hour

|At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840. |

Child \$ 190.00/hour

Report Preparation..... \$ 60.00

Report Preparation-Simple Duplication \$ 15.00

Skills Training, Group..... \$ 33.00/hour

Skills Training, Individual..... \$ 100.00/hour

Therapist or Nursing Services \$ 100.00/hour

Includes: Individual and Family Counseling,
Family Support Services, Collateral Treatment,
Professional Consultation, Medication Management,
Referral Screening, Evaluations and Assessments

(7) Alcohol and Drug Fees.

All missed appointments, unexcused, will be charged for 1 hour of service
at the applicable rate.

Physician/Psychiatrist..... \$ 205.00/ hour

Psychiatric Nurse Practitioner \$ 170.00/hour

Therapist/Nurse \$ 100.00/hour

Client Requested Court Appearance \$ 100.00/hour

Correction Evaluations..... \$ 120.00/ session

Courtesy Dosing/Set-Up \$ 15.00 flat fee

DUII/Corrections Re-Referral..... \$ 45.00/case

Group Screening..... \$ 33.00/hour

Group Therapy/Sessions \$ 33.00/hour

Injections/Dose..... \$ 15.00 flat fee

Intake..... \$ 100.00/hour

Intensive Care Monitoring \$ 60.00/case

Interpretive Services-Oral/Sign..... \$ 40.00/hour

Lab Work, Excluding Urinalysis..... Actual Lab Fees

Methadone Courtesy Dose \$ 10.00

ODL Evaluation/Recommendation \$5075.00

ODL Group Session N/C

ODL Makeup Session \$ 50.00

ODL Monthly Contact \$ 35.00

~~ODL Re-Referral..... \$ 40.00~~

~~ODL Transfer Fee \$ 50.00~~

Oral Medications Supplied, Methadone Only

One Prescription \$ 7.00

Two Prescriptions..... \$ 14.00

Three Prescriptions..... \$ 21.00

Four Prescriptions..... \$ 28.00

Five Prescriptions \$ 35.00

Replacement Bottle, Methadone..... \$ 3.00

Physical Exam, Antabuse..... \$ 25.00

Physical Exam, Limited..... \$ 35.00

Physical Exam, General..... \$ 85.00

Physical Exam, with Lab Work \$ 95.00

Physician/Psychiatrist Services \$ 205.00

At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

60.84060.84060.839

Lane Manual

60.84060.840. |

Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Psychiatric Nurse Practitioner Services	\$ 170.00
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request.....	\$ 60.00
Report Preparation-Simple Duplication	\$ 15.00
Standard Case Monitoring.....	\$ 30.00/case
Therapist or Nursing Services	\$ 100.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling	\$ 11.00 + actual lab fee
Collection and Handling Only	\$ 11.00
(8) <u>Parole & Probation Fees</u>	
DNA Sample Fee	\$ 10.00
Electronic Supervision	up to \$35.00/day
Daily fee charged based on hourly wage:	
Hourly Wage	Electronic Supervision Fee
\$ 0.00-\$ 7.00	\$ 8.00
\$ 7.01-\$ 8.50	\$ 10.00
\$ 8.51-\$ 10.00	\$ 12.00
\$ 10.01-\$ 11.50	\$ 14.00
\$ 11.51-\$ 13.00	\$ 16.00
\$ 13.01-\$ 14.50	\$ 18.00
\$ 14.51-\$ 16.00	\$ 20.00
\$ 16.01-\$ 17.50	\$ 22.00
\$ 17.51-\$ 19.00	\$ 24.00
\$ 19.01-\$ 20.50	\$ 26.00
\$ 20.51-\$ 22.00	\$ 28.00
\$ 22.01-\$ 23.50	\$ 30.00
\$ 23.51-\$ 25.00	\$ 32.00
\$ 25.01-+	\$ 35.00
Interstate Compact Transfer Fee	\$ 150.00
Missed, Unexcused, Polygraph Test	Actual Cost
Polygraph Test	Actual Cost
Positive Urinalysis	\$ 30.00/flat fee
Program Participation	\$ 5.00/session
Supervision Fees	\$ 35.00/monthly
(9) <u>Family Mediation</u>	
Parent Education Class.....	\$ 45.00/Attendee

|At right margin indicates changes
Bold indicates material being added
~~Strikethrough~~ indicates material being deleted

**LEGISLATIVE
FORMAT**

~~60.84160.84060.839~~

Lane Manual

~~60.84560.840.~~ |

(Revised by Order No. 98-8-12-2, Effective 8.12.98; 99-9-29-9, 9.29.99; 01-6-13-9, 6.13.01; 01-10-17-2, 10.17.01; 02-5-7-2, 5.7.02; 02-6-26-8, 7.1.02; 02-10-2-13, 10.2.02)

60.841 District Attorney – Medical Examiner Fees.

(1) General Fees.

Medical Examiner Record Copy	\$ 15.00
First copy for immediate family, governmental investigative agency, and medical facility involved	Free

(Revised by Order No. 02-6-26-8, Effective 7.1.02)

60.842 Fees for Real Property Compensation Claim Application.

Pursuant to Lane County Charter, Chapter II, Section 5, and LC 2.700 through 2.070, a fee is established to partially cover County costs of processing an application filed to seek compensation under the procedures in LC 2.700 through 2.770. Unless waived by the County Administrator, an application for a claim of compensation from Lane County pursuant to Article I, Section 18(a) through (f) of the Oregon Constitution and LC 2.700 through 2.770 shall include an application fee of \$850.00 for the costs incurred by the County in processing the application. In addition, the applicant shall pay to the county \$100.00 for notice costs as required by the County Administrator. The County shall refund the application fee and costs paid by the applicant if it is determined by the County or by a court or other reviewing body that the applicant is entitled to compensation under Article I, Section 18(a) through (f) of the Oregon Constitution.

(Revised by Order No. 01-6-13-9, Effective 7.1.01)

60.845 Assessment and Taxation Fees.

The following fees shall be charged by the Department of Assessment and Taxation. Taxing districts will not be charged for routine requests for information.

(1) Computation of the Deferred Tax Liability on Specially Assessed Property When No Formal Action Is Being Taken to Change the Status or Use of the Property.

Basic Charge	\$ 25.00
Additional Hour.....	\$ 10.00/hour

(2) Microfiche. All products except those specifically listed below: \$10.00 basic fee, plus 50 cents per microfiche sheet.

Assessment Roll

Real Property	\$ 42.50
Mobile Homes	\$ 13.50

Tax Roll

Real Property	\$ 50.00
Mobile Homes	\$ 15.00
Personal Property.....	\$ 18.00
Utilities	\$ 4.50
Site to Map/Map to Site	\$ 15.00
Alpha by Code.....	\$ 20.00
Alpha by Index	\$ 38.50
Alpha by Map.....	\$ 38.50
Microfiche (1 line item from reader/printer).....	\$ 1.00