

| Yamhill County Public Health Reproductive Health and Clinic 2024-2025 Rates | | BOH Review 6/1/22 Approved by BOC 7/1/22 BO# 22-195 | BOH Review 6/7/23 Approved by BOC 6/15/23 BO# 23-223 | BOH Review 6/5/24 Approved by BOC 6/XX/24 BO# 24-XXX |
|--|----------------------|---|---|---|
| Description | | Adopted 22-23 Rates | Adopted 23-24 Rates | Adopted 24-25 Rates |
| Base RN charge | Per Hour | \$ 216.00 | \$ 225.00 | \$ 237.00 |
| Base NP/MD charge | Per Hour, | \$ 243.00 | \$ 253.00 | \$ 266.00 |
| MD, NP, PA Rates | | | | |
| Established Office Visit L1 NP | 5 minutes | \$ 21.00 | \$ 22.00 | \$ 23.00 |
| Established Office Visit L2 | 10 minutes | \$ 41.00 | \$ 42.00 | \$ 44.00 |
| Established Office Visit L3 | 15 minutes | \$ 61.00 | \$ 64.00 | \$ 67.00 |
| Established Office Visit L4 | 25 minutes | \$ 102.00 | \$ 106.00 | \$ 111.00 |
| Established Office Visit L5 | 40 minutes | \$ 162.00 | \$ 169.00 | \$ 178.00 |
| MD Office Visit Level 3 | 40 minutes | \$ 162.00 | \$ 169.00 | \$ 178.00 |
| MD Office Visit Level 4 | 60 minutes | \$ 243.00 | \$ 253.00 | \$ 266.00 |
| New Office Visit Level 1 | 10 minutes | \$ 41.00 | \$ 43.00 | \$ 45.00 |
| New Office Visit Level 2 | 20 minutes | \$ 81.00 | \$ 85.00 | \$ 89.00 |
| New Office Visit Level 3 | 30 minutes | \$ 122.00 | \$ 127.00 | \$ 133.00 |
| New Office Visit Level 4 | 45 minutes | \$ 183.00 | \$ 190.00 | \$ 200.00 |
| New Office Visit Level 5 | 60 minutes | \$ 243.00 | \$ 253.00 | \$ 266.00 |
| Procedure Rates* | | | | |
| IUD - Insertion, Replacement, Removal | | \$ 30.00 | \$ 30.00 | \$ 32.00 |
| Implant - Insertion, Replacement, Removal | | \$ 41.00 | \$ 43.00 | \$ 46.00 |
| RH Complexity Rates* | | | | |
| Low Complexity Bundled Rate | | \$ 78.00 | \$ 82.00 | \$ 86.00 |
| Language Assistance Fee (Low Complexity) | | \$ 25.88 | \$ 25.88 | \$ 25.88 |
| Moderate Complexity Bundled Rate | | \$ 200.00 | \$ 210.00 | \$ 221.00 |
| Language Assistance Fee (Moderate Complexity) | | \$ 51.76 | \$ 51.76 | \$ 51.76 |
| High Complexity Bundled rate | | \$ 302.00 | \$ 317.00 | \$ 334.00 |
| Language Assistance Fee (High Complexity) | | \$ 77.63 | \$ 77.63 | \$ 77.63 |
| CT/GC (All Complexities) | | \$ 13.55 | \$ 13.55 | \$ 13.55 |
| RN Rates | | | | |
| Established Office Visit L1 RN | up to 10 minutes | \$ 36.00 | \$ 38.00 | \$ 40.00 |
| OVRN | | \$ 108.00 | \$ 113.00 | \$ 119.00 |
| PPD Test | Vaccine Admin + cost | \$ 51.00 | \$ 54.00 | \$ 53.00 |
| State-Supplied Vaccine (VFC-317) | Vaccine Admin + cost | \$ 21.96 | \$ 21.96 | \$ 21.96 |
| Locally-Purchased Vaccine: First Dose | Vaccine Admin Fee | \$ 25.00 | \$ 28.00 | \$ 32.00 |
| Locally-Purchased Vaccine: Second Dose | Vaccine Admin Fee | \$ 20.00 | \$ 20.00 | \$ 22.00 |
| Therapeutic Injection | | \$ 36.00 | \$ 38.00 | \$ 40.00 |
| Venipuncture | | \$ 36.00 | \$ 38.00 | \$ 40.00 |
| Babies First CM visit | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM CM Home Visit | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM CM Full | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM CM Partial | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Hi-Risk CM Full | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Hi-Risk Partial | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Home/Environment Assmt | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Initial Needs Assmnt | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Nutritional Counseling | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| MCM Telephone Contact | CMS Allowed | DMAP Rate | DMAP Rate | DMAP Rate |
| Anti-HBc (Pre Vaccine) | | Actual cost | Actual cost | Actual cost |
| Anti-HBs (Post Vaccine) | | Actual cost | Actual cost | Actual cost |
| Blood, HSV 2 | | Actual cost | Actual cost | Actual cost |
| CBC with Diff | | Actual cost | Actual cost | Actual cost |
| Comp Metabolic Panel | | Actual cost | Actual cost | Actual cost |
| Culture, HSV, Rapid | | Actual cost | Actual cost | Actual cost |
| HCV Contact | | Actual cost | Actual cost | Actual cost |
| Hepatic Function Panel | | Actual cost | Actual cost | Actual cost |
| Hepatitis A Total | | Actual cost | Actual cost | Actual cost |
| HIV Screening | | Actual cost | Actual cost | Actual cost |
| Measles (Rubeola) Immune | | Actual cost | Actual cost | Actual cost |
| Mumps Acute IGM | | Actual cost | Actual cost | Actual cost |
| Mumps Immune Status | | Actual cost | Actual cost | Actual cost |
| Neisseria GC Culture | | Actual cost | Actual cost | Actual cost |
| Rectal Chlamydia | | Actual cost | Actual cost | Actual cost |
| Rubeola Immune Status | | Actual cost | Actual cost | Actual cost |
| STD Culture(TM) | | Actual cost | Actual cost | Actual cost |
| Uric Acid | | Actual cost | Actual cost | Actual cost |
| Varicella Immune Status | | Actual cost | Actual cost | Actual cost |
| Viral Screening | | Actual cost | Actual cost | Actual cost |
| Reports/Correspondence/Copying | | \$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563 | \$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563 | \$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563 |



| Yamhill County Public Health Environmental Health 2024-2025 Rates | BOH Review 6/1/22 Approved by BOC 7/1/22 BO# 22-195 | BOH Review 6/7/23 Approved by BOC 6/15/23 BO# 23-223 | BOH Review 6/5/24 Approved by BOC 6/XX/24 BO# 24-XXX |
|--|---|--|--|
| Facility Type | Adopted 22-23 Rates | Adopted 23-24 Rates | Adopted 24-25 Rates |
| B&B | 235.00 | 243.00 | 267.00 |
| limited service | 485.00 | 509.00 | 560.00 |
| 0-15 seats | 545.00 | 565.00 | 622.00 |
| 16-50 seats | 620.00 | 644.00 | 708.00 |
| 51-150 seats | 696.00 | 722.00 | 794.00 |
| 150+seats | 847.00 | 879.00 | 967.00 |
| Mobile Commissary Existing Facility | 164.00 | 172.00 | 189.00 |
| Mobile Commissary | 333.00 | 345.00 | 380.00 |
| Class 1 mobile units | 324.00 | 340.00 | 374.00 |
| Class 2 mobile units | 318.00 | 330.00 | 363.00 |
| Class 3 mobile units | 339.00 | 356.00 | 392.00 |
| Class 4 mobile units | 339.00 | 356.00 | 392.00 |
| Class 3 Shaved Ice | 176.00 | 185.00 | 204.00 |
| Warehouse | 224.00 | 235.00 | 259.00 |
| Vending, 1-10 units | 242.00 | 251.00 | 276.00 |
| Vending, 41-50 units | 454.00 | 471.00 | 518.00 |
| Exempt Facilities | - | - | - |
| Temporary Restaurant | 159.00 | 165.00 | 182.00 |
| Benevolent Temporary Restaurant | 46.00 | 48.00 | 53.00 |
| Community Event | 109.00 | 115.00 | 132.00 |
| Intermittent Temporary License | 265.00 | 275.00 | 303.00 |
| Seasonal/Quarterly Temporary License | 303.00 | 314.00 | 345.00 |
| Operation Review | 113.00 | 118.00 | 130.00 |
| Recheck Inspection | 189.00 | 196.00 | 216.00 |
| Tourist base (Hotel & RV PARK) per facility | 195.00 | 205.00 | 226.00 |
| +Tourist surcharge 1-50 | 3.51 | 3.64 | 4.00 |
| +Tourist surcharge 51-100 | 3.03 | 3.14 | 3.45 |
| +Tourist surcharge 100+ | 2.39 | 2.48 | 2.73 |
| Org Camps | 337.00 | 354.00 | 389.00 |
| Seasonal | 272.00 | 283.00 | 311.00 |
| 2nd pools & spas | 315.00 | 331.00 | 364.00 |
| Year Round Pools | 545.00 | 565.00 | 622.00 |
| Pool Plan Review | 1,553.00 | 1,553.00 | 1,553.00 |
| Food Handler Training | 10.00 | 10.00 | 10.00 |
| Manager Training | 84.00 | 84.00 | 84.00 |
| Food Handler card replacement | 5.00 | 5.00 | 5.00 |
| Facility Plan Review | | | |
| Restaurant - New Construction | 454.00 | 471.00 | 518.00 |
| Mobile Unit | 232.00 | 244.00 | 268.00 |
| Commissary | 232.00 | 244.00 | 268.00 |
| Remodel | 232.00 | 244.00 | 268.00 |
| School - Central Kitchen | 303.00 | 314.00 | 345.00 |
| School - Satellite kitchen | 232.00 | 244.00 | 268.00 |
| Chehalem Youth and Family | 194.00 | 204.00 | 224.00 |
| Headstart | 151.00 | 157.00 | 173.00 |
| Daycare - after school | 194.00 | 204.00 | 224.00 |
| Daycare group home | 236.00 | 248.00 | 273.00 |
| Daycare w/o infants | 278.00 | 292.00 | 321.00 |
| Daycare with infants | 303.00 | 314.00 | 345.00 |
| Late Fees | | | |
| license reinstatement base | 100.00 | 100.00 | 100.00 |
| license reinstatement per delinquent month | 100.00 | 100.00 | 100.00 |
| Temporary late fee | 50.00 | 50.00 | 50.00 |

Note: If fees for new licenses are paid for between Oct 1 and Dec 31 for the current calendar year, fees will be prorated to 50%.

Approved by the Yamhill County Board of
Commissioners on 06/20/2024
via Board Order B.O. 24-170



HEALTH AND HUMAN SERVICES

**Behavioral Health
Usual and Customary Rates**

| In-Office Rates | | BO # 22-195 | BO # 23-223 | |
|------------------------|---|--------------------------------|--------------------------------|--------------------------------|
| PROVIDER TYPE | SERVICE | Adopted 22-23 Rates | Adopted 23-24 Rates | Adopted 24-25 Rates |
| MD/NP | Assessment | 451.00 | 464.00 | 534.00 |
| | Consultation | 328.00 | 338.00 | 388.00 |
| | Evaluation | 328.00 | 338.00 | 388.00 |
| | Individual Therapy | 328.00 | 338.00 | 388.00 |
| | Med Management | 328.00 | 338.00 | 388.00 |
| RN | Med Management | 262.00 | 275.00 | 321.00 |
| QMHP | Assessment | 323.00 | 337.00 | 386.00 |
| | Case Management | 235.00 | 245.00 | 281.00 |
| | Consultation | 235.00 | 245.00 | 281.00 |
| | Family/Marital Therapy | 235.00 | 245.00 | 281.00 |
| | Group Therapy | 66.00 | 69.00 | 88.00 |
| | Individual Therapy | 235.00 | 245.00 | 281.00 |
| | Screening | 294.00 | 306.00 | 351.00 |
| QMHA | Case Management | 223.00 | 230.00 | 265.00 |
| | Screening | 279.00 | 287.00 | 331.00 |
| | Supported Employment | 195.00 | 200.00 | 212.00 |
| | Individual Skills Training | 223.00 | 230.00 | 265.00 |
| | Group Skills Training | 63.00 | 66.00 | 83.00 |
| CMA | Individual Skills Training | 166.00 | 175.00 | 205.00 |
| QMHP School Services** | Assessment | 382.00 | 405.00 | 429.00 |
| | Case Management | 255.00 | 270.00 | 286.00 |
| | Consultation | 255.00 | 270.00 | 286.00 |
| | Family/Marital Therapy | 255.00 | 270.00 | 286.00 |
| | Group Therapy | 104.00 | 110.00 | 132.00 |
| | Individual Therapy | 255.00 | 270.00 | 286.00 |
| | Screening | 319.00 | 338.00 | 357.00 |
| Other*** | ACT Services | 159.00 | 167.00 | 195.00 |
| | Early Intervention (formerly AODAG) | 1,004.00 | 1,035.00 | 1,193.00 |
| | Urinalysis | 62.75 | 64.50 | 66.25 |
| | Reports & Correspondence | 30.00 | 30.00 | 30.00 |
| | CANS MH Assessment | 617.00 | 643.00 | 737.00 |
| | BSS Contract Rate | 98.00 | 98.00 | 98.00 |
| | OT Assessment | 646.25 | 673.75 | 772.75 |
| | Transitional Treatment Recovery Services (TTRS) | 193.00 | 203.00 | 236.00 |
| | Peer-Assisted Crisis (PAC) | 662.00 | 703.00 | 815.00 |

| OUT-OF-OFFICE RATES | | BO # 22-195 | BO # 23-223 | |
|----------------------------|----------------------------|--------------------------------|--------------------------------|--------------------------------|
| PROVIDER TYPE | SERVICE | Adopted 22-23 Rates | Adopted 23-24 Rates | Adopted 24-25 Rates |
| RN | Med Management | 379.00 | 403.00 | 473.00 |
| QMHP | Assessment | 467.00 | 495.00 | 568.00 |
| | Case Management | 340.00 | 360.00 | 413.00 |
| | Consultation | 340.00 | 360.00 | 413.00 |
| | Family/Marital Therapy | 340.00 | 360.00 | 413.00 |
| | Individual Therapy | 340.00 | 360.00 | 413.00 |
| | Screening | 424.00 | 450.00 | 516.00 |
| QMHA | Case Management | 322.00 | 337.00 | 390.00 |
| | Screening | 402.00 | 422.00 | 488.00 |
| | Supported Employment | 335.00 | 340.00 | 403.00 |
| | Individual Skills Training | 322.00 | 337.00 | 390.00 |
| Other*** | ACT Services | 323.00 | 332.00 | 385.00 |
| | OT Assessment Rate | 803.75 | 846.25 | 970.75 |

Yamhill County Health and Human Services
FEE POLICY EFFECTIVE July 1, 2024

Yamhill County Health and Human Services is funded by tax dollars and user fees. The fees are calculated based on the cost of providing the service. We are directed by our governmental funding sources to limit services to individuals of low and moderate incomes who are unable to access private services.

While no client is turned away because of inability to pay for services, we will charge fees to those clients who can pay. Our fee schedule is sliding, based upon an individual's or family's gross monthly income and number of dependents, and is typically determined at the time of the first visit. Whenever possible, we will bill private insurance companies, but the client is ultimately responsible for the portion not paid by insurance up to the amount on our sliding fee schedule.

1. Clients are expected to enter into a signed fee contract for payment of services.
2. Payment is requested on a "pay as you go" basis. This means that the amount, once it is agreed upon, should be paid at the time of each appointment. This way, the client will avoid the accumulation of a large balance and save the cost of billing.
3. The clinic's fees are based on the following schedule:

| Provider Type | Service Type | In-Office Rate | Out-Of-Office Rate | |
|----------------------|---|----------------|--------------------|----------|
| MD/NP | Assessment | \$ 534.00 | | Per Hour |
| | Consultation, Evaluation, Individual Therapy, Med Management | \$ 388.00 | | Per Hour |
| RN | Med Management | \$ 321.00 | \$ 473.00 | Per Hour |
| QMHP | Assessment | \$ 386.00 | \$ 568.00 | Per Hour |
| | Case Management, Consultation, Family/Marital Therapy, Individual Therapy | \$ 281.00 | \$ 413.00 | Per Hour |
| | Group Therapy | \$ 88.00 | | Per Hour |
| | Screening | \$ 351.00 | \$ 516.00 | Per Hour |
| QMHA | Case Management, Individual Skills Training | \$ 265.00 | \$ 390.00 | Per Hour |
| | Group Skills Training | \$ 83.00 | | Per Hour |
| | Screening | \$ 331.00 | \$ 488.00 | Per Hour |
| | Supported Employment | \$ 212.00 | \$ 403.00 | Per Hour |
| CMA | Individual Skills Training | \$ 205.00 | | Per Hour |
| QMHP School Services | Assessment | \$ 429.00 | | Per Hour |
| | Case Management, Consultation, Family/Marital Therapy, Individual Therapy | \$ 286.00 | | Per Hour |
| | Group Therapy | \$ 132.00 | | Per Hour |
| | Screening | \$ 357.00 | | Per Hour |
| Other | ACT Services | \$ 195.00 | \$ 385.00 | Per Hour |
| | BSS Contract Rate | \$ 98.00 | | Per Hour |
| | CANS MH Assessment | \$ 737.00 | | Each |
| | Early Intervention | \$ 1,193.00 | | |
| | OT Assessment | \$ 772.75 | \$ 970.75 | Each |
| | Peer-Assisted Crisis (PAC) | \$ 815.00 | | Per Day |
| | Reports & Correspondence | \$ 30.00 | | Each |
| | Transitional Treatment Recovery Services (TTRS) | \$ 236.00 | | Per Day |
| | Urinalysis | \$ 66.25 | | Each |