



Yamhill County Public Health Reproductive Health and Clinic 2020-2021 Rates		Reviewed by BOH 5/9/18 Approved by BOC 6/28/18 BO# 18-222		Reviewed by BOH 5/8/19 Approved by BOC 6/27/19 BO# 19-224		Reviewed by BOH 6/3/20 Approved by BOC 6/25/20 BO# 20-195	
Description		Adopted 18-19 Rates		Adopted 19-20 Rates		Adopted 20-21 Rates	
Base RN charge	Per Hour	\$	185.00	\$	193.00	\$	200.00
Base NP/MD charge	Per Hour,	\$	209.00	\$	217.00	\$	226.00
MD, NP, PA Rates							
Established Office Visit L1 NP	5 minutes	\$	18.00	\$	19.00	\$	19.00
Established Office Visit L2	10 minutes	\$	35.00	\$	36.00	\$	38.00
Established Office Visit L3	15 minutes	\$	53.00	\$	55.00	\$	57.00
Established Office Visit L4	25 minutes	\$	88.00	\$	91.00	\$	95.00
Established Office Visit L5	40 minutes	\$	140.00	\$	145.00	\$	151.00
NP Family Planning exam	45 minutes	\$	157.00	See RH Complexity Rates		See RH Complexity Rates	
MD Office Visit Level 3	40 minutes	\$	140.00	\$	145.00	\$	151.00
MD Office Visit Level 4	60 minutes	\$	209.00	\$	217.00	\$	226.00
New Office Visit Level 1	10 minutes	\$	35.00	\$	37.00	\$	38.00
New Office Visit Level 2	20 minutes	\$	70.00	\$	73.00	\$	76.00
New Office Visit Level 3	30 minutes	\$	105.00	\$	109.00	\$	113.00
New Office Visit Level 4	45 minutes	\$	157.00	\$	163.00	\$	170.00
New Office Visit Level 5	60 minutes	\$	209.00	\$	217.00	\$	226.00
Procedure Rates*							
IUD - Insertion, Replacement, Removal				\$	26.00	\$	30.00
Implant - Insertion, Replacement, Removal				\$	34.00	\$	39.00
RH Complexity Rates*							
Low Complexity				\$	55.00	\$	40.00
Moderate Complexity				\$	82.00	\$	70.00
High Complexity				\$	96.00	\$	81.00
RN Rates							
Established Office Visit L1 RN	up to 10 minutes	\$	31.00	\$	32.00	\$	33.00
OVRN		\$	93.00	\$	97.00	\$	100.00
PPD Test	Vaccine Admin + cost	\$	36.00	\$	45.00	\$	46.00
State-supplied vaccine (VFC-917)	Vaccine Admin + cost	\$	21.95	\$	21.95	\$	21.96
Immunization Administration - for locally purchased vaccine	Vaccine Admin Fee	\$	31.00	\$	32.00	\$	33.00
Therapeutic Injection		\$	31.00	\$	32.00	\$	33.00
Venipuncture		\$	31.00	\$	32.00	\$	33.00
RHEA Rate (low visit type)	State Allowed Cost	\$	60.00	See RH Complexity Rates		See RH Complexity Rates	
RHEA Rate (moderate visit type)	State Allowed Cost	\$	160.00	See RH Complexity Rates		See RH Complexity Rates	
RHEA Rate (high visit type)	State Allowed Cost	\$	220.00	See RH Complexity Rates		See RH Complexity Rates	
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 2020-2021 Rates	Reviewed by BOH 5/9/18 Approved by BOC 6/28/18 BO# 18-222	Reviewed by BOH 5/8/19 Approved by BOC 6/27/19 BO# 19-224	Reviewed by BOH 6/3/20 Approved by BOC 6/25/20 BO# 20-195
Facility Type	Adopted 18-19 Rates	Adopted 19-20 Rates	Adopted 20-21 Rates
B&B	211.00	216.00	219.00
limited service	399.00	419.00	440.00
0-15 seats	497.00	502.00	508.00
16-50 seats	560.00	572.00	579.00
51-150 seats	638.00	642.00	650.00
150+seats	781.00	782.00	791.00
Mobile Commissary Existing Facility	135.00	142.00	149.00
Mobile Commissary	312.00	312.00	312.00
Class 1 mobile units	267.00	280.00	294.00
Class 2 mobile units	267.00	280.00	294.00
Class 3 mobile units	288.00	293.00	308.00
Class 4 mobile units	288.00	293.00	308.00
Class 3 Shaved Ice	145.00	152.00	160.00
Warehouse	184.00	193.00	203.00
Vending, 1-10 units	222.00	223.00	226.00
Vending, 41-50 units	392.00	412.00	424.00
Exempt Facilities	-	-	-
Temporary Restaurant	141.00	147.00	148.00
Benevolent Temporary Restaurant	38.00	40.00	42.00
Community Event	91.00	97.00	98.00
Intermittent Temporary License	237.00	244.00	247.00
Seasonal/Quarterly Temporary License	282.00	282.00	282.00
Operation Review	95.00	100.00	105.00
Recheck Inspection	170.00	174.00	177.00
Tourist base (Hotel & RV PARK) per facility	161.00	169.00	177.00
+Tourist surcharge 1-50	3.15	3.24	3.28
+Tourist surcharge 51-100	2.56	2.69	2.82
+Tourist surcharge 100+	2.05	2.15	2.23
Org Camps	277.00	291.00	306.00
Seasonal	235.00	247.00	254.00
2nd pools & spas	259.00	272.00	286.00
Year Round Pools	467.00	490.00	508.00
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	416.00	419.00	424.00
Mobile Unit	190.00	200.00	210.00
Commissary	190.00	200.00	210.00
Remodel	190.00	200.00	210.00
School -Central Kitchen	261.00	274.00	282.00
School - Satellite kitchen	190.00	200.00	210.00
Chehalem Youth and Family	160.00	168.00	176.00
Headstart	137.00	140.00	141.00
Daycare - after school	160.00	168.00	176.00
Daycare group home	194.00	204.00	214.00
Daycare w/o infants	229.00	240.00	252.00
Daycare with infants	254.00	267.00	280.00
Late Fees			
license reinstatement base	100	100	100
license reinstatement per delinquent month	100	100	100
Temporary late fee	21	50	50

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%.



Behavioral Health
Usual and Customary Rates

In-Office Rates		BO # 18-222	BO # 19-224	BO # 20-195
PROVIDER TYPE	SERVICE	Adopted 18-19 Rates	Adopted 19-20 Rates	Adopted 20-21 Rates
MD/NP	Assessment	421.00	428.00	435.00
	Consultation	306.00	311.00	317.00
	Evaluation	306.00	311.00	317.00
	Individual Therapy	306.00	311.00	317.00
	Med Management	306.00	311.00	317.00
RN	Med Management	226.00	232.00	241.00
QMHP	Assessment	279.00	279.00	294.00
	Case Management	203.00	203.00	214.00
	Consultation	203.00	203.00	214.00
	Family/Marital Therapy	203.00	203.00	214.00
	Group Therapy	54.00	57.00	60.00
	Individual Therapy	203.00	203.00	214.00
	Screening	254.00	254.00	268.00
QMHA	Case Management	194.00	196.00	203.00
	Screening	242.00	245.00	254.00
	Supported Employment	172.00	176.00	183.00
	Individual Skills Training	194.00	196.00	203.00
	Group Skills Training	52.00	55.00	57.00
Tech	Individual Skills Training	107.00	110.00	114.00
	Group Skills Training	29.00	31.00	32.00
CMA	Individual Skills Training	148.00	149.00	152.00
QMHP School Services**	Assessment	327.00	338.00	354.00
	Case Management	218.00	226.00	236.00
	Consultation	218.00	226.00	236.00
	Family/Marital Therapy	218.00	226.00	236.00
	Group Therapy	95.00	101.00	96.00
	Individual Therapy	218.00	226.00	236.00
	Screening	273.00	282.00	295.00
Other***	ACT Services	152.00	114.00	98.00
	Early Intervention (formerly AODAG)	126.00	873.00	914.00
	Interpreter (American Sign Language)	90.00	90.00	90.00
	Interpreter (Spoken Languages)	90.00	90.00	90.00
	Interpreter Language Line (phone)	2.45/min	2.45/min	2.45/min
	Urinalysis	55.50	56.00	57.75
	Reports & Correspondence	30.00	30.00	30.00
	CANS MH Assessment	533.00	533.00	562.00
	Bridges	159.00	159.00	159.00
	BSS Contract Rate	79.00	98.00	98.00
	OT Assessment	558.25	558.25	588.50
	Transitional Treatment Recovery Services (TTRS)	159.79	166.00	175.00
	Peer-Assisted Crisis (PAC)	414.40	432.00	452.00

OUT-OF-OFFICE RATES		BO # 18-222	BO # 19-224	BO # 20-195
PROVIDER TYPE	SERVICE	Adopted 18-19 Rates	Adopted 19-20 Rates	Adopted 20-21 Rates
RN	Med Management	349.00	378.00	380.00
QMHP	Assessment	430.00	455.00	463.00
	Case Management	313.00	331.00	337.00
	Consultation	313.00	331.00	337.00
	Family/Marital Therapy	313.00	331.00	337.00
	Individual Therapy	313.00	331.00	337.00
	Screening	391.00	414.00	421.00
QMHA	Case Management	299.00	319.00	320.00
	Screening	374.00	399.00	400.00
	Supported Employment	284.00	281.00	295.00
	Individual Skills Training	299.00	319.00	320.00
Tech	Individual Skills Training	165.00	178.00	179.00
	Group Skills Training	44.00	50.00	50.00
Other***	ACT Services	274.00	292.00	324.00
	OT Assessment Rate	711.25	756.00	773.00

Yamhill County Health and Human Services
FEE POLICY EFFECTIVE July 1, 2020

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	\$ 435.00		Per Hour
	Consultation, Evaluation, Individual Therapy, Med Management	\$ 317.00		Per Hour
RN	Med Management	\$ 241.00	\$ 380.00	Per Hour
QMHP	Assessment	\$ 294.00	\$ 463.00	Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 214.00	\$ 337.00	Per Hour
	Group Therapy	\$ 60.00		Per Hour
	Screening	\$ 268.00	\$ 421.00	Per Hour
QMHA	Case Management, Individual Skills Training	\$ 203.00	\$ 320.00	Per Hour
	Group Skills Training	\$ 57.00		Per Hour
	Screening	\$ 254.00	\$ 400.00	Per Hour
	Supported Employment	\$ 183.00	\$ 295.00	Per Hour
Tech	Individual Skills Training	\$ 114.00	\$ 179.00	Per Hour
	Group Skills Training	\$ 32.00	\$ 50.00	Per Hour
CMA	Individual Skills Training	\$ 152.00		Per Hour
QMHP School Services	Assessment	\$ 354.00		Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 236.00		Per Hour
	Group Therapy	\$ 96.00		Per Hour
	Screening	\$ 295.00		Per Hour
Other	ACT Services	\$ 98.00	\$ 324.00	Per Hour
	Bridges	\$ 159.00		Per Day
	BSS Contract Rate	\$ 98.00		Per Hour
	CANS MH Assessment	\$ 562.00		Each
	Early Intervention	\$ 914.00		
	Interpreter (Spoken Languages and American Sign Language)	\$ 90.00		Per Hour
	Interpreter Language Line (Via Phone)	\$ 2.45		Per Minute
	OT Assessment	\$ 588.50	\$ 773.00	Each
	Peer-Assisted Crisis (PAC)	\$ 452.00		Per Day
	Reports & Correspondence	\$ 30.00		Each
	Transitional Treatment Recovery Services (TTRS)	\$ 175.00		Per Day
	Urinalysis	\$ 57.75		Each

Approved by BOC 6/25/2020 BO# 20-195
Please note these fees are subject to change. Check with staff for current rates.
Fees are rounded up to the nearest dollar. Sliding fees are approximates and are based on a "percentage" of total fee.

Accepted by Yamhill County
Board of Commissioners on
Effective July 1, 2020
6/25/2020 by Board Order
20-195