



Yamhill County Public Health Reproductive Health and Clinic 2022-2023 Rates		Reviewed by BOH 6/3/20	Reviewed by BOH 6/2/21	Reviewed by BOH 6/1/22
		Approved by BOC 6/25/20 BO# 20-195	Approved by BOC 7/1/21 BO# 21-272	Approved by BOC 7/1/22 BO# 22-195
Description		Adopted 20-21 Rates	Adopted 21-22 Rates	Adopted 22-23 Rates
Base RN charge	Per Hour	\$ 200.00	\$ 208.00	\$ 216.00
Base NP/MD charge	Per Hour,	\$ 226.00	\$ 234.00	\$ 243.00
MD, NP, PA Rates				
Established Office Visit L1 NP	5 minutes	\$ 19.00	\$ 20.00	\$ 21.00
Established Office Visit L2	10 minutes	\$ 38.00	\$ 39.00	\$ 41.00
Established Office Visit L3	15 minutes	\$ 57.00	\$ 59.00	\$ 61.00
Established Office Visit L4	25 minutes	\$ 95.00	\$ 98.00	\$ 102.00
Established Office Visit L5	40 minutes	\$ 151.00	\$ 156.00	\$ 162.00
MD Office Visit Level 3	40 minutes	\$ 151.00	\$ 156.00	\$ 162.00
MD Office Visit Level 4	60 minutes	\$ 226.00	\$ 234.00	\$ 243.00
New Office Visit Level 1	10 minutes	\$ 38.00	\$ 39.00	\$ 41.00
New Office Visit Level 2	20 minutes	\$ 76.00	\$ 78.00	\$ 81.00
New Office Visit Level 3	30 minutes	\$ 113.00	\$ 117.00	\$ 122.00
New Office Visit Level 4	45 minutes	\$ 170.00	\$ 176.00	\$ 183.00
New Office Visit Level 5	60 minutes	\$ 226.00	\$ 234.00	\$ 243.00
Procedure Rates*				
IUD - Insertion, Replacement, Removal		\$ 30.00	\$ 30.00	\$ 30.00
Implant - Insertion, Replacement, Removal		\$ 39.00	\$ 39.00	\$ 41.00
RH Complexity Rates*				
Low Complexity		\$ 40.00	See RH Low Bundled Rate	See RH Low Bundled Rate
Low Complexity Bundled Rate		New for FY 21-22	\$ 75.00	\$ 78.00
Language Assistance Fee (Low Complexity)		New for FY 21-22	\$ 25.88	\$ 25.88
Moderate Complexity		\$ 70.00	See RH Moderate Bundled Rate	See RH Moderate Bundled Rate
Moderate Complexity Bundled Rate		New for FY 21-22	\$ 196.00	\$ 200.00
Language Assistance Fee (Moderate Complexity)		New for FY 21-22	\$ 51.76	\$ 51.76
High Complexity		\$ 81.00	See RH High Bundled Rate	See RH High Bundled Rate
High Complexity Bundled rate		New for FY 21-22	\$ 295.00	\$ 302.00
Language Assistance Fee (High Complexity)		New for FY 21-22	\$ 77.63	\$ 77.63
CT/GC (All Complexities)		New for FY 21-22	\$ 13.55	\$ 13.55
RN Rates				
Established Office Visit L1 RN	up to 10 minutes	\$ 33.00	\$ 35.00	\$ 36.00
OVRN		\$ 100.00	\$ 104.00	\$ 108.00
PPD Test	Vaccine Admin + cost	\$ 46.00	\$ 49.00	\$ 51.00
State-Supplied Vaccine (VFC-317)	Vaccine Admin + cost	\$ 21.96	\$ 21.96	\$ 21.96
Locally-Purchased Vaccine	Vaccine Admin Fee	\$ 33.00	\$ 35.00	See New Vaccine Rates Below
Locally-Purchased Vaccine: First Dose	Vaccine Admin Fee	New for FY 22-23	New for FY 22-23	\$ 25.00
Locally-Purchased Vaccine: Second Dose	Vaccine Admin Fee	New for FY 22-23	New for FY 22-23	\$ 20.00
Therapeutic Injection		\$ 33.00	\$ 35.00	\$ 36.00
Venipuncture		\$ 33.00	\$ 35.00	\$ 36.00
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

B.O. 22-195



Yamhill County Public Health Environmental Health 2022-2023 Rates	Reviewed by BOH 6/3/20 Approved by BOC 6/25/20 BO# 20-195	Reviewed by BOH 6/2/21 Approved by BOC 7/8/21 BO# 21-285	Reviewed by BOH 6/1/22 Approved by BOC 7/1/22 BO# 22-195
Facility Type	Adopted 20-21 Rates	Adopted 21-22 Rates	Adopted 22-23 Rates
B&B	219.00	230.00	235.00
limited service	440.00	462.00	485.00
0-15 seats	508.00	533.00	545.00
16-50 seats	579.00	608.00	620.00
51-150 seats	650.00	683.00	696.00
150+seats	791.00	831.00	847.00
Mobile Commissary Existing Facility	149.00	156.00	164.00
Mobile Commissary	312.00	328.00	333.00
Class 1 mobile units	294.00	309.00	324.00
Class 2 mobile units	294.00	309.00	318.00
Class 3 mobile units	308.00	323.00	339.00
Class 4 mobile units	308.00	323.00	339.00
Class 3 Shaved Ice	160.00	168.00	176.00
Warehouse	203.00	213.00	224.00
Vending, 1-10 units	226.00	237.00	242.00
Vending, 41-50 units	424.00	445.00	454.00
Exempt Facilities	-	-	-
Temporary Restaurant	148.00	155.00	159.00
Benevolent Temporary Restaurant	42.00	44.00	46.00
Community Event	98.00	105.00	109.00
Intermittent Temporary License	247.00	259.00	265.00
Seasonal/Quarterly Temporary License	282.00	296.00	303.00
Operation Review	105.00	110.00	113.00
Recheck Inspection	177.00	186.00	189.00
Tourist base (Hotel & RV PARK) per facility	177.00	186.00	195.00
+Tourist surcharge 1-50	3.28	3.44	3.51
+Tourist surcharge 51-100	2.82	2.97	3.03
+Tourist surcharge 100+	2.23	2.34	2.39
Org Camps	306.00	321.00	337.00
Seasonal	254.00	267.00	272.00
2nd pools & spas	286.00	300.00	315.00
Year Round Pools	508.00	533.00	545.00
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	424.00	445.00	454.00
Mobile Unit	210.00	221.00	232.00
Commissary	210.00	221.00	232.00
Remodel	210.00	221.00	232.00
School - Central Kitchen	282.00	296.00	303.00
School - Satellite kitchen	210.00	221.00	232.00
Chehalam Youth and Family	176.00	185.00	194.00
Headstart	141.00	148.00	151.00
Daycare - after school	176.00	185.00	194.00
Daycare group home	214.00	225.00	236.00
Daycare w/o infants	252.00	265.00	278.00
Daycare with infants	280.00	294.00	303.00
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%.



Behavioral Health
Usual and Customary Rates

In-Office Rates		BO # 20-195	BO # 21-272	BO # <u>22-195</u>
PROVIDER TYPE	SERVICE	Adopted 20-21 Rates	Adopted 21-22 Rates	Adopted 22-23 Rates
MD/NP	Assessment	435.00	441.00	451.00
	Consultation	317.00	321.00	328.00
	Evaluation	317.00	321.00	328.00
	Individual Therapy	317.00	321.00	328.00
	Med Management	317.00	321.00	328.00
RN	Med Management	241.00	253.00	262.00
QMHP	Assessment	294.00	309.00	323.00
	Case Management	214.00	225.00	235.00
	Consultation	214.00	225.00	235.00
	Family/Marital Therapy	214.00	225.00	235.00
	Group Therapy	60.00	63.00	66.00
	Individual Therapy	214.00	225.00	235.00
	Screening	268.00	281.00	294.00
QMHA	Case Management	203.00	213.00	223.00
	Screening	254.00	266.00	279.00
	Supported Employment	183.00	192.00	195.00
	Individual Skills Training	203.00	213.00	223.00
	Group Skills Training	57.00	60.00	63.00
Tech	Individual Skills Training	114.00	120.00	126.00
	Group Skills Training	32.00	34.00	36.00
CMA	Individual Skills Training	152.00	158.00	166.00
QMHP School Services**	Assessment	354.00	369.00	382.00
	Case Management	236.00	246.00	255.00
	Consultation	236.00	246.00	255.00
	Family/Marital Therapy	236.00	246.00	255.00
	Group Therapy	96.00	100.00	104.00
	Individual Therapy	236.00	246.00	255.00
	Screening	295.00	307.00	319.00
Other***	ACT Services	98.00	151.00	159.00
	Early Intervention (formerly AODAG)	914.00	959.00	1,004.00
	Urinalysis	57.75	60.25	62.75
	Reports & Correspondence	30.00	30.00	30.00
	CANS MH Assessment	562.00	590.00	617.00
	Bridges	159.00	159.00	159.00
	BSS Contract Rate	98.00	98.00	98.00
	OT Assessment	588.50	618.75	646.25
	Transitional Treatment Recovery Services (TTRS)	175.00	183.00	193.00
Peer-Assisted Crisis (PAC)	452.00	474.00	662.00	

OUT-OF-OFFICE RATES		BO # 20-195	BO # 21-272	BO # _____
PROVIDER TYPE	SERVICE	Adopted 20-21 Rates	Adopted 21-22 Rates	Adopted 22-23 Rates
RN	Med Management	380.00	377.00	379.00
QMHP	Assessment	463.00	461.00	467.00
	Case Management	337.00	335.00	340.00
	Consultation	337.00	335.00	340.00
	Family/Marital Therapy	337.00	335.00	340.00
	Individual Therapy	337.00	335.00	340.00
	Screening	421.00	419.00	424.00
QMHA	Case Management	320.00	317.00	322.00
	Screening	400.00	396.00	402.00
	Supported Employment	295.00	290.00	335.00
	Individual Skills Training	320.00	317.00	322.00
Tech	Individual Skills Training	179.00	179.00	182.00
	Group Skills Training	50.00	51.00	53.00
Other***	ACT Services	324.00	316.00	323.00
	OT Assessment Rate	773.00	783.75	803.75

Yamhill County Health and Human Services
FEE POLICY EFFECTIVE July 1, 2022

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	\$ 451.00		Per Hour
	Consultation, Evaluation, Individual Therapy, Med Management	\$ 328.00		Per Hour
RN	Med Management	\$ 262.00	\$ 379.00	Per Hour
QMHP	Assessment	\$ 323.00	\$ 467.00	Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 235.00	\$ 340.00	Per Hour
	Group Therapy	\$ 66.00		Per Hour
	Screening	\$ 294.00	\$ 424.00	Per Hour
QMHA	Case Management, Individual Skills Training	\$ 223.00	\$ 322.00	Per Hour
	Group Skills Training	\$ 63.00		Per Hour
	Screening	\$ 279.00	\$ 402.00	Per Hour
	Supported Employment	\$ 195.00	\$ 335.00	Per Hour
Tech	Individual Skills Training	\$ 126.00	\$ 182.00	Per Hour
	Group Skills Training	\$ 36.00	\$ 53.00	Per Hour
CMA	Individual Skills Training	\$ 166.00		Per Hour
QMHP School Services	Assessment	\$ 382.00		Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 255.00		Per Hour
	Group Therapy	\$ 104.00		Per Hour
	Screening	\$ 319.00		Per Hour
Other	ACT Services	\$ 159.00	\$ 323.00	Per Hour
	Bridges	\$ 159.00		Per Day
	BSS Contract Rate	\$ 98.00		Per Hour
	CANS MH Assessment	\$ 617.00		Each
	Early Intervention	\$ 1,004.00		
	Interpreter (Spoken Languages and American Sign Language)	\$ -		Per Hour
	Interpreter Language Line (Via Phone)	\$ 2.45		Per Minute
	OT Assessment	\$ 646.25	\$ 803.75	Each
	Peer-Assisted Crisis (PAC)	\$ 662.00		Per Day
	Reports & Correspondence	\$ 30.00		Each
	Transitional Treatment Recovery Services (TTRS)	\$ 193.00		Per Day
	Urinalysis	\$ 62.75		Each

Approved by BOC 7/1/2022 BO# - ___

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
6-23-2022 by Board Order
22-145