

PASSED

IN THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO.
99-9-29-9

) IN THE MATTER OF AMENDING CHAPTER
) 60 OF LANE MANUAL TO REVISE CERTAIN
) HEALTH AND HUMAN SERVICES FEES
) (LM 60.840) EFFECTIVE JULY 1, 1999

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

Lane Manual Chapter 60 is hereby amended by removing and substituting the following pages:

REMOVE THESE PAGES

60.840 – 60.840(2) to
60.840(7) – 60.840(8)
i.e. 60-19 to 60-30
(a total of 6 pages)

INSERT THESE PAGES

60.840 – 60.840(2) to
60.840(7) – 60.840(8)
i.e. 60-19 to 60-30
(a total of 6 pages)

Said pages are attached hereto and incorporated herein by reference. The purpose of these substitutions is to revise certain Health and Human Services fees. (LM 60.840).

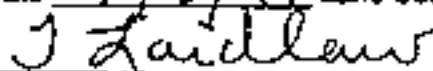
Adopted this 29th day of September 1999.



Chair, Lane County Board of Commissioners

APPROVED AS TO FORM

Date 9/8/99 Lane County



OFFICE OF LEGAL COUNSEL

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:

(1) General Fees.

Medical Examiner Record Copy 15.00

First copy for immediate family, governmental
investigative agency, and medical facility
involved Free

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 pages25/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 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.

Administration of State Supplied Vaccine	8.00*
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	8.00/ea*
G.C. Culture	10.00
Hepatitis A	
Adult	acquisition cost plus 8.00 admin fee/dose
Children	acquisition cost plus 8.00 admin fee/dose
Hepatitis B Immunization (OSHA)	
Adult	acquisition cost plus 8.00 admin fee/dose
Children	acquisition cost plus 8.00 admin fee/dose
HIV Testing/Counseling	15.00*
Influenza Immunization	8.00/ea.
Injectable Polio (non-medical)	24.00
Limrex	
Adult	acquisition cost plus 8.00 admin fee/dose
Children	acquisition cost plus 8.00 admin fee/dose
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
Overseas Immunizations include:	
Screening and Review Plus	15.00
Administration Fee for Each Vaccine	8.00
Plus Actual Cost of Vaccine	Actual Cost
Pneumonia Immunization	acquisition cost plus 8.00 admin fee/dose
Premarital Assessment (non-deferrable)	15.00
Rotavirus	
Adult	acquisition cost plus
Children	acquisition cost plus 8.00 admin fee/dose
SGOT	10.00
Sexually Transmitted Disease Clinic,	
CD Screening	15.00*
Specimen Collection & Shipping	6.00
Tuberculin skin tests	8.00/ea.
Wellness	135.00/session
Wellness Follow-Up	95.00/session
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.

*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.

(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
Hematocrit	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
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	12.00
Emergency Contraceptive Packets	3.00/pkg.
Foam, Jelly, Cream	6.00
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	180.00
	Contraceptive Visit	73.00
	Contraceptive Visit, Off-Site	108.00
	HIV T&C Visit	55.00
	Infection Disease Visit	162.00
	Pap Smear Visit	114.00
	Pregnancy Test Visit	88.00
(4)	<u>Maternal & Child Health</u>	
(a)	Maternity Case Management Prenatal	
	Case Management (Full Service)	65.00
	Case Management (Partial Service)	35.00
	High Risk Case Management (Full Service)	105.00
	High Risk Case Management (Partial Service)	55.00
	Home Visits	65.00
	Initial Needs Assessment	25.00
	Total Maternity Management Package ...	325.00
(b)	General MCH Services	
	Home Visit	120.00
	Office Visit	
	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	6.00
	Rh and Type	9.00
* (c)	Child Birth Education Classes	40.00
	(Six Sessions)	
(d)	MCH Safety Poster	15.00/each

*Sliding Fee Scale

(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	100.00*/**
Benevolent Temporary Restaurant Administrative Fee	20.00
Food Service Workers Permit	10.00
Duplicate	5.00
Temporary Restaurant	60.00/event***
Grouping of Six or More, Recurring . . .	60.00/month, not to exceed \$400 per year

* 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.

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

*** 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.

Restaurants

Full Service

0-15 Seats	335.00*/**
16-50 Seats	370.00*/**
51-150 Seats	425.00*/**
Over 150 Seats	500.00*/**
Limited Service	335.00*/**
Mobile Units	100.00
Warehouse	75.00
Commissary	150.00

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Tourists and Travelers

Permanent

Up to 25 units	\$140.00*
26 to 50 units	200.00*
51 to 75 units	250.00*
76 to 100 units	300.00*
101 and over	300.00*
	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	50.00*
Hostel 1-10 beds	50.00*
+10 beds	100.00*
Organizational Camps	160.00*
Picnic Park	75.00*
Public Swimming Pools, Spa Pools	175.00

* 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.

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
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	100.00
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 - Noncommunity (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	85.00
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/Nurse Practitioner	\$140.00/hour
Therapist/Nurse	90.00/hour
Client Requested Court Appearance	90.00/hour
Correction Evaluations	100.00/session
Correction Re-Referral	40.00/session
Correction Case Monitoring	25.00/session
Daily Structure & Support	30.00/hour
Enhanced Care Facility	80.00/day
Group Screening	30.00/hour
Group Therapy/Sessions	30.00/hour
Injections/Dose	15.00 flat fee
Intake	90.00/hour
Interpretive Services-Oral/Sign	40.00/hour
Lab Work, All Types	Actual Cost
Money Management Fee	5.00/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/Nurse Practitioner Services	
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Adult	140.00/hour
Child	160.00/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
Report Preparation-Client Request	60.00
Report Preparation-Simple Duplication	15.00
Skills Training, Group	30.00/hour
Skills Training, Individual	90.00/hour
Therapist or Nursing Services	90.00/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/Nurse Practitioner	\$140.00/hour
Therapist/Nurse	90.00/hour
Client Requested Court Appearance	90.00/hour
Correction Evaluations	100.00/session
Correction Re-Referral	40.00/session
Correction Case Monitoring	25.00/session
Courtesy Dosing/Set-Up	10.00 flat fee
Group Screening	30.00/hour
Group Therapy/Sessions	30.00/hour
Injections/Dose	15.00 flat fee
Intake	90.00/hour
Interpretive Services-Oral/Sign	40.00/hour
Lab Work, Excluding Urinalysis	Actual Lab Fees
Methadone Courtesy Dose	10.00
ODL Evaluation/Recommendation	50.00
ODL Group Session	N/C
ODL Makeup Session	45.00
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	45.00
Physical Exam, with Lab Work	95.00
Physician/Psychiatrist/Nurse Practitioner	
Services	140.00/hour
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request	60.00
Report Preparation-Simple Duplication	15.00
Therapist or Nursing Services	90.00/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	10.00+
	actual lab fee
Collection and Handling Only	10.00
(8) <u>Parole & Probation Fees</u>	
Electronic Supervision	\$5.00/day
Missed, Unexcused, Polygraph Test	100.00/flat fee
Polygraph Test	100.00/flat fee
Positive Urinalysis	30.00/flat fee
Program Participation	5.00/session
Supervision Fees	35.00/monthly
(9) <u>Family Mediation</u>	
Parent Education Class	\$35.00/Attendee

60.840

Lane Manual

60.840(2)

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.

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~~Record Search~~

~~Search first 50 pages of first page~~ 3.50

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Gamma Globulin Immunizations for close contact of Hepatitis cases	8.00/ea*
G.C. Culture	10.00
Hepatitis A	
Adults	55.00/dose
_____	acquisition cost plus 8.00 admin fee/dose
Children	27.00/dose
_____	acquisition cost plus 8.00 admin fee/dose
Hepatitis B Immunization (OSHA)	
Adults	38.00/dose
_____	acquisition cost plus 8.00 admin fee/dose
Children	19.00/dose
_____	acquisition cost plus 8.00 admin fee/dose
HIV Testing/Counseling	15.00*
Influenza Immunization	8.00/ea
Injectable Polio (non-medical)	24.00
Limited Office Visit	12.00

Adults	acquisition cost plus 8.00 admin fee/dose
Children	acquisition cost plus 8.00 admin fee/dose
Nystatin Cream	4.00

Extensive (e.g. 100)	35.00
Limited (e.g. 10)	12.00

Other Medications	5.00
Overseas Immunization Certification	3.00
Overseas Immunizations include:	
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Administration Fee for Each Vaccine	8.00
Plus Actual Cost of Vaccine	Actual Cost
Pneumonia Immunization	16.00/each
	acquisition cost plus 8.00 admin fee/dose
Premarital Assessment (non-deferrable)	15.00
<u>ROEVIRUS</u>	
<u>Adult</u>	acquisition cost plus 8.00 admin fee/dose
<u>Children</u>	acquisition cost plus 8.00 admin fee/dose
SGOT	10.00
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	(Six Sessions)	
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	Search plus copies of first five pages	3.50
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(e)	MCH Safety Poster	15.00/each

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- (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.

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

*** 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.

Restaurants

Full Service

0-15 Seats 335.00*/**

16-50 Seats 370.00*/**

51-150 Seats 425.00*/**

Over 150 Seats 500.00*/**

Limited Service 335.00*/**

Mobile Units 100.00

Warehouse 75.00

Commissary 150.00

* 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.

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

Tourists and Travelers

Permanent

Up to 25 units	\$140.00*
26 to 50 units	200.00*
51 to 75 units	250.00*
76 to 100 units	300.00*
101 and over	300.00*
	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	50.00*
Hostel 1-10 beds	50.00*
+10 beds	100.00*
Organizational Camps	160.00*
Picnic Park	75.00*
Public Swimming Pools, Spa Pools	175.00

* 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.

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
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 100.00

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 - Noncommunity (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	17.50 20.00
Conductivity	7.00
Iron	20.00
Lead Analysis	20.00
Nitrate Analysis	20.00
PH	10.00
Suspended Solids Analysis (1-12 samples) ..	15.00
Suspended Solids Analysis (over 12 samples)	10.00
Total Solids	25.00
Turbidity	15.00

Loan Reviews:

Sewage and Water System Combination	85.00
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/ Nurse Practitioner . . .	\$125 110 .00/hour
Therapist/Nurse	90.00/hour
Client Requested Court Appearance	90.00/hour
Correction Evaluations	100.00/session
Correction Re-Referral	40.00/session
Correction Case Monitoring	25.00/session
Daily Structure & Support	30.00/hour
Enhanced Care Facility	80.00/day
Group Screening	30.00/hour
Group Therapy/Sessions	30.00/hour
Injections/Dose	15.00 flat fee
Intake	90.00/hour
Interpretive Services-Oral/Sign	30 40 .00/hour
Lab Work, All Types	Actual Cost
Money Management Fee	5.00/month

~~Nurse Practitioner Services~~

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

~~Adult 95.00/hour~~

~~Child 95.00/hour~~

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/~~Nurse Practitioner~~ Services

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

Adult 125~~40~~.00/hour

Child 1460.00/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
Report Preparation-Client Request	60.00
Report Preparation-Simple Duplication	15.00
Skills Training, Group	30.00/hour
Skills Training, Individual	90.00/hour
Therapist or Nursing Services	90.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Referral Screening, Evaluations and Assessments	
(7) <u>Alcohol and Drug Fees.</u>	
All missed appointments, unexcused, will be charged for 1 hour of service at the applicable rate.	
Physician/Psychiatrist/ Nurse Practitioner	\$125.00/hour
Therapist/Nurse	90.00/hour
Client Requested Court Appearance	90.00/hour
Correction Evaluations	100.00/session
Correction Re-Referral	40.00/session
Correction Case Monitoring	25.00/session
Courtesy Dosing/Set-Up	10.00 flat fee
Group Screening	30.00/hour
Group Therapy/Sessions	30.00/hour
Injections/Dose	15.00 flat fee
Intake	90.00/hour
Interpretive Services-Oral/Sign	30.00/hour
Lab Work, Excluding Urinalysis	Actual Lab Fees
Methadone Courtesy Dose	10.00
ODL Evaluation/Recommendation	50.00
ODL Group Session	N/C
ODL Makeup Session	45.00
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	45.00
Physical Exam, with Lab Work	95.00
Physician/Psychiatrist/ Nurse Practitioner	
Services	125 1 40.00/hour
Includes: Individual and Family Counseling, Professional Consultation, Medication Management, Evaluations and Assessments	
Report Preparation-Client Request	60.00
Report Preparation-Simple Duplication	15.00
Therapist or Nursing Services	90.00/hour
Includes: Individual and Family Counseling, Family Support Services, Collateral Treatment, Professional Consultation, Medication Management, Rational Screening Evaluations and Assessments	
Urinalysis	
Testing and Collection and Handling	10.00+ actual lab fee
Collection and Handling Only	10.00
(8) <u>Parole & Probation Fees</u>	
Electronic Supervision	\$5.00/day
Missed, Unexcused, Polygraph Test	100.00/flat fee
Polygraph Test	\$100.00/flat fee
Positive Urinalysis	15.00/flat fee
Program Participation	5.00/session
Supervision Fees	30.00/monthly
(9) <u>Family Mediation</u>	
Parent Education Class	\$35.00/Attendee