

YOLO COUNTY AGREEMENT NO. 16-48 (Amendment No. 3)
NAPA COUNTY AGREEMENT NO. 4092 (Amendment No. 4)
SOLANO COUNTY AGREEMENT NO. 00621-22
MARIN COUNTY AGREEMENT NO. 2016-19 (Amendment No. 1)
MENDOCINO COUNTY AGREEMENT NO. 20-163 (Amendment No. 1)

JOINT EXERCISE OF POWERS AGREEMENT (Amendment No. 8)
NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY REGIONAL
PUBLIC HEALTH LABORATORY

THIS AMENDMENT OF THE JOINT EXERCISE OF POWERS AGREEMENT (JEPA) is made and entered into as of this 1st day of July 2021 by and among the COUNTY OF NAPA, a political subdivision of the State of California, hereinafter referred to as "Napa County", the COUNTY OF YOLO, a political subdivision of the State of California, hereinafter referred to as "Yolo County", the COUNTY OF SOLANO, a political subdivision of the State of California, hereinafter referred to as "Solano County", the COUNTY OF MARIN, a political subdivision of the State of California, hereinafter referred to as "Marin County" and COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "Mendocino County". All five named counties are hereinafter referred collectively as "the Parties";

RECITALS

WHEREAS, on or about July 1, 2000, by that joint powers agreement known as Napa County Agreement No. 4092/Solano County Agreement No. 064092, subsequently amended on four occasions ("Original JEPA"), Napa and Solano created a joint public health laboratory known as the Napa-Solano Public Health Laboratory; and

WHEREAS, on or about July 1, 2010 the Original JEPA was renewed ("Renewed JEPA") by Napa County and Solano County and the term was extended through June 30, 2013; and

WHEREAS, Napa County, Solano County, and Yolo County entered into an Amendment on July 1, 2012 in order to continue to operate the joint public health laboratory through June 30, 2015, with Yolo County; and

WHEREAS, Napa County, Solano County, Yolo County and Marin County entered into an Amendment on July 1, 2013 in order to continue to operate the joint public health laboratory through June 30, 2016 with Marin County, and to delete the provision concerning Solano County oversight of Napa County Ryan White CARE Act Title 11 program, and

WHEREAS, Napa County, Solano County, Yolo County and Marin County entered into an Amendment on July 1, 2016 in order to continue to operate the public health laboratory through June 30, 2021,

WHEREAS, Napa County, Solano County, Yolo County, Marin County, and Mendocino County have agreed to make this Amendment in order to continue to operate the joint public health laboratory beginning July 1, 2021, with Mendocino County, with the terms and conditions set forth below.

TERMS

1. DESIGNATION AND FUNCTION OF JOINT LABORATORY.

- A. **Name.** During the term of this Agreement, the Parties shall operate the joint public health testing laboratory created on July 1, 2000, which shall now be known as Napa-Solano-Yolo-Marin-Mendocino County Regional Public Health Laboratory (“NSYMM PHL”).
- B. **Address.** Testing shall occur at the NSYMM PHL site (the existing Solano County Public Health Laboratory site) located at 2201 Courage Drive, Fairfield, California 94553 or at such other location as mutually agreed to by the Parties in writing.
- C. **Submission and delivery of specimens.** Napa County specimens submitted for testing shall continue to be received at the Napa County Health Department, a division of the Napa County Health and Human Services Agency, 2751 Napa Valley Corporate Drive., Bldg. B, Napa, California 94558, unless the parties mutually agree to a different location. Yolo County specimens submitted for testing shall be received at Yolo County Health and Human Services Agency, 137 N. Cottonwood Street, Woodland, CA 95695, and at Yolo County Department of Community Services, Division of Environmental Health, 292 West Beamer Street, Woodland, CA 95695, unless the parties mutually agree to a different location. Marin County specimens submitted for testing shall be received at Marin County Department of Health and Human Services HHS Health Clinics, 3260 Kerner Boulevard, San Rafael, California 94901, unless the parties mutually agree to a different location. Mendocino County will ship specimens per the direction of the Solano Public Health Laboratory Director directly to NSYMM PHL. Solano County specimens submitted for testing shall be received at the NSYMM PHL and/or at any existing or future intake locations designated by the Director of the NSYMM PHL (“Director”). Solano County shall be responsible for providing courier services to pick up and deliver to the NSYMM PHL all Napa County specimens submitted to the Napa County Public Health Department, all Yolo County specimens submitted to the Yolo County Public Health Department, all Marin County specimens submitted to Marin County Public Health, and any other mutually agreed upon designated locations in Napa, Yolo or Marin County, as well as any Solano County specimens submitted at designated intake locations in Solano County other than the NSYMM PHL

2. **TERM OF AGREEMENT.** The term of this Agreement shall expire on June 30, 2024 and, unless any party gives written notice to the contrary at least 60 days prior to June 30, 2024, will automatically extend for an additional two-year period to June 30, 2026.
3. **TERMINATION.** Notwithstanding Section 2 above, any party may terminate this Agreement at any time for the convenience of that party upon giving the other three parties no less than six months prior written notice.
4. **GOVERNANCE.** Each County shall have one JEPA representative who is the County Health Officer or other representative as designated by the County. The JEPA representative shall be responsible for attending JEPA meetings, participating in periodic reviews and voting on items that require a JEPA representative vote. Approval may be by electronic communication.

5. PERIODIC REVIEWS.

- A. **Quarterly statistical reports.** During the term of this Agreement, the NSYMM PHL shall prepare quarterly statistical reports of the services provided in relation to specimens originating in Solano County, Napa County, Yolo County, Marin County and Mendocino County.
- B. **Annual performance evaluations.** Evaluation of the performance of the services provided and other obligations required of the Parties under this Agreement shall be conducted annually (by September 30th each year), during the Agreement. The annual evaluations shall include, but not be limited to, evaluation of the following: quality of performance, turnaround time and reporting of tests; timely submission of tests and patient information to and from each county; collections results; and satisfaction level of the respective Health Officers of Solano, Napa, Yolo, Marin and Mendocino counties with the services provided by the NSYMM PHL
- C. **Annual Fiscal review.** Fiscal review of this Agreement shall be performed annually. Such review shall include review and recommendations for update of the third-party testing fee schedules adopted by the governing boards of each party to this Agreement.
- D. **Renewal review.** All aspects of the Agreement shall be reviewed for purposes of negotiating renewal beginning during the 18th month of the Agreement, with the results included in the performance evaluation completed during the 24th month.

6. FISCAL ASPECTS. As consideration for the benefits conferred on each party by this Agreement, the Parties agree to share responsibility for the costs of operation of and to allocate any revenues collected by the NSYMM PHL, as follows:

- A. **Compensation.** Napa County shall provide Solano County \$137,308.17 annually to support the general operational costs of the NSYMM PHL. Yolo County shall provide Solano County \$175,829.35 annually to support the general operational costs of the NSYMM PHL. Marin County shall provide Solano County \$356,035.10, Mendocino County shall provide Solano County \$100,000 annually to support the general operational costs of the NSYMM PHL. In each subsequent year of the Agreement, the annual compensation from Napa, Yolo, Marin, and Mendocino Counties to support the general operational costs of the NSYMM PHL will increase by an amount equal to the Consumer Price Index (CPI). The CPI data used for the purpose of this agreement will be the 12-month percentage change, using the February-to-February data (typically published each March), set to the geographic area of West Urban-West Size Class B/C (population under 1,500,000), and including all item categories. Solano County shall send each county a quarterly invoice representing 25% of their respective share of the general operation costs of the NSYMM PHL.
- B. **Cost of facilities supplies and support services.** Solano County shall be solely responsible for all costs of providing and maintaining the facilities (including utility costs), supplies, and support services (including specimen courier services except for Mendocino County) necessary to operate the NSYMM PHL for the benefit of all member counties in a manner which does not reduce in scope, timeliness, or quality the public health testing services separately provided by each county prior to the original creation of the NSYMM PHL. The Parties agree to enter into discussions if, at any time during the term of this Agreement, it becomes necessary to re-evaluate the facilities used by the NSYMM PHL.

- C. **Capital equipment projects expenditures and maintenance.** For the purposes of maintaining or replacing of laboratory equipment, if determined necessary by the majority of JEPA members, Napa, Solano, Yolo, Marin, and Mendocino Counties agree to pay each fiscal year in addition to the compensation described in Section 4.A., a percentage in proportion to their most recent county population numbers as published by the California Department of Finance, up to a combined fiscal year total of \$100,000. (Napa 12.1%, Solano 38.4%, Yolo 19.3%, Marin 22.5%, Mendocino 7.6% based on 2020 data). The intention of this provision is to ensure that the NSYMM PHL equipment is regularly maintained and thereby prolonging its useful life and to replace equipment that has reached the end of its useful life or has become significantly obsolete due to changes in technology, or purchase equipment and/or maintenance that is urgently needed to respond to a public health emergency. A vote of at least four of the five County Health Officers or their designees is required to approve a purchase(s) supported by these funds. Counties will be invoiced for their proportional amounts after the approved item(s) has been received, invoiced, and paid for by Solano County. The costs will be included on the quarterly invoice following the date of payment and will be listed as a separate line item on the invoice. If any portion of the \$100,000 amount is not used within a fiscal year, the remaining amount will not accrue to the following fiscal year. A County's maximum fiscal year contribution under this provision will be its proportional share of \$100,000. The County of Solano will diligently seek all other avenues of funding, including grants and loans of equipment, prior to requesting funds from JEPA members. Under provisions of the current agreement, the counties agreed to cover proportionally the annual maintenance cost (total: \$75,000) of newly acquired instruments for COVID-19 and general lab testing. The fees/county are Napa 12.1% (\$9,075), Yolo 19.3 % (\$14,475), Marin 22.5% (\$16,875), Mendocino 7.6% (\$5,700).
- D. **Billing for tests requested by Health Officers of Solano, Napa, Yolo, Marin and Mendocino Counties.** Solano County shall be responsible for the costs of all testing by the NSYMM PHL when such tests are requested by the Solano County Health Officer, the Napa County Health Officer, the Yolo County Health Officer, the Marin County Health Officer, or the Mendocino County Health Officer
- E. **Billing for tests requested by third parties, fee schedules.** Solano County shall be responsible for billing third parties (public or private) for the costs of the NSYMM PHL conducting tests requested by such third parties. The Parties shall each be responsible for ascertaining and forwarding to the NSYMM PHL at the time of specimen submission all information necessary to bill such third parties and for providing any necessary follow-up information upon request by the NSYMM PHL. There shall be one fee schedule for the NSYMM PHL which shall be updated annually to reflect the operational costs of the facility as a whole as well as any specific expenses unique to the particular test billed (**Attachment A**). The respective governing boards of the Parties may set forth a policy or fee schedule that collects fees lower than that of the NSYMM PHL fee schedule provided that the county electing to do so compensates the NSYMM PHL for its costs. All amounts received by the Parties for laboratory fees from third party users shall be deposited in the treasury of Solano County for the support of the operations of the NSYMM PHL.
7. **TESTING PROCEDURES.** Testing shall include services outlined in Attachment A of this Agreement. Removal or addition of services shall be done in consultation with the Health Officers of Napa, Solano, Yolo, Marin, and Mendocino Counties. All testing is to be performed in accordance with methods approved by the following agencies:

- A. State of California, Health and Human Services Agency, Department of Public Health, Laboratory Field Services, State of California approved Public Health Laboratory # 1349
- B. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Health Care Financing Administration, Clinical Laboratory Improvement Amendments (CLIA), CLIA ID#: 05D0601176
- C. State of California, Environmental Laboratory Accreditation Program Branch Department of Health and Human Services Agency, Environmental Laboratory Certification (ELAP), Certificate #2396

8. LIABILITY.

- A. **Hold harmless/Indemnification by Napa County.** Napa County shall hold harmless and indemnify Solano County, Yolo County, Marin County, and Mendocino County and their officers, agents, and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Napa County involved with preparation or handling of specimens of Napa County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYMM PHL, in which circumstance Solano County shall defend, indemnify and hold Napa County harmless.
- B. **Hold harmless/Indemnification by Yolo County.** Yolo County shall hold harmless and indemnify Napa County, Solano County, Marin County, and Mendocino County, and their officers, agents, and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Yolo County involved with preparation or handling of specimens of Yolo County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYMM PHL, in which circumstance Solano County shall defend, indemnify and hold Yolo County harmless.
- C. **Hold harmless/Indemnification by Marin County.** Marin County shall hold harmless and indemnify Solano County, Yolo County, Napa County, and Mendocino County, and their officers, agents and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Marin County involved with preparation or handling of specimens of Marin County origin at the intake location, prior to collection by the courier, unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYMM PHL, in which circumstances Solano County shall defend, indemnify and hold Marin County harmless.
- D. **Hold harmless/Indemnification by Mendocino County.** Mendocino County shall hold harmless and indemnify Solano County, Yolo County, Napa County, and Marin County and their officers, agents and employees for any claim, loss or liability including, without limitation, those for personal injury (including death) or damage to property, arising from any acts or omissions of any employee of Mendocino County involved with preparation or handling of specimens of Mendocino County unless such acts or omissions are in accordance and compliance with specific instructions from the Director of the NSYMM PHL, in which circumstances Solano County shall defend, indemnify and hold Mendocino County harmless.

- E. **Hold harmless/Indemnification by Solano County.** Solano County shall hold harmless and indemnify Napa County, Yolo County, Marin County and Mendocino County for any liability arising from the acts or omissions of the personnel of the NSYMM PHL, any employee of Solano County involved with preparation or handling of specimens of Solano County origin at the intake location, or any courier employed or retained by Solano County to transport specimens from any county to the NSYMM PHL, or from any defects in the facilities, equipment and supplies provided by Solano County under this Agreement. It is expressly acknowledged by the Parties that any property transferred by Napa County, Yolo County, Marin County and Mendocino County to Solano County pursuant to this Agreement for use in the NSYMM PHL is conveyed "as is", and Solano County shall be solely responsible and defend, indemnify, and hold harmless Napa County, Yolo County, Marin County, and Mendocino County for any liability arising subsequent to the conveyance from defects in or use of such property. In support of this obligation of Solano County, Napa County, Yolo County, Marin County and Mendocino County hereby transfer to Solano County any warranties or guarantees acquired by Napa County, Yolo County, Marin County and Mendocino County in connection with such transferred property.
- F. **Responsibility for test result follow-up activity.** Nothing in this Agreement shall be construed to require the Health Officers of Solano County, Napa County, Yolo County, Marin County, or Mendocino County to provide follow-up services relating to information regarding communicable diseases and public health conditions reported to such Health Officers by the NSYMM PHL except for information relating to specimens originating in each Health Officer's employing county.
9. **PROCEDURES MANUALS.** The Laboratory Director shall maintain, in accordance with standards agreed to by the Health Officers of Napa County, Yolo County, Solano County, Marin County and Mendocino County, written Procedures Manuals to govern the operations of the NSYMM PHL. The Procedures Manuals shall prescribe the laboratory testing methodologies and schedules, test turnaround times, reporting procedures, courier schedules, requirements for designated off-site specimen intake locations, requisition forms, billing instructions, contact phone numbers, and the most current testing fee schedules adopted by the governing boards of Napa, Yolo, Solano, Marin and Mendocino Counties.
10. **ACCESS TO AND RETENTION OF RECORDS.** The Parties or their duly authorized representatives, including their respective Health Officers, shall have access to the records of the NSYMM PHL for the purpose of audit and review. In exercising such access rights, the Parties shall comply with all applicable laws and regulations pertaining to confidentiality of specific health records and individual privacy rights, including the Health Insurance Portability and Accountability Act ("HIPAA"). The NSYMM PHL shall maintain all patient records for the time required to be in compliance with all state and federal laws.
11. **INSURANCE.** The Parties shall each obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage or equivalent self-insurance, satisfactory evidence of which shall be provided to each party upon request by the other party:
- A. **Workers' Compensation Insurance.** To the extent required by law, workers' compensation insurance covering the respective performance of the obligations of each party and its employees under this Agreement, including but not limited to, workers' compensation and disability.

B. Liability Insurance.

- 1. General Liability.** Commercial or comprehensive general liability insurance (or self-insurance) coverage (bodily injury and property damage) of not less than Five Million Dollars (\$5,000,000) combined single limit per occurrence, covering liability for any personal injury, including death, to any person and/or damage to the property of any person for which that party is obligated to defend, indemnify and hold the other party harmless under Paragraph 8 of this Agreement.
- 2. Professional Liability.** Professional liability insurance (or self-insurance) coverage for all activities of each party's employees who are providing services under this Agreement as licensed professionals, in an amount not less than One Million Dollars (\$1,000,000) combined single limit per claim.
- 3. Comprehensive Automobile Liability Insurance.** Comprehensive automobile liability insurance (or self-insurance) coverage (Bodily Injury and Property Damage) on owned, hired, leased and non-owned vehicles used by the party's employees in conjunction with the performance of that party's obligations under this Agreement, in an amount not less than One Million Dollars (\$1,000,000) combined single limit per occurrence.

C. Certificates of insurance. Where the foregoing obligations are satisfied with insurance rather than self-insurance the insured party shall obtain, maintain in its files, and provide to the other party upon request, certificate(s) of insurance which shall name the other party, its officers, employees, and agents as additional insureds; provide that the other party shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change; provide that the insurance provided is primary coverage to the other party with respect to any insurance or self-insurance programs maintained by the other party, and provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

- 12. NO WAIVER.** Waiver by either party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future, or of the breach of any other requirement of this Agreement.
- 13. NOTICES.** Except where otherwise specified in this Agreement, all notices to any party required or authorized by this Agreement shall be in writing and shall be delivered in person or by deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any mailed notice, demand, request, consent, approval or communication that any party desires to give another party shall be addressed to the other party at the address set forth below. Any party may change its address by notifying the other parties of the change of address. Any notice sent by mail in the manner prescribed by this paragraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier.

SOLANO COUNTY

Solano County
Health & Social Services Department
275 Beck Avenue, MS 5-240
Fairfield, CA 94533

NAPA COUNTY

Napa County
Health & Human Services Agency
2751 Napa Valley Corporate Drive, Building B, 2nd Floor,
Napa, CA 94558

YOLO COUNTY

Yolo County
Health & Human Services Agency
137 N. Cottonwood Street, Suite 2100
Woodland, CA 95695

MARIN COUNTY

Marin County
Health & Human Services Department
20 North San Pedro Rd, Suite 2028
San Rafael, CA 94903

MENDOCINO COUNTY

Health and Human Services Agency
Public Health
1120 S. Dora St
Ukiah, CA 95482

- 14. AMENDMENT/MODIFICATION.** Except as otherwise provided herein, this Agreement may be modified or amended only in writing with the prior written consent of the governing boards of the Parties.
- 15. INTERPRETATION.** The headings used herein are for reference. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California. The venue for any legal action filed by either side in state court to enforce any provision of this Agreement shall be the County of Solano, California. The venue for any legal action filed by either side in federal court to enforce any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Eastern District of California.
- 16. SEVERABILITY.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.
- 17. AUTHORITY TO CONTRACT.** The Parties each warrant to the other that they are legally permitted and otherwise have the authority to enter into and perform this Agreement.
- 18. THIRD PARTY BENEFICIARIES.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the parties do not intend to create such rights.


19. ATTORNEY'S FEES. In the event of legal action by any party to enforce the provisions of this Agreement or to obtain damages for breach thereof, each party shall be responsible for its own costs and attorney's fees incurred in connection with such action.

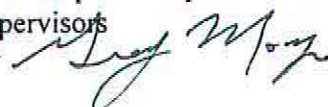
20. ENTIRETY OF CONTRACT. This Agreement constitutes the entire agreement among the Parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the Parties with respect to the subject matter hereof.

This Agreement was executed by the Parties hereto as of the date first above written.

This JEPA may be executed in two or more counterparts, all of which shall be considered one and the same agreement.

COUNTY OF NAPA, a
political subdivision of the State
of California

By 
Alfredo Pedroza,
Chair of the Napa County Board
of Supervisors

Greg Morgan, Deputy
Attest: Louie Valdez Clerk
of the Napa County Board of
Supervisors
By 

APPROVED AS TO FORM:
Jeffrey M. Brax,
Napa County Counsel
By Corey S. Utsurogi

COUNTY OF MARIN, a
political subdivision of the State
of California

By
Judy Arnold, President of the
Marin County Board of
Supervisors

Attest: Diane Patterson Assistant
Clerk of the Marin County Board
of Supervisors
By

APPROVED AS TO FORM
Brian Washington
Marin County Counsel
By

COUNTY OF YOLO, a
political subdivision of the
State of California

By
Jim Provenza,
Chair of the Yolo County Board
of Supervisors

Attest: Julie Dachtler
Clerk of the Yolo County
Board of Supervisors
By

APPROVED AS TO FORM:
Phil Pogledich,
Yolo County Counsel
By

COUNTY OF MENDOCINO,
a political subdivision of the
State of California

By John Haschak
Chair, Mendocino County
Board of Supervisors

Attest: Carmel J. Angelo
Clerk of said Board

APPROVED AS TO FORM:
Christian M. Curtis
Mendocino County Counsel
By

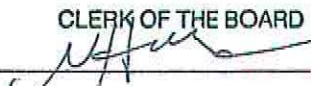
COUNTY OF SOLANO, a
political subdivision of the State of
California

By
Birgitta E. Corsello
Solano County Administrator

Attest: Alicia Draves
Chief Deputy Clerk
Solano County Board of Supervisors
By

APPROVED AS TO FORM:
Bernadette S. Curry,
Solano County Counsel
By

APPROVED AS TO CONTENT:
Gerald R. Huber, Director
Solano County Health and Social
Services
By

APPROVED 6/8/2021
NAPA COUNTY BOARD OF SUPERVISORS
CLERK OF THE BOARD
BY: , Deputy

COUNTY OF NAPA, a
political subdivision of the State
of California

By
Alfredo Pedroza,
Chair of the Napa County Board
of Supervisors

Attest: Louie Valdez Clerk
of the Napa County Board of
Supervisors

By

APPROVED AS TO FORM:
Jeffrey M. Brax,
Napa County Counsel
By Corey S. Utsurogi

COUNTY OF MARIN, a
political subdivision of the State
of California


By
Judy Arnold, President of the
Marin County Board of
Supervisors

Attest: Diane Patterson Assistant
Clerk of the Marin County Board
of Supervisors

By

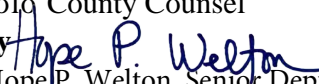
APPROVED AS TO FORM
Brian Washington
Marin County Counsel
By

COUNTY OF YOLO, a
political subdivision of the
State of California

By 
Jim Provenza,
Chair of the Yolo County Board
of Supervisors

Attest: Julie Dachtler
Clerk of the Yolo County
Board of Supervisors

By 

APPROVED AS TO FORM:
Phil Pogledich,
Yolo County Counsel
By 
Hope P. Welton, Senior Deputy

COUNTY OF MENDOCINO,
a political subdivision of the
State of California

By John Haschak
Chair, Mendocino County
Board of Supervisors

Attest: Carmel J. Angelo
Clerk of said Board

APPROVED AS TO FORM:
Christian M. Curtis
Mendocino County Counsel
By

COUNTY OF SOLANO, a
political subdivision of the State of
California

By
Birgitta E. Corsello
Solano County Administrator

Attest: Alicia Draves
Chief Deputy Clerk
Solano County Board of Supervisors

By

APPROVED AS TO FORM:
Bernadette S. Curry,
Solano County Counsel
By

APPROVED AS TO CONTENT:
Gerald R. Huber, Director
Solano County Health and Social
Services
By

COUNTY OF NAPA, a
political subdivision of the State
of California

By
Alfredo Pedroza,
Chair of the Napa County Board
of Supervisors

Attest: Louie Valdez Clerk
of the Napa County Board of
Supervisors
By

APPROVED AS TO FORM:
Jeffrey M. Brax,
Napa County Counsel
By Corey S. Utsurogi

COUNTY OF MARIN, a
political subdivision of the State
of California

By
Judy Arnold, President of the
Marin County Board of
Supervisors

Attest: Diane Patterson Assistant
Clerk of the Marin County Board
of Supervisors
By

APPROVED AS TO FORM
Brian Washington
Marin County Counsel
By

COUNTY OF YOLO, a
political subdivision of the
State of California

By
Jim Provenza,
Chair of the Yolo County Board
of Supervisors

Attest: Julie Dachtler
Clerk of the Yolo County
Board of Supervisors
By

APPROVED AS TO FORM:
Phil Pogledich,
Yolo County Counsel
By


COUNTY OF MENDOCINO,
a political subdivision of the
State of California

By John Haschak
Chair, Mendocino County
Board of Supervisors

Attest: Carmel J. Angelo
Clerk of said Board

APPROVED AS TO FORM:
Christian M. Curtis
Mendocino County Counsel
By

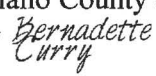
COUNTY OF SOLANO, a
political subdivision of the State of
California

By 
Birgitta E. Corsello
Solano County Administrator

Attest: Alicia Draves
Chief Deputy Clerk
Solano County Board of Supervisors

By 

APPROVED AS TO FORM:
Bernadette S. Curry,
Solano County Counsel

By 



06/01/2021
05:51 PM EDT

APPROVED AS TO CONTENT:
Gerald R. Huber, Director
Solano County Health and Social
Services

By 



05/28/2021
12:03 PM EDT

COUNTY OF NAPA, a
political subdivision of the State
of California

By
Alfredo Pedroza,
Chair of the Napa County Board
of Supervisors

Attest: Louie Valdez Clerk
of the Napa County Board of
Supervisors
By

APPROVED AS TO FORM:
Jeffrey M. Brax,
Napa County Counsel
By Corey S. Utsurogi

COUNTY OF YOLO, a
political subdivision of the
State of California

By
Jim Provenza,
Chair of the Yolo County Board
of Supervisors

Attest: Julie Dachtler
Clerk of the Yolo County
Board of Supervisors
By

APPROVED AS TO FORM:
Phil Pogledich,
Yolo County Counsel
By

COUNTY OF SOLANO, a
political subdivision of the State of
California


By
Birgitta E. Corsello
Solano County Administrator


Attest: Alicia Draves
Chief Deputy Clerk
Solano County Board of Supervisors
By

APPROVED AS TO FORM:
Bernadette S. Curry,
Solano County Counsel
By

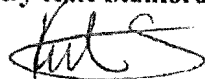
APPROVED AS TO CONTENT:
Gerald R. Huber, Director
Solano County Health and Social
Services
By

COUNTY OF MARIN, a
political subdivision of the State
of California

By 
Dennis Rodoni, President of the
Marin County Board of
Supervisors

Attest: Diane Patterson Assistant
Clerk of the Marin County
Board of Supervisors
By 

APPROVED AS TO FORM
Brian Washington
Marin County Counsel
By Kate Stanford



COUNTY OF MENDOCINO,
a political subdivision of the
State of California

By John Haschak
Chair, Mendocino County
Board of Supervisors

Attest: Carmel J. Angelo
Clerk of said Board

APPROVED AS TO FORM:
Christian M. Curtis
Mendocino County Counsel
By

COUNTY OF NAPA, a
political subdivision of the State
of California

By
Alfredo Pedroza,
Chair of the Napa County Board
of Supervisors

Attest: Louie Valdez Clerk
of the Napa County Board of
Supervisors
By

APPROVED AS TO FORM:
Jeffrey M. Brax,
Napa County Counsel
By Corey S. Utsurogi

COUNTY OF MARIN, a
political subdivision of the State
of California

By
Judy Arnold, President of the
Marin County Board of
Supervisors

Attest: Diane Patterson Assistant
Clerk of the Marin County Board
of Supervisors
By

APPROVED AS TO FORM
Brian Washington
Marin County Counsel
By

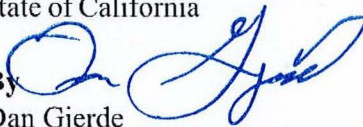
COUNTY OF YOLO, a
political subdivision of the
State of California

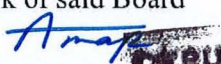
By
Jim Provenza,
Chair of the Yolo County Board
of Supervisors

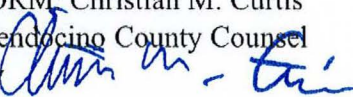
Attest: Julie Dachtler
Clerk of the Yolo County
Board of Supervisors
By

APPROVED AS TO FORM:
Phil Pogledich,
Yolo County Counsel
By

COUNTY OF MENDOCINO,
a political subdivision of the
State of California

By 
Dan Gjerde
Chair, Mendocino County
Board of Supervisors

Attest: Carmel J. Angelo
Clerk of said Board
By  **DEPUTY**

APPROVED AS TO
FORM: Christian M. Curtis
Mendocino County Counsel
By 

COUNTY OF SOLANO, a
political subdivision of the State of
California

By
Birgitta E. Corsello
Solano County Administrator

Attest: Alicia Draves
Chief Deputy Clerk
Solano County Board of Supervisors
By

APPROVED AS TO FORM:
Bernadette S. Curry,
Solano County Counsel
By

APPROVED AS TO CONTENT:
Gerald R. Huber, Director
Solano County Health and Social
Services
By

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
MENTAL HEALTH PROGRAM SERVICES										
7700-101	341	MH Outpatient Services	1 min	\$5.69	\$5.23	\$5.93		Revised	Department of Healthcare Services (DHCS)	Current published rate for FY2020/21 plus 4.3%. Increase comprised of: 1.3% for FY2020/21 (Home Health Market Basket) and 3% for estimated cost of living adjustment on county costs. Due to COVID19, the FY2019/20 Cost Report has been delayed. H&SS will revisit adjusting the rates based on the results of the cost report.
7700-102	320	MH Medication	1 min	\$10.52	\$9.68	\$10.97		Revised		
7700-103	371	MH Crisis Intervention	1 min	\$8.47	\$7.79	\$8.83		Revised		
7700-104	303	MH Case Management	1 min	\$4.41	\$4.06	\$4.60		Revised		
SUBSTANCE ABUSE PROGRAMS										
7560-101		OP Indiv Cnsl'ing - Non Perinatal	Per Visit	\$80.00	N/A	DELETE		Revised	N/A	Due to the implementation of the Drug Medi-Cal Wavier with Partnership HealthPlan, published rates no longer needed for Substance Abuse.
7560-102		OP Group Cnsl'ing - Non Perinatal	Per Visit	\$35.00	N/A	DELETE		Revised		
7560-103		Day Care Rehab - Non Perinatal	Per Visit	\$82.00	N/A	DELETE		Revised		
7560-104		Day Care Rehab - Perinatal	Per Visit	\$90.00	N/A	DELETE		Revised		
7560-105		Residential Treatment - Perinatal	Per Day	\$111.00	N/A	DELETE		Revised		
7560-106		Residential Treatment - Non Perinatal	Per Day	\$100.00	N/A	DELETE		Revised		
PUBLIC HEALTH PROGRAMS										
7831-101		Targeted Case Management	Procedure	\$652.77	\$798.11	\$798.11		Revised	DHCS	
7809-102		Medical Marijuana ID Card (Medi-Cal Client)	Card	\$50.00	\$200.00	\$50.00			CA Dept of Public Health	Fees based on fee schedule published by the State effective 01.01.2020 for CY 2020; fee schedule for 2021 has not been received as of 03.01.2021
7809-103		Medical Marijuana ID Card (non-Medi-Cal Client)	Card	\$100.00	\$200.00	\$100.00				
7809-104		Medi-Cal Marijuana ID Card (County Medical Services Program (CMSP)	Card	\$0.00	\$200.00	\$0.00				
7809-105		Transit letter for non-contagious diseases		\$25.00	\$26.52	\$25.00				
7809-106		Emergency death certificate filing for religious or cultural needs		\$100.00	\$106.08	\$100.00				
7809-107		Late payment fee for disposition of human remains permit		\$5.00	\$5.20	\$5.00				
7809-108		Standard birth certificate fee		\$30.00	\$31.20	\$30.00				
7809-109		Expedited service for birth certificate		\$50.00	\$21.22	\$50.00				
California Children Services (CCS)										
7853-101		Assessment Fee	per family	\$0 - \$20	N/A	\$0 - \$20			DHCS / CCS	Sliding scale based on State AGI and/or Federal Poverty Guidelines
7853-102		Enrollment Fee	per family	\$0 - \$1,440	N/A	\$0 - \$1,440				
FAMILY HEALTH SERVICES										
Family Health Services - Primary Care Clinic										
7580-101	10060	INCISION AND DRAINAGE OF ABSCESS	Procedure	\$373.26	\$570.04	\$380.60		Revised		
7580-102	10120	INCISION AND REMOVAL OF FOREIGN BODY	Procedure	NONE	\$722.69	\$503.80	NEW			
7580-103	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE, FIRST 20 SQ CM/<	Procedure	\$334.57	No Usage	\$337.70		Revised		
7580-104	11300	SHAVE SKIN LESION 0.5 CM/<	Procedure	NONE	\$494.69	\$229.90	NEW			
7580-105	11401	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 0.6-1.0CM	Procedure	\$381.23	No Usage	\$382.80		Revised		
7580-106	11403	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 2.1-3CM	Procedure	NONE	\$916.82	\$534.60	NEW			
7580-107	11404	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 3.1-4CM	Procedure	NONE	\$1,039.41	\$632.50	NEW			

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'd. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-108	11421	EXCISION, BENIGN LESION, SCALP, NECK, HANDS, FEE, GENITALIA, 0.6-1.0CM	Procedure	\$410.82	No Usage	\$408.10		Revised		
7580-109	11440	EXCISION, OTHER BENIGN LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE, 0.5 CM/<	Procedure	NONE	\$680.32	\$367.40	NEW			
7580-110	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, FOR PERMANENT REMOVAL	Procedure	\$545.10	\$751.74	\$541.20		Revised		
7580-111	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Procedure	NONE	\$665.13	\$387.20	NEW			
7580-112	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$443.82	\$465.31	\$440.00		Revised		
7580-113	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$467.72	\$526.02	\$463.10		Revised		
7580-114	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$729.46	\$643.05	\$719.40		Revised		
7580-115	17110	DESTRUCTION OF BENIGN LESIONS, UP TO 14 LESIONS	Procedure	\$293.60	\$539.73	\$288.20		Revised		
7580-116	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	Procedure	\$157.04	No Usage	\$148.50		Revised		
7580-117	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	Procedure	NONE	\$1,642.30	\$1,343.10	NEW			
7580-118	56605	BIOPSY OF VULVA/PERINEUM; 1 LESION	Procedure	\$335.71	No Usage	\$333.30		Revised		
7580-119	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	Procedure	\$254.91	\$331.53	\$249.70		Revised		
7580-120	57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	Procedure	\$429.03	\$571.57	\$431.20		Revised		
7580-121	57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	Procedure	\$602.00	\$753.96	\$603.90		Revised		
7580-122	57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	Procedure	NONE	\$687.51	\$520.30	NEW			
7580-123	57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	Procedure	\$1,115.24	\$1,526.60	\$1,094.50		Revised		
7580-124	57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION	Procedure	\$491.62	No Usage	\$493.90		Revised		
7580-125	57505	ENDOCERVICAL CURETTAGE	Procedure	\$421.06	\$701.52	\$423.50		Revised		
7580-126	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION	Procedure	\$430.16	\$467.25	\$421.30		Revised		
7580-127	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Procedure	\$350.50	\$485.50	\$342.10		Revised		
7580-128	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Procedure	\$347.09	\$497.54	\$347.60		Revised		
7580-129	69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	Procedure	\$58.04	\$77.51	\$57.20		Revised		
7580-130	69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	Procedure	\$155.91	\$214.59	\$159.50		Revised		
7580-131	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Procedure	\$294.74	\$761.44	\$291.50		Revised		
7580-132	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Procedure	\$147.94	\$329.59	\$143.00		Revised		
7580-133	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Procedure	\$200.29	\$432.49	\$199.10		Revised		
7580-134	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Procedure	\$221.91	\$638.25	\$222.20		Revised		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'd. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-135	92551	SCREENING TEST, PURE TONE, AIR ONLY	Procedure	\$44.38	\$57.47	\$44.00		Revised	Department of Healthcare Services (DHCS)	Local Prevailing Rates
7580-136	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Procedure	\$73.97	\$162.67	\$72.60		Revised		
7580-137	93005	ELECTROCARDIOGRAM TRACING	Procedure	\$67.14	\$30.75	\$63.80		Revised		
7580-138	93010	ELECTROCARDIOGRAM INTERPRETATION AND REPORT	Procedure	\$68.28	\$35.00	\$69.30		Revised		
7580-139	94640	AIRWAY INHALATION TREATMENT	Procedure	\$72.83	\$65.82	\$70.40		Revised		
7580-140	96110	DEVELOPMENTAL SCREENING WITH SCORING AND DOCUMENTATION	Procedure	\$52.35	\$50.79	\$50.60		Revised		
7580-141	97597	DEBRIDEMENT, OPEN WOUND, INCLUDING TOPICAL APPLICATIONS(S), WOUND ASSESSMENT, WOUND(S) SURFACE AREA 20 CM/<	Procedure	\$187.77	\$477.23	\$187.00		Revised		
7580-142	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	Procedure	\$96.73	\$141.28	\$97.90		Revised		
7580-143	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	Procedure	\$134.28	\$199.40	\$133.10		Revised		
7580-144	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	Procedure	\$168.42	\$259.20	\$166.10		Revised		
7580-145	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	Procedure	\$190.05	\$316.34	\$191.40		Revised		
7580-146	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	Procedure	\$252.64	\$374.47	\$248.60		Revised		
7580-147	Q0091	Obtaining screen pap smear	Procedure	\$28.45	\$203.57	\$29.70		Revised		
7580-148	99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	Procedure	\$39.83	\$14.05	\$37.40		Revised		
7580-149	99201	NEW PATIENT VISIT - FOCUSED	Procedure	\$109.25	N/A	DELETE		Revised		
7580-150	99202	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$196.87	\$325.45	\$202.40		Revised		
7580-151	99203	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$291.33	\$494.49	\$294.80		Revised		
7580-152	99204	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$443.82	\$737.11	\$447.70		Revised		
7580-153	99205	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$575.83	No Usage	\$577.50		Revised		
7580-154	99211	OFFICE/OUTPATIENT VISIT EST	Procedure	\$64.87	\$108.24	\$64.90		Revised		
7580-155	99212	OFFICE/OUTPATIENT VISIT EST	Procedure	\$117.21	\$255.15	\$119.90		Revised		
7580-156	99213	OFFICE/OUTPATIENT VISIT EST	Procedure	\$186.63	\$406.42	\$192.50		Revised		
7580-157	99214	OFFICE/OUTPATIENT VISIT EST	Procedure	\$281.09	\$577.24	\$284.90		Revised		
7580-158	99215	OFFICE/OUTPATIENT VISIT EST	Procedure	\$394.89	\$802.03	\$399.30		Revised		
7580-159	99381	PREVENTIVE VISIT NEW, AGE YOUNGER THAN 1 YEAR	Procedure	\$265.15	\$494.83	\$270.60		Revised		
7580-160	99382	PREVENTIVE VISIT NEW, AGE 1-4 YEARS	Procedure	\$276.53	\$514.13	\$277.20		Revised		
7580-161	99383	PREVENTIVE VISIT NEW, AGE 5-11 YEARS	Procedure	\$278.81	\$534.12	\$280.50		Revised		
7580-162	99384	PREVENTIVE VISIT NEW, AGE 12-17 YEARS	Procedure	\$308.40	\$599.78	\$309.10		Revised		
7580-163	99385	PREVENTIVE VISIT NEW, AGE 18-39 YEARS	Procedure	\$356.19	\$581.96	\$353.10		Revised		
7580-164	99386	PREVENTIVE VISIT NEW, AGE 40-64 YEARS	Procedure	\$393.75	\$670.03	\$396.00		Revised		
7580-165	99387	PREVENTIVE VISIT NEW, AGE 65 YEARS AND OLDER	Procedure	\$406.27	No Usage	\$402.60		Revised		
7580-166	99391	PREVENTIVE VISIT EST, AGE YOUNGER THAN 1 YEAR	Procedure	\$228.74	\$445.50	\$233.20		Revised		
7580-167	99392	PREVENTIVE VISIT EST, AGE 1-4 YEARS	Procedure	\$246.95	\$473.12	\$248.60		Revised		
7580-168	99393	PREVENTIVE VISIT EST, AGE 5-11 YEARS	Procedure	\$245.81	\$471.45	\$247.50		Revised		
7580-169	99394	PREVENTIVE VISIT EST, AGE 12-17 YEARS	Procedure	\$269.71	\$512.41	\$273.90		Revised		
7580-170	99395	PREVENTIVE VISIT EST, AGE 18-39 YEARS	Procedure	\$301.57	\$525.25	\$306.90		Revised		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-171	99396	PREVENTIVE VISIT EST, AGE 40-64 YEARS	Procedure	\$327.74	\$557.40	\$331.10		Revised		
7580-172	99397	PREVENTIVE VISIT EST, AGE 65 YEARS AND OLDER	Procedure	\$347.09	\$601.45	\$346.50		Revised		
7580-173	G0466	FQHC PPS: VISIT, NEW PATIENT	Procedure	\$306.53	\$480.27	\$310.82		Revised		
7580-174	G0467	FQHC PPS: VISIT, ESTABLISHED PATIENT	Procedure	\$308.56	\$480.27	\$312.88		Revised		
7580-175	G0468	FQHC PPS: VISIT, IPPE OR AWV	Procedure	\$308.56	\$480.27	\$312.88		Revised		
7580-176	G0469	FQHC PPS: VISIT, MENTAL HEALTH, NEW PATIENT	Procedure	\$481.11	\$568.56	\$487.85		Revised		
7580-177	G0470	FQHC PPS: VISIT, MENTAL HEALTH, EST PATIENT	Procedure	\$481.11	\$568.56	\$487.85		Revised		
7580-178	STD	STD Test	Procedure	\$38.00	\$41.24	\$41.00		Revised		
7580-179	90460	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT, THROUGH 18 YEARS OF AGE	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-180	90461	IMMUNIZATION ADMINISTRATION, EACH ADDITIONAL COMPONENT, THROUGH 18 YEARS OF AGE	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-181	90471	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-182	90472	IMMUNIZATION ADMINISTRATION, EACH ADDITIONAL COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-183	90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE, FIRST OR ONLY COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-184	90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE, EACH ADDITIONAL COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-185	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION, INTRAARTERIAL	Admin Fee	\$71.69	\$30.82	\$31.00		Revised		
7580-186	G0008	INFLUENZA VIRUS VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-187	G0009	PNEUMOCOCCAL VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-188	G0010	HEPATITIS B VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-189	Various VFC Admin Fees	Various VFC Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumococcal, Poliovirus, Rotavirus, Varicella)	Admin Fee	\$9.00	\$30.82	\$9.00				
Supplies										
7580-190	Various Vaccines Drugs & Supplies	Various Vaccines, Drugs & Supplies	Item	Actual Cost	Varies	Actual Cost			Department of Healthcare Services (DHCS)	Actual Cost
Family Health Services - Laboratory										
7580-191	Various Labs	Various laboratory procedures (organ or disease-oriented panels, drug testing, therapeutic drug assays, urinalysis, chemistry, hematology & coagulation, immunology, microbiology, include routine venipuncture & capillary blood draw)	Lab	Contract Rate	Varies	Contract Rate			Department of Healthcare Services (DHCS)	Contract Rate
Family Health Services - Dental Clinic										
7580-192	D0120	PERIODIC ORAL EVALUATION - EST PATIENT	Procedure	\$76.00	\$91.47	\$78.00		Revised		
7580-193	D0145	ORAL EVAL PT UND 3 YR AGE CONSL W/PRIM CAREGIVER	Procedure	\$118.00	\$130.67	\$122.00		Revised		
7580-194	D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	Procedure	\$134.00	\$130.67	\$138.00		Revised		
7580-195	D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	X-ray	\$218.70	\$261.33	\$225.00		Revised		
7580-196	D0220	INTRAORAL-PERAPICAL FIRST RADIOGRAPHIC IMAGE	X-ray	\$45.00	\$65.33	\$45.00				

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-197	D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL IMAGE	X-ray	\$40.00	\$32.67	\$41.00		Revised		
7580-198	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	X-ray	\$70.00	\$78.40	\$70.00				
7580-199	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	X-ray	\$42.00	\$65.33	\$43.00		Revised		
7580-200	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	X-ray	\$67.00	\$78.40	\$68.00		Revised		
7580-201	D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	X-ray	\$81.00	No Usage	\$83.00		Revised		
7580-202	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	X-ray	\$94.00	\$130.67	\$96.00		Revised		
7580-203	D0330	PANORAMIC RADIOGRAPHIC IMAGE	X-ray	\$158.00	\$209.07	\$162.00		Revised		
7580-204	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	X-ray	\$85.00	\$130.67	\$87.00		Revised		
7580-205	D0363	CONE BEAM-THREE-DIMENSIONAL IMAGE	X-ray	\$131.00	\$1,097.59	\$134.00		Revised		
7580-206	D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	Procedure	NONE	\$39.20	\$51.00	NEW			
7580-207	D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	Procedure	NONE	\$39.20	\$51.00	NEW			
7580-208	D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	Procedure	\$117.00	\$39.20	\$51.00		Revised		
7580-209	D1110	PROPHYLAXIS-ADULT	Procedure	\$135.00	\$196.00	\$138.00		Revised		
7580-210	D1120	PROPHYLAXIS-CHILD	Procedure	\$93.00	\$130.67	\$95.00		Revised		
7580-211	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Procedure	\$79.00	\$78.40	\$80.00		Revised		
7580-212	D1351	SEALANT-PER TOOTH	Procedure	\$90.00	\$104.53	\$91.00		Revised		
7580-213	D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Procedure	\$116.00	\$117.60	\$117.00		Revised		
7580-214	D1555	REMOVAL OF FIXED SPACE MAINTAINER	Procedure	\$120.29	\$143.73	\$123.00		Revised		
7580-215	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Procedure	\$190.00	\$261.33	\$192.00		Revised		
7580-216	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Procedure	\$245.00	\$287.46	\$249.00		Revised		
7580-217	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Procedure	\$297.00	\$352.80	\$300.00		Revised		
7580-218	D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Procedure	\$361.00	\$431.20	\$366.00		Revised		
7580-219	D2330	RESIN-BASED COMPOSITE-ONE SURFACE ANTERIOR	Procedure	\$213.00	\$261.33	\$218.00		Revised		
7580-220	D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTERIOR	Procedure	\$272.00	\$392.00	\$278.00		Revised		
7580-221	D2332	RESIN-BASED COMPOSITE-THREE SURFACES ANTERIOR	Procedure	\$333.00	\$457.33	\$340.00		Revised		
7580-222	D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	Procedure	\$394.00	\$522.66	\$403.00		Revised		
7580-223	D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	Procedure	\$250.00	\$261.33	\$255.00		Revised		
7580-224	D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	Procedure	\$327.00	\$522.66	\$334.00		Revised		
7580-225	D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	Procedure	\$406.00	\$705.60	\$415.00		Revised		
7580-226	D2394	RESIN COMPOS-FOUR OR MORE SURFACES POSTERIOR	Procedure	\$498.00	\$744.79	\$508.00		Revised		
7580-227	D2751	CROWN-PORCELAIN FUSED PREDOMINANTLY BASE METAL	Procedure	\$1,337.00	\$2,090.65	\$1,379.00		Revised		
7580-228	D2791	CROWN-FULL CAST PREDOMINATLY BASE METAL	Procedure	\$1,313.00	No Usage	\$1,354.00		Revised		
7580-229	D2920	RE-CEMENT OR RE-BOND CROWN	Procedure	\$137.00	\$196.00	\$139.00		Revised		
7580-230	D2930	PREFABR STAINLESS STEEL CROWN-PRIMARY TOOTH	Procedure	\$374.00	No Usage	\$380.00		Revised		
7580-231	D2931	PREFABR STAINLESS STEEL CROWN-PERMANENT TOOTH	Procedure	\$423.00	\$783.99	\$429.00		Revised		
7580-232	D2940	PROTECTIVE RESTORATION	Procedure	\$143.00	\$196.00	\$145.00		Revised		

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7580-233	D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	Procedure	\$357.00	\$522.66	\$363.00		Revised	Department of Healthcare Services (DHCS)	Local Prevailing Rates
7580-234	D2951	PIN RETENTION-PER TOOTH ADDITION RESTORATION	Procedure	\$81.00	\$130.67	\$82.00		Revised		
7580-235	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Procedure	\$451.00	No Usage	\$458.00		Revised		
7580-236	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Procedure	\$100.00	\$1,306.66	\$102.00		Revised		
7580-237	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	Procedure	\$133.00	No Usage	\$139.00		Revised		
7580-238	D3220	TX PULP-REMOV PULP CORONAL DENTINOCEMENTL JUNC	Procedure	\$272.00	\$392.00	\$285.00		Revised		
7580-239	D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Procedure	\$299.00	\$522.66	\$313.00		Revised		
7580-240	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Procedure	\$1,002.00	\$1,332.79	\$1,023.00		Revised		
7580-241	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Procedure	\$1,228.00	\$1,502.66	\$1,254.00		Revised		
7580-242	D3330	ENDODONTIC THERAPY MOLAR	Procedure	\$1,523.00	\$1,829.32	\$1,554.00		Revised		
7580-243	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Procedure	\$70.00	\$392.00	\$71.00		Revised		
7580-244	D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	Procedure	NONE	\$457.33	\$463.00	NEW			
7580-245	D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Procedure	\$327.00	\$653.33	\$335.00		Revised		
7580-246	D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Procedure	\$190.00	\$352.80	\$194.00		Revised		
7580-247	D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	Procedure	\$224.00	No Usage	\$229.00		Revised		
7580-248	D4910	PERIODONTAL MAINTENANCE	Procedure	\$202.00	\$261.33	\$206.00		Revised		
7580-249	D5110	COMPLETE DENTURE-MAXILLARY	Procedure	\$2,076.00	\$3,266.64	\$2,109.00		Revised		
7580-250	D5120	COMPLETE DENTURE-MANDIBULAR	Procedure	\$2,076.00	\$3,266.64	\$2,109.00		Revised		
7580-251	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	Procedure	\$1,752.00	\$2,221.32	\$1,780.00		Revised		
7580-252	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	Procedure	\$2,036.00	\$2,312.78	\$2,069.00		Revised		
7580-253	D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	Procedure	\$2,294.00	\$3,919.97	\$2,330.00		Revised		
7580-254	D5214	MAND PART DENTUR-CAST METL- FRMEWRK W/RSN BASE	Procedure	\$2,294.00	\$3,919.97	\$2,330.00		Revised		
7580-255	D5410	ADJUST COMPLETE DENTURE-MAXILLARY	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-256	D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-257	D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-258	D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-259	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	Procedure	\$162.00	\$392.00	\$165.00		Revised		
7580-260	D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	Procedure	\$189.00	\$261.33	\$192.00		Revised		
7580-261	D5610	REPAIR RESIN DENTURE BASE	Procedure	\$168.00	\$392.00	\$171.00		Revised		
7580-262	D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	Procedure	NONE	\$483.46	\$327.00	NEW			
7580-263	D5640	REPLACE BROKEN TEETH-PER TOOTH	Procedure	\$208.00	\$392.00	\$212.00		Revised		
7580-264	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Procedure	\$284.00	\$392.00	\$289.00		Revised		
7580-265	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	Procedure	\$341.00	\$653.33	\$346.00		Revised		
7580-266	D5740	RELIN MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	Procedure	NONE	\$653.33	\$443.00	NEW			
7580-267	D5750	RELIN COMPLETE MAXILLARY DENTURE (LABORATORY)	Procedure	\$635.00	\$1,045.33	\$645.00		Revised		
7580-268	D5751	RELIN COMPLETE MANDIBULAR DENTURE (LABORATORY)	Procedure	\$635.00	\$1,045.33	\$645.00		Revised		

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7580-269	D5761	RELIN MANDIBULAR PARTIAL DENTURE (LABORATORY)	Procedure	NONE	\$1,045.33	\$635.00	NEW			
7580-270	D5760	RELIN MAXILLARY PARTIAL DENTURE (LABORATORY)	Procedure	\$625.00	\$1,045.33	\$635.00		Revised		
7580-271	D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	Procedure	\$824.00	No Usage	\$837.00		Revised		
7580-272	D5850	TISSUE CONDITIONING MAXILLARY	Procedure	\$199.00	\$339.73	\$202.00		Revised		
7580-273	D5851	TISSUE CONDITIONING MANDIBULAR	Procedure	NONE	\$339.73	\$202.00	NEW			
7580-274	D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Procedure	\$180.00	\$522.66	\$184.00		Revised		
7580-275	D5982	SURGICAL STENT	Procedure	\$843.00	\$705.60	\$856.00		Revised		
7580-276	D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	Procedure	\$1,341.00	No Usage	\$1,393.00		Revised		
7580-277	D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	Procedure	\$1,366.00	No Usage	\$1,422.00		Revised		
7580-278	D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	Procedure	\$1,275.00	No Usage	\$1,326.00		Revised		
7580-279	D6930	RECEMENT/REBOND FIXED PARTIAL DENTURE	Procedure	NONE	\$261.33	\$230.00	NEW			
7580-280	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Procedure	\$84.00	\$522.66	\$86.00		Revised		
7580-281	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Procedure	\$242.00	\$287.46	\$250.00		Revised		
7580-282	D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	Procedure	\$354.00	\$522.66	\$361.00		Revised		
7580-283	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	Procedure	\$444.00	\$601.06	\$452.00		Revised		
7580-284	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Procedure	\$591.00	No Usage	\$602.00		Revised		
7580-285	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	Procedure	\$374.00	\$522.66	\$381.00		Revised		
7580-286	D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Procedure	\$528.00	\$548.80	\$539.00		Revised		
7580-287	D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Procedure	\$858.00	No Usage	\$876.00		Revised		
7580-288	D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Procedure	\$568.00	\$352.80	\$580.00		Revised		
7580-289	D7971	EXCISION OF PERICORONAL GINGIVA	Procedure	NONE	\$444.26	\$404.00	NEW			
7580-290	D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Procedure	\$210.00	\$261.33	\$218.00		Revised		
7580-291	D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Procedure	\$58.00	\$117.60	\$59.00		Revised		
7580-292	D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Procedure	\$42.00	\$156.80	\$43.00		Revised		
7580-293	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Procedure	\$80.00	\$117.60	\$80.00				
7580-294	D9930	TX COMPLICATIONS-UNUSUAL CIRCUMSTANCES REPORT	Procedure	\$54.00	\$222.13	\$55.00		Revised		
7580-295	D9940	OCCLUSAL GUARD BY REPORT	Procedure	\$251.51	\$300.53	\$257.00		Revised		
7580-296	D9951	OCCLUSAL ADJUSTMENT-LIMITED	Procedure	\$195.00	\$300.53	\$195.00				
NAPA-SOLANO-YOLO-MARIN REGIONAL PUBLIC HEALTH LABORATORY										
Urinalysis										
7807-101	81003	Urine Dipstick automated, no microscopic	Procedure	\$21.00	\$37.07	\$21.00				
7807-102	81015	Microscopic only	Procedure	\$21.00	\$37.07	\$21.00				
7807-103	81025	Urine Pregnancy Test	Procedure	NONE	N/A	\$17.00	NEW			
Chemistry										
7807-104	83655	Lead	Procedure	\$5.00	\$38.21	\$5.00				
Immunology										
7807-105	86480	TB Test IFN γ response	Procedure	\$40.00	\$77.30	\$41.00		Revised		
7807-106	86481	TB Test cell-mediated IFN γ response	Procedure	\$72.00	\$30.94	\$73.00		Revised		
Microbiology										
7807-107	82270	Fecal occult blood test	Procedure	NONE	N/A	\$11.00	NEW			
7807-108	87015	Acid fast smear: non tissue	Procedure	\$32.00	\$67.87	\$33.00		Revised		
7807-109	87040	Culture, Bacterial; Blood	Procedure	\$23.00	\$35.91	\$25.00		Revised		
7807-110	87045	Stool Culture (Salmonella, Shigella) per organism	Procedure	\$23.00	\$35.91	\$24.00		Revised		

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7807-111	87046	Stool Culture (Not Salmonella, Shigella) per organism	Procedure	\$23.00	\$35.91	\$24.00		Revised	CDPH			
7807-112	87070	Miscellaneous/ Wound Culture	Procedure	\$23.00	\$35.91	\$24.00		Revised				
7807-113	87075	Culture, Anaerobic, Any Source Except Blood	Procedure	\$23.00	\$35.91	\$25.00		Revised				
7807-114	87076	Isolate ID/rule out, biochemical tests per organism	Procedure	NONE	N/A	\$22.00	NEW					
7807-115	87077	Title 17 isolate workup	Procedure	\$23.00	\$71.16	\$0.00		Revised				
7807-116	87081	CRE confirmation	Procedure	NONE	N/A	\$63.00	NEW					
7807-117	87086	Urine culture with colony count (set up)	Procedure	NONE	N/A	\$21.00	NEW					
7807-118	87116	Acid fast culture	Procedure	\$26.00	\$71.16	\$27.00		Revised				
7807-119	87116	Acid fast blood cultures	Procedure	\$26.00	\$71.16	\$91.00		Revised				
7807-120	87118	Culture, Mycobacterial, Identification	Procedure	\$49.00	N/A	DELETE		Revised				
7807-121	87143	Culture Typing, GLC/HPLC	Procedure	\$23.00	\$73.60	\$24.00		Revised				
7807-122	87147	Streptococcus serogrouping	Procedure	NONE	N/A	\$22.00	NEW					
7807-123	87168	Antibiotic sensitivity for bacteriologies cultures	Procedure	\$21.00	\$38.17	\$41.00		Revised				
7807-124	87205	Gram stain	Procedure	NONE	N/A	\$11.00	NEW					
7807-125	87206	Acid fast stain or partial acid fast stain of culture	Procedure	\$26.00	\$67.87	\$27.00		Revised				
7807-126	87176	Acid fast smear:Tissue	Procedure	NONE	N/A	\$27.00	NEW					
7807-127	87210	Wet Mount	Procedure	NONE	N/A	\$11.00	NEW					
7807-128	87220	KOH Preparation	Procedure	\$10.00	\$67.69	\$11.00		Revised				
7807-129	87491	Chlamydia Trachomatis, amplified probe	Procedure	\$100.00 total for all three	\$59.80	\$101.00 total for all three		Revised				
7807-130	87591	Neisseria Gonorrhoeae, Amplified Probe	Procedure		\$59.80							
7807-131	87661	Trichomonas vaginalis, Amplified Probe	Procedure		\$59.80							
7807-132	87501	Influenza virus, RT PCR, each type or subtype	Procedure	\$50.00	\$55.77	\$51.00		Revised				
7807-133	87505	GI Bacterial PCR Panel: Basic	Procedure	NONE	N/A	\$111.00	NEW					
7807-134	87506	GI Bacterial PCR Panel: Extended	Procedure	NONE	N/A	\$151.00	NEW					
7807-135	87556	MTB/RIF Gene Xpert	Procedure	\$104.00	\$48.26	\$105.00		Revised				
7807-136	87789	PCR	Procedure	NONE	N/A	\$51.00	NEW					
7807-137	87795	STEP PCR	Procedure	NONE	N/A	\$51.00	NEW					
7807-138	87880	Strep A antigen, direct	Procedure	\$23.00	\$158.05	\$17.00		Revised				
7807-139	87899	Shiga toxin detection by immunoassay	Procedure	NONE	N/A	\$43.00	NEW					
Miscellaneous Services												
7807-140		Rabies Immunofluorescence DFA	Procedure	\$47.00	\$60.59	\$47.00						
7807-141		Water 1:1 ColiAlert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-142		Water 1:10 ColiAlert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-143		Water 1:10 Enterolert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-144		Water 18 Hour Presence	Procedure	\$25.00	\$27.12	\$25.00						
7807-145		Water 24 Hour Presence	Procedure	\$25.00	\$27.12	\$25.00						
7807-146		Water Quantitray Enumeration	Procedure	\$29.00	\$27.12	\$29.00						
7807-147		Water Enterolert	Procedure	\$41.00	\$27.12	\$41.00						

Health and Social Services may need to adjust its fees charged to clients during the year as reimbursement rates from Medi-Cal, Medicare or other third party payers change, actual cost per unit information becomes available, or as the volume of services rendered changes to allow us to recover more of our actual costs. Any new procedures added during the fiscal year will be based on existing or established methodologies for setting rates. If actual costs for services, procedures or supply items increase, H&SS may elect to pass the increased cost on to the client.

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MENTAL HEALTH PROGRAM SERVICES										
7700-101	341	MH Outpatient Services	1 min	\$5.69	\$5.23	\$5.93		Revised	Department of Healthcare Services (DHCS)	Current published rate for FY2020/21 plus 4.3%. Increase comprised of: 1.3% for FY2020/21 (Home Health Market Basket) and 3% for estimated cost of living adjustment on county costs. Due to COVID19, the FY2019/20 Cost Report has been delayed. H&SS will revisit adjusting the rates based on the results of the cost report.
7700-102	320	MH Medication	1 min	\$10.52	\$9.68	\$10.97		Revised		
7700-103	371	MH Crisis Intervention	1 min	\$8.47	\$7.79	\$8.83		Revised		
7700-104	303	MH Case Management	1 min	\$4.41	\$4.06	\$4.60		Revised		
SUBSTANCE ABUSE PROGRAMS										
7560-101		OP Indiv Cnsl'ing - Non Perinatal	Per Visit	\$80.00	N/A	DELETE		Revised	N/A	Due to the implementation of the Drug Medi-Cal Wavier with Partnership HealthPlan, published rates no longer needed for Substance Abuse.
7560-102		OP Group Cnsl'ing - Non Perinatal	Per Visit	\$35.00	N/A	DELETE		Revised		
7560-103		Day Care Rehab - Non Perinatal	Per Visit	\$82.00	N/A	DELETE		Revised		
7560-104		Day Care Rehab - Perinatal	Per Visit	\$90.00	N/A	DELETE		Revised		
7560-105		Residential Treatment - Perinatal	Per Day	\$111.00	N/A	DELETE		Revised		
7560-106		Residential Treatment - Non Perinatal	Per Day	\$100.00	N/A	DELETE		Revised		
PUBLIC HEALTH PROGRAMS										
7831-101		Targeted Case Management	Procedure	\$652.77	\$798.11	\$798.11		Revised	DHCS	
7809-102		Medical Marijuana ID Card (Medi-Cal Client)	Card	\$50.00	\$200.00	\$50.00			CA Dept of Public Health	Fees based on fee schedule published by the State effective 01.01.2020 for CY 2020; fee schedule for 2021 has not been received as of 03.01.2021
7809-103		Medical Marijuana ID Card (non-Medi-Cal Client)	Card	\$100.00	\$200.00	\$100.00				
7809-104		Medi-Cal Marijuana ID Card (County Medical Services Program (CMSP))	Card	\$0.00	\$200.00	\$0.00				
7809-105		Transit letter for non-contagious diseases		\$25.00	\$26.52	\$25.00				
7809-106		Emergency death certificate filing for religious or cultural needs		\$100.00	\$106.08	\$100.00				
7809-107		Late payment fee for disposition of human remains permit		\$5.00	\$5.20	\$5.00				
7809-108		Standard birth certificate fee		\$30.00	\$31.20	\$30.00				
7809-109		Expedited service for birth certificate		\$50.00	\$21.22	\$50.00				
California Children Services (CCS)										
7853-101		Assessment Fee	per family	\$0 - \$20	N/A	\$0 - \$20			DHCS / CCS	Sliding scale based on State AGI and/or Federal Poverty Guidelines
7853-102		Enrollment Fee	per family	\$0 - \$1,440	N/A	\$0 - \$1,440				
FAMILY HEALTH SERVICES										
Family Health Services - Primary Care Clinic										
7580-101	10060	INCISION AND DRAINAGE OF ABSCESS	Procedure	\$373.26	\$570.04	\$380.60		Revised		
7580-102	10120	INCISION AND REMOVAL OF FOREIGN BODY	Procedure	NONE	\$722.69	\$503.80	NEW			
7580-103	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE, FIRST 20 SQ CM/<	Procedure	\$334.57	No Usage	\$337.70		Revised		
7580-104	11300	SHAVE SKIN LESION 0.5 CM/<	Procedure	NONE	\$494.69	\$229.90	NEW			
7580-105	11401	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 0.6-1.0CM	Procedure	\$381.23	No Usage	\$382.80		Revised		
7580-106	11403	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 2.1-3CM	Procedure	NONE	\$916.82	\$534.60	NEW			
7580-107	11404	EXCISION, BENIGN LESION, TRUNK, ARMS OR LEGS, 3.1-4CM	Procedure	NONE	\$1,039.41	\$632.50	NEW			

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7580-108	11421	EXCISION, BENIGN LESION, SCALP, NECK, HANDS, FEE, GENITALIA, 0.6-1.0CM	Procedure	\$410.82	No Usage	\$408.10		Revised		
7580-109	11440	EXCISION, OTHER BENIGN LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE, 0.5 CM/<	Procedure	NONE	\$680.32	\$367.40	NEW			
7580-110	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, FOR PERMANENT REMOVAL	Procedure	\$545.10	\$751.74	\$541.20		Revised		
7580-111	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	Procedure	NONE	\$665.13	\$387.20	NEW			
7580-112	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$443.82	\$465.31	\$440.00		Revised		
7580-113	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$467.72	\$526.02	\$463.10		Revised		
7580-114	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Procedure	\$729.46	\$643.05	\$719.40		Revised		
7580-115	17110	DESTRUCTION OF BENIGN LESIONS, UP TO 14 LESIONS	Procedure	\$293.60	\$539.73	\$288.20		Revised		
7580-116	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	Procedure	\$157.04	No Usage	\$148.50		Revised		
7580-117	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	Procedure	NONE	\$1,642.30	\$1,343.10	NEW			
7580-118	56605	BIOPSY OF VULVA/PERINEUM; 1 LESION	Procedure	\$335.71	No Usage	\$333.30		Revised		
7580-119	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	Procedure	\$254.91	\$331.53	\$249.70		Revised		
7580-120	57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	Procedure	\$429.03	\$571.57	\$431.20		Revised		
7580-121	57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE	Procedure	\$602.00	\$753.96	\$603.90		Revised		
7580-122	57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	Procedure	NONE	\$687.51	\$520.30	NEW			
7580-123	57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX	Procedure	\$1,115.24	\$1,526.60	\$1,094.50		Revised		
7580-124	57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION	Procedure	\$491.62	No Usage	\$493.90		Revised		
7580-125	57505	ENDOCERVICAL CURETTAGE	Procedure	\$421.06	\$701.52	\$423.50		Revised		
7580-126	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION	Procedure	\$430.16	\$467.25	\$421.30		Revised		
7580-127	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	Procedure	\$350.50	\$485.50	\$342.10		Revised		
7580-128	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	Procedure	\$347.09	\$497.54	\$347.60		Revised		
7580-129	69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	Procedure	\$58.04	\$77.51	\$57.20		Revised		
7580-130	69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	Procedure	\$155.91	\$214.59	\$159.50		Revised		
7580-131	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	Procedure	\$294.74	\$761.44	\$291.50		Revised		
7580-132	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	Procedure	\$147.94	\$329.59	\$143.00		Revised		
7580-133	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	Procedure	\$200.29	\$432.49	\$199.10		Revised		
7580-134	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Procedure	\$221.91	\$638.25	\$222.20		Revised		

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7580-135	92551	SCREENING TEST, PURE TONE, AIR ONLY	Procedure	\$44.38	\$57.47	\$44.00		Revised	Department of Healthcare Services (DHCS)	Local Prevailing Rates
7580-136	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	Procedure	\$73.97	\$162.67	\$72.60		Revised		
7580-137	93005	ELECTROCARDIOGRAM TRACING	Procedure	\$67.14	\$30.75	\$63.80		Revised		
7580-138	93010	ELECTROCARDIOGRAM INTERPRETATION AND REPORT	Procedure	\$68.28	\$35.00	\$69.30		Revised		
7580-139	94640	AIRWAY INHALATION TREATMENT	Procedure	\$72.83	\$65.82	\$70.40		Revised		
7580-140	96110	DEVELOPMENTAL SCREENING WITH SCORING AND DOCUMENTATION	Procedure	\$52.35	\$50.79	\$50.60		Revised		
7580-141	97597	DEBRIDEMENT, OPEN WOUND, INCLUDING TOPICAL APPLICATIONS(S), WOUND ASSESSMENT, WOUND(S) SURFACE AREA 20 CM/<	Procedure	\$187.77	\$477.23	\$187.00		Revised		
7580-142	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	Procedure	\$96.73	\$141.28	\$97.90		Revised		
7580-143	98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	Procedure	\$134.28	\$199.40	\$133.10		Revised		
7580-144	98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	Procedure	\$168.42	\$259.20	\$166.10		Revised		
7580-145	98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	Procedure	\$190.05	\$316.34	\$191.40		Revised		
7580-146	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	Procedure	\$252.64	\$374.47	\$248.60		Revised		
7580-147	Q0091	Obtaining screen pap smear	Procedure	\$28.45	\$203.57	\$29.70		Revised		
7580-148	99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	Procedure	\$39.83	\$14.05	\$37.40		Revised		
7580-149	99201	NEW PATIENT VISIT - FOCUSED	Procedure	\$109.25	N/A	DELETE		Revised		
7580-150	99202	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$196.87	\$325.45	\$202.40		Revised		
7580-151	99203	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$291.33	\$494.49	\$294.80		Revised		
7580-152	99204	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$443.82	\$737.11	\$447.70		Revised		
7580-153	99205	OFFICE/OUTPATIENT VISIT NEW	Procedure	\$575.83	No Usage	\$577.50		Revised		
7580-154	99211	OFFICE/OUTPATIENT VISIT EST	Procedure	\$64.87	\$108.24	\$64.90		Revised		
7580-155	99212	OFFICE/OUTPATIENT VISIT EST	Procedure	\$117.21	\$255.15	\$119.90		Revised		
7580-156	99213	OFFICE/OUTPATIENT VISIT EST	Procedure	\$186.63	\$406.42	\$192.50		Revised		
7580-157	99214	OFFICE/OUTPATIENT VISIT EST	Procedure	\$281.09	\$577.24	\$284.90		Revised		
7580-158	99215	OFFICE/OUTPATIENT VISIT EST	Procedure	\$394.89	\$802.03	\$399.30		Revised		
7580-159	99381	PREVENTIVE VISIT NEW, AGE YOUNGER THAN 1 YEAR	Procedure	\$265.15	\$494.83	\$270.60		Revised		
7580-160	99382	PREVENTIVE VISIT NEW, AGE 1-4 YEARS	Procedure	\$276.53	\$514.13	\$277.20		Revised		
7580-161	99383	PREVENTIVE VISIT NEW, AGE 5-11 YEARS	Procedure	\$278.81	\$534.12	\$280.50		Revised		
7580-162	99384	PREVENTIVE VISIT NEW, AGE 12-17 YEARS	Procedure	\$308.40	\$599.78	\$309.10		Revised		
7580-163	99385	PREVENTIVE VISIT NEW, AGE 18-39 YEARS	Procedure	\$356.19	\$581.96	\$353.10		Revised		
7580-164	99386	PREVENTIVE VISIT NEW, AGE 40-64 YEARS	Procedure	\$393.75	\$670.03	\$396.00		Revised		
7580-165	99387	PREVENTIVE VISIT NEW, AGE 65 YEARS AND OLDER	Procedure	\$406.27	No Usage	\$402.60		Revised		
7580-166	99391	PREVENTIVE VISIT EST, AGE YOUNGER THAN 1 YEAR	Procedure	\$228.74	\$445.50	\$233.20		Revised		
7580-167	99392	PREVENTIVE VISIT EST, AGE 1-4 YEARS	Procedure	\$246.95	\$473.12	\$248.60		Revised		
7580-168	99393	PREVENTIVE VISIT EST, AGE 5-11 YEARS	Procedure	\$245.81	\$471.45	\$247.50		Revised		
7580-169	99394	PREVENTIVE VISIT EST, AGE 12-17 YEARS	Procedure	\$269.71	\$512.41	\$273.90		Revised		
7580-170	99395	PREVENTIVE VISIT EST, AGE 18-39 YEARS	Procedure	\$301.57	\$525.25	\$306.90		Revised		

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7580-171	99396	PREVENTIVE VISIT EST, AGE 40-64 YEARS	Procedure	\$327.74	\$557.40	\$331.10		Revised		
7580-172	99397	PREVENTIVE VISIT EST, AGE 65 YEARS AND OLDER	Procedure	\$347.09	\$601.45	\$346.50		Revised		
7580-173	G0466	FQHC PPS: VISIT, NEW PATIENT	Procedure	\$306.53	\$480.27	\$310.82		Revised		
7580-174	G0467	FQHC PPS: VISIT, ESTABLISHED PATIENT	Procedure	\$308.56	\$480.27	\$312.88		Revised		
7580-175	G0468	FQHC PPS: VISIT, IPPE OR AWV	Procedure	\$308.56	\$480.27	\$312.88		Revised		
7580-176	G0469	FQHC PPS: VISIT, MENTAL HEALTH, NEW PATIENT	Procedure	\$481.11	\$568.56	\$487.85		Revised		
7580-177	G0470	FQHC PPS: VISIT, MENTAL HEALTH, EST PATIENT	Procedure	\$481.11	\$568.56	\$487.85		Revised		
7580-178	STD	STD Test	Procedure	\$38.00	\$41.24	\$41.00		Revised		
7580-179	90460	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT, THROUGH 18 YEARS OF AGE	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-180	90461	IMMUNIZATION ADMINISTRATION, EACH ADDITIONAL COMPONENT, THROUGH 18 YEARS OF AGE	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-181	90471	IMMUNIZATION ADMINISTRATION, FIRST OR ONLY COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-182	90472	IMMUNIZATION ADMINISTRATION, EACH ADDITIONAL COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-183	90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE, FIRST OR ONLY COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-184	90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE, EACH ADDITIONAL COMPONENT	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-185	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION, INTRAARTERIAL	Admin Fee	\$71.69	\$30.82	\$31.00		Revised		
7580-186	G0008	INFLUENZA VIRUS VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-187	G0009	PNEUMOCOCCAL VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-188	G0010	HEPATITIS B VACCINE ADMINISTRATION	Admin Fee	\$27.00	\$30.82	\$31.00		Revised		
7580-189	Various VFC Admin Fees	Various VFC Vaccines (DTAP, Flu, Hep A, Hep B, Hib, HPV, Influenza, MMR, MMRV, Meningococcal, Pentacel, Pneumococcal, Poliovirus, Rotavirus, Varicella)	Admin Fee	\$9.00	\$30.82	\$9.00				
Supplies										
7580-190	Various Vaccines Drugs & Supplies	Various Vaccines, Drugs & Supplies	Item	Actual Cost	Varies	Actual Cost			Department of Healthcare Services (DHCS)	Actual Cost
Family Health Services - Laboratory										
7580-191	Various Labs	Various laboratory procedures (organ or disease-oriented panels, drug testing, therapeutic drug assays, urinalysis, chemistry, hematology & coagulation, immunology, microbiology, include routine venipuncture & capillary blood draw)	Lab	Contract Rate	Varies	Contract Rate			Department of Healthcare Services (DHCS)	Contract Rate
Family Health Services - Dental Clinic										
7580-192	D0120	PERIODIC ORAL EVALUATION - EST PATIENT	Procedure	\$76.00	\$91.47	\$78.00		Revised		
7580-193	D0145	ORAL EVAL PT UND 3 YR AGE CONSL W/PRIM CAREGIVER	Procedure	\$118.00	\$130.67	\$122.00		Revised		
7580-194	D0150	COMP ORAL EVALUATION - NEW OR EST PATIENT	Procedure	\$134.00	\$130.67	\$138.00		Revised		
7580-195	D0210	INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	X-ray	\$218.70	\$261.33	\$225.00		Revised		
7580-196	D0220	INTRAORAL-PERAPICAL FIRST RADIOGRAPHIC IMAGE	X-ray	\$45.00	\$65.33	\$45.00				

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7580-197	D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL IMAGE	X-ray	\$40.00	\$32.67	\$41.00		Revised		
7580-198	D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	X-ray	\$70.00	\$78.40	\$70.00				
7580-199	D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE	X-ray	\$42.00	\$65.33	\$43.00		Revised		
7580-200	D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES	X-ray	\$67.00	\$78.40	\$68.00		Revised		
7580-201	D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	X-ray	\$81.00	No Usage	\$83.00		Revised		
7580-202	D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES	X-ray	\$94.00	\$130.67	\$96.00		Revised		
7580-203	D0330	PANORAMIC RADIOGRAPHIC IMAGE	X-ray	\$158.00	\$209.07	\$162.00		Revised		
7580-204	D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	X-ray	\$85.00	\$130.67	\$87.00		Revised		
7580-205	D0363	CONE BEAM-THREE-DIMENSIONAL IMAGE	X-ray	\$131.00	\$1,097.59	\$134.00		Revised		
7580-206	D0601	CARIES RISK ASSESS DOCU FINDING OF LOW RISK	Procedure	NONE	\$39.20	\$51.00	NEW			
7580-207	D0602	CARIES RISK AX AND DOCU WITH A FNDNG OF MOD RISK	Procedure	NONE	\$39.20	\$51.00	NEW			
7580-208	D0603	CARIES RISK AX AND DOCU WITH FNDNG OF HIGH RISK	Procedure	\$117.00	\$39.20	\$51.00		Revised		
7580-209	D1110	PROPHYLAXIS-ADULT	Procedure	\$135.00	\$196.00	\$138.00		Revised		
7580-210	D1120	PROPHYLAXIS-CHILD	Procedure	\$93.00	\$130.67	\$95.00		Revised		
7580-211	D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Procedure	\$79.00	\$78.40	\$80.00		Revised		
7580-212	D1351	SEALANT-PER TOOTH	Procedure	\$90.00	\$104.53	\$91.00		Revised		
7580-213	D1352	PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	Procedure	\$116.00	\$117.60	\$117.00		Revised		
7580-214	D1555	REMOVAL OF FIXED SPACE MAINTAINER	Procedure	\$120.29	\$143.73	\$123.00		Revised		
7580-215	D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	Procedure	\$190.00	\$261.33	\$192.00		Revised		
7580-216	D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	Procedure	\$245.00	\$287.46	\$249.00		Revised		
7580-217	D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	Procedure	\$297.00	\$352.80	\$300.00		Revised		
7580-218	D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	Procedure	\$361.00	\$431.20	\$366.00		Revised		
7580-219	D2330	RESIN-BASED COMPOSITE-ONE SURFACE ANTERIOR	Procedure	\$213.00	\$261.33	\$218.00		Revised		
7580-220	D2331	RESIN-BASED COMPOSITE-TWO SURFACES ANTERIOR	Procedure	\$272.00	\$392.00	\$278.00		Revised		
7580-221	D2332	RESIN-BASED COMPOSITE-THREE SURFACES ANTERIOR	Procedure	\$333.00	\$457.33	\$340.00		Revised		
7580-222	D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	Procedure	\$394.00	\$522.66	\$403.00		Revised		
7580-223	D2391	RESIN-BASED COMPOSITE-ONE SURFACE POSTERIOR	Procedure	\$250.00	\$261.33	\$255.00		Revised		
7580-224	D2392	RESIN-BASED COMPOSITE-TWO SURFACES POSTERIOR	Procedure	\$327.00	\$522.66	\$334.00		Revised		
7580-225	D2393	RESIN-BASED COMPOSITE-THREE SURFACES POSTERIOR	Procedure	\$406.00	\$705.60	\$415.00		Revised		
7580-226	D2394	RESIN COMPOS-FOUR OR MORE SURFACES POSTERIOR	Procedure	\$498.00	\$744.79	\$508.00		Revised		
7580-227	D2751	CROWN-PORCELAIN FUSED PREDOMINANTLY BASE METAL	Procedure	\$1,337.00	\$2,090.65	\$1,379.00		Revised		
7580-228	D2791	CROWN-FULL CAST PREDOMINATLY BASE METAL	Procedure	\$1,313.00	No Usage	\$1,354.00		Revised		
7580-229	D2920	RE-CEMENT OR RE-BOND CROWN	Procedure	\$137.00	\$196.00	\$139.00		Revised		
7580-230	D2930	PREFABR STAINLESS STEEL CROWN-PRIMARY TOOTH	Procedure	\$374.00	No Usage	\$380.00		Revised		
7580-231	D2931	PREFABR STAINLESS STEEL CROWN-PERMANENT TOOTH	Procedure	\$423.00	\$783.99	\$429.00		Revised		
7580-232	D2940	PROTECTIVE RESTORATION	Procedure	\$143.00	\$196.00	\$145.00		Revised		

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7580-233	D2950	CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	Procedure	\$357.00	\$522.66	\$363.00		Revised	Department of Healthcare Services (DHCS)	Local Prevailing Rates
7580-234	D2951	PIN RETENTION-PER TOOTH ADDITION RESTORATION	Procedure	\$81.00	\$130.67	\$82.00		Revised		
7580-235	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Procedure	\$451.00	No Usage	\$458.00		Revised		
7580-236	D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	Procedure	\$100.00	\$1,306.66	\$102.00		Revised		
7580-237	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	Procedure	\$133.00	No Usage	\$139.00		Revised		
7580-238	D3220	TX PUPL-REMV PULP CORONAL DENTINOCEMENTL JUNC	Procedure	\$272.00	\$392.00	\$285.00		Revised		
7580-239	D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	Procedure	\$299.00	\$522.66	\$313.00		Revised		
7580-240	D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	Procedure	\$1,002.00	\$1,332.79	\$1,023.00		Revised		
7580-241	D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	Procedure	\$1,228.00	\$1,502.66	\$1,254.00		Revised		
7580-242	D3330	ENDODONTIC THERAPY MOLAR	Procedure	\$1,523.00	\$1,829.32	\$1,554.00		Revised		
7580-243	D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	Procedure	\$70.00	\$392.00	\$71.00		Revised		
7580-244	D4211	GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	Procedure	NONE	\$457.33	\$463.00	NEW			
7580-245	D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	Procedure	\$327.00	\$653.33	\$335.00		Revised		
7580-246	D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	Procedure	\$190.00	\$352.80	\$194.00		Revised		
7580-247	D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	Procedure	\$224.00	No Usage	\$229.00		Revised		
7580-248	D4910	PERIODONTAL MAINTENANCE	Procedure	\$202.00	\$261.33	\$206.00		Revised		
7580-249	D5110	COMPLETE DENTURE-MAXILLARY	Procedure	\$2,076.00	\$3,266.64	\$2,109.00		Revised		
7580-250	D5120	COMPLETE DENTURE-MANDIBULAR	Procedure	\$2,076.00	\$3,266.64	\$2,109.00		Revised		
7580-251	D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE	Procedure	\$1,752.00	\$2,221.32	\$1,780.00		Revised		
7580-252	D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE	Procedure	\$2,036.00	\$2,312.78	\$2,069.00		Revised		
7580-253	D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	Procedure	\$2,294.00	\$3,919.97	\$2,330.00		Revised		
7580-254	D5214	MAND PART DENTUR-CAST METL- FRMEWRK W/RSN BASE	Procedure	\$2,294.00	\$3,919.97	\$2,330.00		Revised		
7580-255	D5410	ADJUST COMPLETE DENTURE-MAXILLARY	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-256	D5411	ADJUST COMPLETE DENTURE-MANDIBULAR	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-257	D5421	ADJUST PARTIAL DENTURE-MAXILLARY	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-258	D5422	ADJUST PARTIAL DENTURE-MANDIBULAR	Procedure	\$114.00	\$156.80	\$115.00		Revised		
7580-259	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	Procedure	\$162.00	\$392.00	\$165.00		Revised		
7580-260	D5520	REPLACE MISSING/BROKEN TEETH-COMplete DENTURE	Procedure	\$189.00	\$261.33	\$192.00		Revised		
7580-261	D5610	REPAIR RESIN DENTURE BASE	Procedure	\$168.00	\$392.00	\$171.00		Revised		
7580-262	D5630	REPAIR OR REPLACE BROKEN CLASP PER TOOTH	Procedure	NONE	\$483.46	\$327.00	NEW			
7580-263	D5640	REPLACE BROKEN TEETH-PER TOOTH	Procedure	\$208.00	\$392.00	\$212.00		Revised		
7580-264	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Procedure	\$284.00	\$392.00	\$289.00		Revised		
7580-265	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH	Procedure	\$341.00	\$653.33	\$346.00		Revised		
7580-266	D5740	RELIN MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	Procedure	NONE	\$653.33	\$443.00	NEW			
7580-267	D5750	RELIN COMPLETE MAXILLARY DENTURE (LABORATORY)	Procedure	\$635.00	\$1,045.33	\$645.00		Revised		
7580-268	D5751	RELIN COMPLETE MANDIBULAR DENTURE (LABORATORY)	Procedure	\$635.00	\$1,045.33	\$645.00		Revised		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception
7580-269	D5761	RELIN MANDIBULAR PARTIAL DENTURE (LABORATORY)	Procedure	NONE	\$1,045.33	\$635.00	NEW			
7580-270	D5760	RELIN MAXILLARY PARTIAL DENTURE (LABORATORY)	Procedure	\$625.00	\$1,045.33	\$635.00		Revised		
7580-271	D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	Procedure	\$824.00	No Usage	\$837.00		Revised		
7580-272	D5850	TISSUE CONDITIONING MAXILLARY	Procedure	\$199.00	\$339.73	\$202.00		Revised		
7580-273	D5851	TISSUE CONDITIONING MANDIBULAR	Procedure	NONE	\$339.73	\$202.00	NEW			
7580-274	D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	Procedure	\$180.00	\$522.66	\$184.00		Revised		
7580-275	D5982	SURGICAL STENT	Procedure	\$843.00	\$705.60	\$856.00		Revised		
7580-276	D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	Procedure	\$1,341.00	No Usage	\$1,393.00		Revised		
7580-277	D6750	RETNR CROWN PORCELAIN FUSED TO HIGH NOBLE METAL	Procedure	\$1,366.00	No Usage	\$1,422.00		Revised		
7580-278	D6751	RETNR CROWN PORCELAIN FUSED PREDOM BASE METAL	Procedure	\$1,275.00	No Usage	\$1,326.00		Revised		
7580-279	D6930	RECEMENT/REBOND FIXED PARTIAL DENTURE	Procedure	NONE	\$261.33	\$230.00	NEW			
7580-280	D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	Procedure	\$84.00	\$522.66	\$86.00		Revised		
7580-281	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	Procedure	\$242.00	\$287.46	\$250.00		Revised		
7580-282	D7210	EXTRACTION ERUPTED TOOTH REMV BONE ELEV FLAP	Procedure	\$354.00	\$522.66	\$361.00		Revised		
7580-283	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	Procedure	\$444.00	\$601.06	\$452.00		Revised		
7580-284	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	Procedure	\$591.00	No Usage	\$602.00		Revised		
7580-285	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	Procedure	\$374.00	\$522.66	\$381.00		Revised		
7580-286	D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	Procedure	\$528.00	\$548.80	\$539.00		Revised		
7580-287	D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	Procedure	\$858.00	No Usage	\$876.00		Revised		
7580-288	D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	Procedure	\$568.00	\$352.80	\$580.00		Revised		
7580-289	D7971	EXCISION OF PERICORONAL GINGIVA	Procedure	NONE	\$444.26	\$404.00	NEW			
7580-290	D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	Procedure	\$210.00	\$261.33	\$218.00		Revised		
7580-291	D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	Procedure	\$58.00	\$117.60	\$59.00		Revised		
7580-292	D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	Procedure	\$42.00	\$156.80	\$43.00		Revised		
7580-293	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Procedure	\$80.00	\$117.60	\$80.00				
7580-294	D9930	TX COMPLICATIONS-UNUSUAL CIRCUMSTANCES REPORT	Procedure	\$54.00	\$222.13	\$55.00		Revised		
7580-295	D9940	OCCLUSAL GUARD BY REPORT	Procedure	\$251.51	\$300.53	\$257.00		Revised		
7580-296	D9951	OCCLUSAL ADJUSTMENT-LIMITED	Procedure	\$195.00	\$300.53	\$195.00				
NAPA-SOLANO-YOLO-MARIN REGIONAL PUBLIC HEALTH LABORATORY										
Urinalysis										
7807-101	81003	Urine Dipstick automated, no microscopic	Procedure	\$21.00	\$37.07	\$21.00				
7807-102	81015	Microscopic only	Procedure	\$21.00	\$37.07	\$21.00				
7807-103	81025	Urine Pregnancy Test	Procedure	NONE	N/A	\$17.00	NEW			
Chemistry										
7807-104	83655	Lead	Procedure	\$5.00	\$38.21	\$5.00				
Immunology										
7807-105	86480	TB Test IFNg response	Procedure	\$40.00	\$77.30	\$41.00		Revised		
7807-106	86481	TB Test cell-mediated IFNg response	Procedure	\$72.00	\$30.94	\$73.00		Revised		
Microbiology										
7807-107	82270	Fecal occult blood test	Procedure	NONE	N/A	\$11.00	NEW			
7807-108	87015	Acid fast smear: non tissue	Procedure	\$32.00	\$67.87	\$33.00		Revised		
7807-109	87040	Culture, Bacterial; Blood	Procedure	\$23.00	\$35.91	\$25.00		Revised		
7807-110	87045	Stool Culture (Salmonella, Shigella) per organism	Procedure	\$23.00	\$35.91	\$24.00		Revised		

**COUNTY OF SOLANO
COST AND RECOMMENDED FEE SCHEDULE
FY2019/20**

ATTACHMENT A

**HEALTH AND SOCIAL SERVICES
EXHIBIT XI**

Ref. #	Proc. #	Service	Unit of Service	Current Fee Per Unit	Actual Cost per Unit	Rec'md. Fee Per Unit FY2021/22	New Fee	Revised Fee	Fee Authority	Description/Exception		
7807-111	87046	Stool Culture (Not Salmonella, Shigella) per organism	Procedure	\$23.00	\$35.91	\$24.00		Revised	CDPH			
7807-112	87070	Miscellaneous/ Wound Culture	Procedure	\$23.00	\$35.91	\$24.00		Revised				
7807-113	87075	Culture, Anaerobic, Any Source Except Blood	Procedure	\$23.00	\$35.91	\$25.00		Revised				
7807-114	87076	Isolate ID/rule out, biochemical tests per organism	Procedure	NONE	N/A	\$22.00	NEW					
7807-115	87077	Title 17 isolate workup	Procedure	\$23.00	\$71.16	\$0.00		Revised				
7807-116	87081	CRE confirmation	Procedure	NONE	N/A	\$63.00	NEW					
7807-117	87086	Urine culture with colony count (set up)	Procedure	NONE	N/A	\$21.00	NEW					
7807-118	87116	Acid fast culture	Procedure	\$26.00	\$71.16	\$27.00		Revised				
7807-119	87116	Acid fast blood cultures	Procedure	\$26.00	\$71.16	\$91.00		Revised				
7807-120	87118	Culture, Mycobacterial, Identification	Procedure	\$49.00	N/A	DELETE		Revised				
7807-121	87143	Culture Typing, GLC/HPLC	Procedure	\$23.00	\$73.60	\$24.00		Revised				
7807-122	87147	Streptococcus serogrouping	Procedure	NONE	N/A	\$22.00	NEW					
7807-123	87168	Antibiotic sensitivity for bacteriologies cultures	Procedure	\$21.00	\$38.17	\$41.00		Revised				
7807-124	87205	Gram stain	Procedure	NONE	N/A	\$11.00	NEW					
7807-125	87206	Acid fast stain or partial acid fast stain of culture	Procedure	\$26.00	\$67.87	\$27.00		Revised				
7807-126	87176	Acid fast smear:Tissue	Procedure	NONE	N/A	\$27.00	NEW					
7807-127	87210	Wet Mount	Procedure	NONE	N/A	\$11.00	NEW					
7807-128	87220	KOH Preparation	Procedure	\$10.00	\$67.69	\$11.00		Revised				
7807-129	87491	Chlamydia Trachomatis, amplified probe	Procedure	\$100.00 total for all three	\$59.80	\$101.00		Revised				
7807-130	87591	Neisseria Gonorrhoeae, Amplified Probe	Procedure		\$59.80		\$101.00 total for all three					
7807-131	87661	Trichomonas vaginalis, Amplified Probe	Procedure		\$59.80							
7807-132	87501	Influenza virus, RT PCR, each type or subtype	Procedure	\$50.00	\$55.77	\$51.00		Revised				
7807-133	87505	GI Bacterial PCR Panel: Basic	Procedure	NONE	N/A	\$111.00	NEW					
7807-134	87506	GI Bacterial PCR Panel: Extended	Procedure	NONE	N/A	\$151.00	NEW					
7807-135	87556	MTB/RIF Gene Xpert	Procedure	\$104.00	\$48.26	\$105.00		Revised				
7807-136	87789	PCR	Procedure	NONE	N/A	\$51.00	NEW					
7807-137	87795	STEP PCR	Procedure	NONE	N/A	\$51.00	NEW					
7807-138	87880	Strep A antigen, direct	Procedure	\$23.00	\$158.05	\$17.00		Revised				
7807-139	87899	Shiga toxin detection by immunoassay	Procedure	NONE	N/A	\$43.00	NEW					
Miscellaneous Services												
7807-140		Rabies Immunofluorescence DFA	Procedure	\$47.00	\$60.59	\$47.00						
7807-141		Water 1:1 Colilert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-142		Water 1:10 Colilert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-143		Water 1:10 Enterolert Quantitray	Procedure	\$41.00	\$27.12	\$41.00						
7807-144		Water 18 Hour Presence	Procedure	\$25.00	\$27.12	\$25.00						
7807-145		Water 24 Hour Presence	Procedure	\$25.00	\$27.12	\$25.00						
7807-146		Water Quantitray Enumeration	Procedure	\$29.00	\$27.12	\$29.00						
7807-147		Water Enterolert	Procedure	\$41.00	\$27.12	\$41.00						

Health and Social Services may need to adjust its fees charged to clients during the year as reimbursement rates from Medi-Cal, Medicare or other third party payers change, actual cost per unit information becomes available, or as the volume of services rendered changes to allow us to recover more of our actual costs. Any new procedures added during the fiscal year will be based on existing or established methodologies for setting rates. If actual costs for services, procedures or supply items increase, H&SS may elect to pass the increased cost on to the client.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Mary Alice Willeford
Mary Alice Willeford, Interim Public Health
Director

Date: 6-1-21

Budgeted: ☒ Yes ☐ No

Budget Unit: 4013

Line Item: 86-3113

Org/Object Code: PNADMIN

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: Dan Gjerde
DAN GJERDE, Chair
BOARD OF SUPERVISORS

Date: JUN 24 2021

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Amap
Deputy

JUN 24 2021

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: Amap
Deputy

JUN 24 2021

INSURANCE REVIEW:

By: 06/04/2021
Risk Management

Date: _____

CONTRACTOR/COMPANY NAME

By: See Page 10
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Napa-Solano-Yolo-Marin-Mendocino County
Public Health Laboratory
2201 Courage Drive
Fairfield, CA 94533

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel
Charlotte Scott

By: _____
Deputy

Date: 06/04/2021

EX Darcie Amble

By: 06/04/2021
Deputy

Date: _____

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐ N/A

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____