KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

DEPARTMENT POLICY & PROCEDURES

Fee Schedule Policy

I. Purpose

It is the purpose of this policy to clarify the authority of the Kittitas Board of Health to set fees, to establish current fees for services provided by the Kittitas County Public Health Department (KCPHD), to provide guidelines for the determination of fees, and to establish service cost calculation, billing, and refund policies.

II. Policy

A. Board of Health: “Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall: Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health; provided that such fees for services shall not exceed the actual cost of providing any such services.” (Revised Code of Washington 70.05.060)

B. Fee Schedule Development: The fee schedules shall be developed to allow KCPHD to recover its direct and indirect costs. KCPHD shall not operate on a for-profit basis, but shall seek not to operate at a loss. Pass-through costs shall not be included in the fee schedule, but shall be reflected in an appropriate billing document.

C. Public Input: Public input in the form of a public hearing process shall be sought prior to completion of the draft fee schedule. Public notification of changes shall be completed after the updated fees are adopted.

D. Frequency of Review: Fee schedules shall be updated and presented to the Kittitas County Board of Health for review and approval on an annual basis, at a minimum. The fee schedules shall be revised and presented to the Kittitas County Board of Health in conjunction with the annual presentation of the Kittitas County Public Health Department budget.

E. Service Cost Calculation: Prior to setting the fee, the service shall be clearly defined, using standard definitions of practice when they exist. The actual cost of the service, including indirect costs, shall be calculated using sound and consistent methodology.

F. Sliding Fee Scale: The sliding fee scale shall be based on 200 percent of the poverty guidelines as determined by the U.S. Department of Health and Human Services and shall be adjusted annually at a minimum, but may be adjusted more frequently depending on when the guidelines are released. Clinic fees may be adjusted based on the scale, vaccine fees may not. The scale shall be divided into four increments and correlate to a percentage of the federal poverty level as seen in the table below. See Attachment A for the current sliding fee scale.
Sliding Fee Scale Formula

<table>
<thead>
<tr>
<th>Federal Poverty Level</th>
<th>Sliding Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-138%</td>
<td>0%</td>
</tr>
<tr>
<td>138-157%</td>
<td>25%</td>
</tr>
<tr>
<td>157-178%</td>
<td>50%</td>
</tr>
<tr>
<td>178-200%</td>
<td>75%</td>
</tr>
<tr>
<td>200%</td>
<td>100%</td>
</tr>
</tbody>
</table>

G. *Inability to Pay:* Individuals having a demonstrated inability to pay shall not be refused specific services that are considered important to prevent the spread of communicable diseases amongst the general public, such as tuberculin skin testing for high-risk clients, HIV and hepatitis C testing for high-risk clients, and child immunizations.

H. *Fee Collection:* Fees for most services at KCPHD shall be collected at the time of service provision, application for services, or permit/license issuance, unless other billing arrangements have been made prior. Payment shall be either cash or personal check for all services except for Vital Records and Food Worker Cards. For Vital Records and Food Worker Cards, cash, money orders, or cashier checks shall be accepted. Personal checks, with the exception of business checks from organizations that have established a working relationship with KCPHD, shall not be accepted for Vital Records and Food Worker Cards. Money orders and personal checks for other services shall be made out to Kittitas County Public Health Department. Two-party checks shall not be accepted for payment. Checks returned for insufficient funds shall be assessed the Kittitas County insufficient fund fee and follow up actions shall follow Kittitas County Cash Handling Policy and Procedures. When possible, clinic services will be billed to private or public insurance.

I. *Subsidized Services:* No fee shall be established for services which are funded by a local, state, or federal grant that provides for 100% reimbursement of Kittitas County Public Health Department costs.

J. *Late Payments:* If an Environmental Health annual operating permit (food, camp, park, pool, solid waste) is renewed after its expiration date but before one month has passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed within one month of its expiration date, a late fee of 40% of the annual fee shall be assessed. Operations shall be suspended if the annual operating permit renewal is delinquent beyond 35 days. A concessionaire for a temporary food event shall submit a completed application at least two weeks prior to the first day of the event or a fee double the amount shall be assessed. All other payments not received within 30 days of issuance by KCPHD may incur a 10% late fee, accruing an additional 10% on the unpaid balance every 30 days thereafter. If payment is not made within 90 days, the department may hold a permit until payment is made and/or attempt to recover payment through a collections agency.

K. *Refunds:* In order to request a refund, a written request must be submitted utilizing the Request of Refund document on KCPHD’s website. The document must be mailed, faxed, or delivered to KCPHD: 507 N Nanum Street, Suite 102, Ellensburg, WA 98926 or fax (509) 962-7581. All refund requests shall be subject to an additional deduction for work actually performed by KCPHD prior to receiving the refund request. The cost of actual work performed shall be estimated using the same costs that established the fee.
Requests for refunds shall not be honored for any work accomplished prior to the request being received in writing.

L. **Vital Records Fees:** Vital records fees shall be consistent with RCW 70.58.107, as seen in Attachment B, and is subject to change at any time by the state legislature. Any fee changes by the state legislature shall be adopted by the Kittitas County Public Health Department. The Kittitas County Health Department shall charges an additional fee for same day service and for the re-processing of death certificates that are returned with a correction affidavit.

M. **Vaccine Fees:** The base price for all vaccines, except influenza, shall be the actual cost incurred by KCPHD plus an office visit fee and a vaccine administration fee, which is equivalent to the state allowed vaccine administration charge for children’s vaccine. The fee for influenza vaccine will be set to be comparable to local pharmacies, and will not include the vaccine administration charge, but will include an office visit charged if administered in the office. Clients shall be billed for the complete series of Japanese Encephalitis and Rabies vaccines before the vaccine is ordered due to the infrequency of use and the high cost. Pediatric vaccine is received from the State of Washington Vaccine for Children Program and is administered following the Washington State Guidelines, except for immune globulin, rabies immune globulin, injectable or oral typhoid, Japanese encephalitis, Rabies vaccine, and yellow fever. Recommended child vaccines are provided by the state at no cost to KCPHD and KCPHD shall follow the rules of the state Childhood Vaccine Program and the federal Vaccines For Children Program.

III. Procedures

A. **Hourly Service Rates:** Hourly service rates used in calculating fees shall be calculated using an average of salaries of staff that provide the service. Hourly rates in fee calculations shall include salaries, benefits (using an average benefit rate), and overhead for both the department and the county using the most current approved indirect rate. The current hourly rates are in Attachment C.

B. **Division Hourly Rates:** Overall division hourly rates include salaries, benefits, departmental indirect (overhead), county indirect, support staff rates, and incidentals. This rate is for services or activities without an established fee or which require more hours than what is included in the current fee. KCPHD staff shall inform the customer of the need to charge a division hourly rate prior to providing the service. The current division hourly rates and calculations are in Attachment C.

C. **Rounding:** The hourly service rates used in fee calculations shall be rounded up to the nearest $1.00. The hourly division rates used for services without an established fee shall be rounded up to the nearest $5.00. Fee calculations shall also be rounded up to the nearest $5.00. Fees below $10.00 shall be rounded up to the nearest dollar.

D. **Fee Calculations:** Fee calculations shall take into account all costs associated with delivering the service which best meets customer needs and protects the health of the public. These costs shall include professional staff time, health officer time, support staff time, and incidentals such as supplies, computer replacement and maintenance, vehicle usage, and other relevant charges. The current fee schedule can be found in Attachment D.
IV. Applicability

A. This policy applies to all fees charged directly by the Kittitas County Public Health Department, and to all individuals who are concerned with establishing fees for services administered by the Kittitas County Public Health Department staff.
B. This policy is effective on the date the Public Health Administrator, the Health Officer, and the Board of Health (per Kittitas County Code 4.04.10) have signed.
C. This policy is subject to review annually.

[Signatures and dates]

Public Health Administrator Date

Health Officer Date

Board of Health Chair Date