

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. 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 | |
|---------------------------|-------------|
| Federal Poverty Level | Sliding Fee |
| 0-138% | 0% |
| 138-157% % | 25% |
| 157-178% | 50% |
| 178-200% | 75% |
| 200% | 100% |

- 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 21 days have passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed after 21 days 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 will 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 shall 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. 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.

Public Health Administrator

Date

Health Officer

Date

Board of Health Chair

Date

Attachment A: 2014 Sliding Fee Schedule

| Family Size | | 0% | 25% | 50% | 75% | 100% |
|-------------|---------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 1 | Annual | \$15855 and below | \$15856 – \$18038 | \$18039 – \$20451 | \$20452 – \$22979 | \$22980 and above |
| | Monthly | \$1320 and below | \$1321 – \$1502 | \$1503 – \$1629 | \$1630 – \$1852 | \$1853 and above |
| 2 | Annual | \$15883 and below | \$15884 – \$18070 | \$18071 – \$20487 | \$20488 – \$23019 | \$23020 and above |
| | Monthly | \$1323 and below | \$1324 – \$1505 | \$1506 – \$1706 | \$1707 – \$1917 | \$1918 and above |
| 3 | Annual | \$26950 and below | \$26951 – \$30661 | \$30662 – \$34762 | \$34763 – \$39059 | \$39060 and above |
| | Monthly | \$2245 and below | \$2246 – \$2554 | \$2555 – \$2896 | \$2897 – \$3254 | \$3255 and above |
| 4 | Annual | \$32498 and below | \$32499 – \$36973 | \$36974 – \$41918 | \$41919 – \$47099 | \$47100 and above |
| | Monthly | \$2707 and below | \$2708 – \$3080 | \$3081 – \$3492 | \$3493 – \$3924 | \$3925 and above |
| 5 | Annual | \$38046 and below | \$38047 – \$43284 | \$43285 – \$49074 | \$49075 – \$55139 | \$55140 and above |
| | Monthly | \$3170 and below | \$3171 – \$3606 | \$3607 – \$4089 | \$4090 – \$4594 | \$4595 and above |
| 6 | Annual | \$43593 and below | \$43594 – \$49595 | \$49596 – \$56229 | \$56230 – \$63179 | \$63180 and above |
| | Monthly | \$3632 and below | \$3633 – \$4132 | \$4133 – \$4685 | \$4686 – \$5264 | \$5265 and above |
| 7 | Annual | \$49141 and below | \$49142 – \$55907 | \$55908 – \$63385 | \$63386 – \$71219 | \$71220 and above |
| | Monthly | \$4094 and below | \$4095 – \$4658 | \$4659 – \$5281 | \$5282 – \$5934 | \$5935 and above |
| 8 | Annual | \$54688 and below | \$54689 – \$62218 | \$62219 – \$70540 | \$70541 – \$79259 | \$79260 and above |
| | Monthly | \$4556 and below | \$4557 – \$5184 | \$5185 – \$5877 | \$5878 – \$6604 | \$6605 and above |

Attachment B: Vital Records RCW 70.58.107

Fees charged by department and local registrars.

The department of health shall charge a fee of twenty dollars for certified copies of records and for copies or information provided for research, statistical, or administrative purposes, and eight dollars for a search of the files or records when no copy is made. The department shall prescribe by regulation fees to be paid for preparing sealed files and for opening sealed files.

No fee may be demanded or required for furnishing certified copies of a birth, death, fetal death, marriage, divorce, annulment, or legal separation record for use in connection with a claim for compensation or pension pending before the veteran's administration. No fee may be demanded or required for furnishing certified copies of a death certificate of a sex offender for use by a law enforcement agency in maintaining a registered sex offender database, or that of any offender requested by a county clerk or court in the state of Washington for purposes of extinguishing the offender's legal financial obligation.

The department shall keep a true and correct account of all fees received and transmit the fees to the state treasurer on a weekly basis.

Local registrars shall charge the same fees as the state as hereinabove provided and as prescribed by department regulation except in cases where payment is made by credit card, charge card, debit card, smart card, stored value card, federal wire, automatic clearinghouse system, or other electronic communication. Payment by these electronic methods may be subject to an additional fee consistent with the requirements established by RCW 36.29.190. All such fees collected, except for seven dollars of each fee collected for the issuance of birth certificates and first copies of death certificates and fourteen dollars of each fee collected for additional copies of the same death certificate ordered at the same time as the first copy, shall be paid to the jurisdictional health department.

All local registrars in cities and counties shall keep a true and correct account of all fees received under this section for the issuance of certified copies and shall transmit seven dollars of the fees collected for birth certificates and first copies of death certificates and fourteen dollars of the fee collected for additional copies of death certificates to the state treasurer on or before the first day of January, April, July, and October. All but five dollars of the fees turned over to the state treasurer by local registrars shall be paid to the department of health for the purpose of developing and maintaining the state vital records systems, including a web-based electronic death registration system.

Eight dollars of each fee imposed for the issuance of certified copies, except for copies suitable for display issued under RCW 70.58.085, at both the state and local levels shall be held by the state treasurer in the death investigations' account established by RCW 43.79.445.

Attachment C: Rates

Hourly Service Rates

| Staff Classification | Average Hourly Salary | Benefits (39% of salaries)* | Overhead (39.25% of salaries) | Total Hourly Rate | Rounded up to \$1 |
|---------------------------------|-----------------------|-----------------------------|-------------------------------|-------------------|-------------------|
| Environmental Health | \$24.24 | \$9.45 | \$9.51 | \$43.21 | \$44.00 |
| Community Health (Nursing) | \$26.06 | \$10.16 | \$10.23 | \$46.46 | \$47.00 |
| Community Health (Non-Nursing) | \$19.52 | \$7.61 | \$7.66 | \$34.79 | \$35.00 |
| Support Staff | \$13.01 | \$5.07 | \$5.11 | \$23.19 | \$24.00 |
| Health Officer* | \$80.03 | \$6.40 | \$31.41 | \$117.84 | \$118.00 |
| *Health Officer benefits are 8% | | | | | |

Division Hourly Rates

| | Environmental Health | Community Health (Nursing Services) | Community Health (Non-Nursing Services) |
|--|----------------------|-------------------------------------|---|
| Professional staff 1 hour | \$24.24 | \$26.06 | \$19.52 |
| Support staff 1 hour | \$13.01 | \$13.01 | \$13.01 |
| Benefits (39% of salaries) | \$14.53 | \$15.24 | \$12.69 |
| Department overhead (27.25% of salaries) | \$10.15 | \$10.65 | \$8.86 |
| County overhead (12% of salaries) | \$4.47 | \$4.69 | \$3.90 |
| Incidentals | \$10.80 | \$6.42 | \$4.22 |
| Hourly Services Rate | \$77.21 | \$76.06 | \$62.20 |
| Rounded up to \$5 | \$80.00 | \$80.00 | \$65.00 |

Attachment D: 2014 Kittitas County Public Health Department Fee Schedule

ENVIRONMENTAL HEALTH FEES

| ACTIVITY | TERM | 2014 FEE |
|--|-----------------------------|------------|
| <i>DRINKING WATER</i> | | |
| Certificate of Potable Water Storage/Cistern Use New Permit | Each (expires w/in 2 years) | \$435.00 |
| Potable Water Hauler License | Annual | \$240.00 |
| Time of Sale Potable Water Storage/Cistern System Inspection | Each | \$435.00 |
| Annual Potable Water Storage/Cistern Water Test Results Review | Annual | \$35.00 |
| Group B workbook | Each | \$8.00 |
| Water & Sewage Evaluation | Each | \$320.00 |
| Re-evaluations | Each | \$265.00 |
| Water OR Sewage Evaluation | Each | \$235.00 |
| Water Sample collected by KCPHD staff | Each | \$280.00 |
| Well Site Review | Each | \$165.00 |
| Well Site Inspection | Each | \$275.00 |
| Group B Water System Application Review and Approval | Each | \$480.00 |
| Group B Water System Expansion (3-9 connections) | Each | \$345.00 |
| Water Metering Annual Fee | Annual | \$195.00 |
| Automatic Meter Reading System Equipment | Each | \$125.00 |
| <i>Adequate Water Supply Determination</i> | | |
| Individual or shared water systems, Group B Water Systems, Group A- NTNC and Group A-TNC Water Systems | Each (expires w/in 1 year) | \$300.00 |
| Group A Community Systems | Each (expires w/in 1 year) | \$175.00 |
| Limited Review | Each (expires w/in 1 year) | \$95.00 |
| Renewal | Each | \$165.00 |
| <i>SOLID WASTE*</i> | | |
| Landfill | Annual | \$1,970.00 |
| Transfer Station | Annual | \$1,510.00 |
| Composting Facility Level 1 | Annual | \$1,130.00 |
| Composting Facility Level 2 | Annual | \$1,980.00 |
| Composting Facility Level 3 | Annual | \$3,390.00 |
| Digester | Annual | \$1,130.00 |
| Recycling Center | Annual | \$595.00 |
| Biosolids Utilization | Annual | \$1,130.00 |

| ACTIVITY | TERM | 2014 FEE |
|---|----------------------------|-------------------|
| Demolition/Inert | Annual | \$1,130.00 |
| Wood waste | Annual | \$1,130.00 |
| Closed Landfill | Annual | \$1,130.00 |
| Limited Purpose Landfill | Annual | \$1,970.00 |
| Moderate Risk Waste Facility Level 1 | Annual | \$1,625.00 |
| Moderate Risk Waste Facility Level 2 | Annual | \$4,260.00 |
| Piles | Annual | \$1,130.00 |
| Surface Impoundment | Annual | \$1,130.00 |
| Tire Storage | Annual | \$1,130.00 |
| Petroleum Contaminated Soil (PCS) | Annual | \$1,130.00 |
| New Application Review | Each | \$1,955.00 |
| Renewal Application Review | Each | \$165.00 |
| Meth Lab Investigation | Each | \$815.00 |
| Inactive Solid Waste Facility | Annual | 60% of Permit Fee |
| *The Coordinated Prevention Grant (CPG) from the Washington State Department of Ecology supplies 75% match for solid waste enforcement activities. The 2014 solid waste fees cover the remaining 25%. Should CPG funding cease, an agreed upon fee will be set and collected by KCPHD to provide for adequate solid waste enforcement activities. | | |
| ON-SITE SEWAGE (OSS) | | |
| Septic Tank Pumper License | Annual | \$215.00 |
| On-Site Sewage System Installer License | Annual | \$215.00 |
| On Site Sewage Installer Study Packet | Each | \$25.00 |
| On-Site Sewage System Installer Exam | Each | \$215.00 |
| On-Site Sewage System Site Evaluation | Each | \$425.00 |
| On-Site Sewage System Site Evaluation (4 or more at same site) | Each | \$350.00 |
| On-Site Sewage System Renewal Permit | Each (expires w/in 1 year) | \$225.00 |
| On-Site Sewage Redesign Submittal (Same Designer) | Each (expires w/in 1 year) | \$210.00 |
| OSS-Gravity System | | |
| OSS System New/Repair Permit | Each (expires w/in 1 year) | \$435.00 |
| OSS System Homeowner Design (Does not include site evaluation or permit) | Each (expires w/in 1 year) | \$245.00 |
| OSS-Pressure System | | |
| OSS System New/Repair Permit | Each (expires w/in 1 year) | \$470.00 |
| OSS-Alternative System | | |
| OSS System New/Repair Permit | Each (expires w/in 1 year) | \$540.00 |
| OSS-Community System | | |
| OSS System New/Repair Permit | Each (expires w/in 1 year) | \$640.00 |

| ACTIVITY | TERM | 2014 FEE |
|---|----------------------------|-----------------|
| <i>OSS-Commercial System</i> | | |
| OSS System New/Repair Permit | Each (expires w/in 1 year) | \$640.00 |
| <i>OSS-Dry Cabin</i> | | |
| Privy/Compost Toilet Permit | Each (expires w/in 1 year) | \$375.00 |
| <i>OSS-Other Fees</i> | | |
| Experimental Sewage System | Each (expires w/in 1 year) | \$730.00 |
| Greywater/Reclaimed Wastewater Disposal System | Each | \$435.00 |
| Incineration Toilet Permit | Each (expires w/in 1 year) | \$380.00 |
| Septic Tank Replacement | Each (expires w/in 1 year) | \$260.00 |
| Temporary Holding Tank | Each (expires w/in 1 year) | \$460.00 |
| OSS Design Archiving Fee (archiving fee waived if design submitted in an electronic PDF format) | Each | \$25.00 |
| OSS Permit copy/Realtor request | Each | \$6.00 |
| <i>Land Use Activities</i> | | |
| Long Plat Fee (up to 12 hours) | Each | \$765.00 |
| Short Plat Fee | Each | \$545.00 |
| Boundary Line Adjustment Review | Each | \$205.00 |
| <i>FOOD SAFETY</i> | | |
| <i>General Food Service</i> | | |
| Food Service Level 1 | Annual | \$285.00 |
| Food Service Level 2 | Annual | \$425.00 |
| Food Service Level 3 | Annual | \$510.00 |
| <i>Mobile Food Service</i> | | |
| Mobile Service Level 1 | Annual | \$315.00 |
| Mobile Service Level 2 | Annual | \$455.00 |
| Mobile Service Level 3 | Annual | \$540.00 |
| <i>Grocery Store</i> | | |
| Large Grocery Service \geq 5,000 Sq. Ft. (Separate permit fee will be assessed for specialty areas of grocery stores \geq 5000 sq. ft. including espresso, deli, meat/seafood, bakery, etc.) | Annual | \$380.00 |
| Meat/Seafood Department | Annual | \$405.00 |
| Deli Department | Annual | \$380.00 |
| Bakery Department | Annual | \$380.00 |
| Grocery Espresso | Annual | \$380.00 |
| <i>Meat/Seafood Market or Store (no other food permits)</i> | | |

| ACTIVITY | TERM | 2014 FEE |
|--|-------------|-------------------------|
| Meat/Seafood Market or Store (no other food permits) | Annual | \$425.00 |
| <i>Catering Food Service</i> | | |
| Comprehensive Catering | Annual | \$450.00 |
| Supplemental Catering | Annual | \$290.00 |
| <i>Commissary Kitchen (no other food permits)</i> | | |
| Approved Public Commissary Kitchen | Annual | \$215.00 |
| <i>Market/Seasonal/Temporary Event</i> | | |
| Farmer's Market | Annual | \$175.00 |
| Seasonal Food Service | Each | 60% of Food Service Fee |
| Temporary Food Service Level 1 (single event) | Each | \$55.00 |
| Temporary Food Service Level 2 (single event) | Each | \$90.00 |
| Temporary Food Service Level 3 (single event) | Each | \$255.00 |
| Additional Days for Temporary Food Service (Level 1 and 2 past 1 day, Level 3 past 5 days) | Each | \$10.00 |
| <i>Food Service Plan Review</i> | | |
| New Food Service Construction | Each | \$380.00 |
| Food Service Remodel | Each | \$310.00 |
| Change of Ownership | Each | \$275.00 |
| Reopening (same owner) | Each | \$110.00 |
| HACCP Technical Assistance | Each | \$470.00 |
| <i>School Food Service Inspection</i> | | |
| K-12 School Kitchen Inspection | Each | \$180.00 |
| <i>Food Safety Education</i> | | |
| Food & Beverage Worker Card | Each | \$10.00 |
| Food & Beverage Replacement Card | Each | \$6.00 |
| <i>LIVING ENVIRONMENT</i> | | |
| <i>Camps & Parks</i> | | |
| Camps | Annual | \$410.00 |
| Parks | Annual | \$325.00 |
| <i>School Health and Safety - Primary and Secondary</i> | | |
| 0-100 Students | Each | \$205.00 |
| 101-200 Students | Each | \$255.00 |
| 201-500 Students | Each | \$320.00 |
| 501-1000 Students | Each | \$450.00 |
| ≥ 1001 Students | Each | \$665.00 |
| <i>Water Recreation</i> | | |
| Pool, Spa, Wading or Spray Pool: Pre-Opening | Each | \$415.00 |
| Pool, Spa, Wading or Spray Pool: Open 6 months or less | Annual | \$300.00 |

| ACTIVITY | TERM | 2014 FEE |
|---|-------------|--------------------------------------|
| Pool, Spa, Wading or Spray Pool: Open 6-12 Months | Annual | \$440.00 |
| <i>Smoking in Public Places</i> | | |
| Re-inspection fee after violation | Each | \$80.00 |
| <i>GENERAL</i> | | |
| Environmental Health Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee) | Hour | \$80.00 |
| Environmental Health Re-inspection Fee | Each | \$165.00 |
| Administrative Appeal to Board of Health | Each | \$500.00 |
| Administrative Appeal to Hearings Examiner | Each | \$ 1,060.00 Deposit + cost of appeal |
| Variance/Waiver | Each | \$480.00 |
| Conditional Use Permit Review | Each | \$235.00 |
| Commercial Project Permit Review | Each | \$235.00 |
| Land Use Variance Review | Each | \$235.00 |
| State Environmental Policy Act (SEPA) Review | Each | \$700.00 |

VITAL RECORDS FEES

| ACTIVITY | TERM | 2014 FEE |
|---|-------------|-----------------|
| Birth and Death Certificate Fee (next business day) | Each | \$20.00 |
| Rush Birth Certificate (Same Day) | Each | \$30.00 |
| Search Net Term for Information | Each | \$8.00 |
| Reprocess of Death Certificate | Each | \$4.00 |

COMMUNITY HEALTH FEES

| ACTIVITY | TERM | 2014 FEE |
|--|-------------|-----------------|
| <i>GENERAL</i> | | |
| Brief Office Visit (15 minutes) | Each | \$50.00 |
| Limited Office Visit (30 minutes) | Each | \$60.00 |
| Blood Draw | Each | \$55.00 |
| Influenza Vaccine | Each | \$30.00 |
| Vaccine Administrative Charge | Each | \$23.44 |
| <i>OVERSEAS TRAVEL</i> | | |
| Full Travel Consultation—Individual | Each | \$115.00 |
| Travel Consultation – Group (2 hour session; minimum 4 people) | Per Group | \$290.00 |

| ACTIVITY | TERM | 2014 FEE |
|---|--------------|--------------------|
| <i>CHILD CARE CONSULTING</i> | | |
| Child Care Nurse Consulting Monthly Fee | Monthly | \$135.00 |
| Child Care Nurse Consulting Hourly Rate | Hourly | \$80.00 |
| <i>TUBERCULOSIS</i> | | |
| QuantiFERON Processing Fee | Each | \$40.00 |
| Purified Protein Derivative Tuberculin Skin Test (PPD TST) Initial Visit | Each | \$60.00 |
| PPD TST Results Visit Only | Each | \$35.00 |
| Tuberculosis Initial Positive Visit Exam | Each | \$145.00 |
| Tuberculosis Follow up Positive Visit | Each | \$80.00 |
| PPD TST Placement | Each | \$10.00 |
| Tuberculosis Home visit – New | Each | \$175.00 |
| Tuberculosis Home visit – Established | Each | \$80.00 |
| <i>TESTING & COUNSELING</i> | | |
| Pre-Test Counseling | Each | \$70.00 |
| Post-Test Counseling | Each | \$70.00 |
| OraSure HIV Antibody Test | Each | \$50.00 |
| HIV Antibody & Syphilis Test | Each | same as blood draw |
| Hepatitis C Test | Each | \$50.00 |
| <i>EDUCATION</i> | | |
| <i>Blood Borne Pathogen (BBP) and HIV/AIDS Classes (for groups and organizations)</i> | | |
| 1 hour BBP Course | Per Group | \$140.00 |
| 2 hour HIV/AIDS Awareness and BBP Class | Per Group | \$175.00 |
| Certificate Replacement Fee | Each | \$15.00 |
| Replacement Videos | Per Incident | \$200.00 |
| Video return late fee | Per Incident | \$25.00 |
| <i>GENERAL</i> | | |
| Community Health Nursing Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee) | Hour | \$80.00 |
| Community Health Non-Nursing Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee) | Hour | \$65.00 |