

# 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 County 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. Appropriate stakeholders shall be notified about the public hearing. 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. The following table indicates which fees can slide and which ones can't.

<u>Fees Eligible for Sliding Fee Scale</u>	<u>Fees NOT Eligible for Sliding Fee Scale</u>
<u>Vaccine Administration Fee (except for travel vaccines)</u>	<u>Vaccine Administration Fee for travel vaccines</u>
<u>Blood draw</u>	<u>Travel Consultations</u>
<u>Tuberculosis services</u>	<u>Environmental Health</u>
<u>HIV/Hepatitis C services</u>	<u>Hourly rates</u>
	<u>Vital Records</u>
	<u>Lab and Shipping (external labs)</u>
	<u>Education/classes</u>
	<u>Adult Influenza (when purchased, not free)</u>
	<u>Vaccines</u>

~~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.~~

<u>Sliding Fee Scale Formula</u>	
<u>Federal Poverty Level</u>	<u>Sliding Fee</u>
<del>0-1383</del> %	0%
<del>1383-1557</del> %	25%
<del>1575-1778</del> %	50%
<del>1787-200</del> %	75%
200%	100%

~~F.G.~~ Inability to Pay: Individuals having ~~a demonstrated indicated an~~ 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, and syphilis testing for high-risk clients; and the vaccine administration fee, 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.

1. Payment shall be in the form of either cash, credit card, money order, cashier check, or personal check for almost 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 are not 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, cashiers checks, 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.

2. 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.

3. ~~When possible~~ C, clinic services will be billed to contracted private or public insurance when possible and as indicated in the table in Attachment B. If services are

billed, but not covered by health insurance the patient will be billed for the cost of the service.

4. In the case of a lab test that needs to be sent to the Public Health Seattle and King County (PHSKC) laboratory, customers will be asked to write a personal check made out to PHSKC to be sent with the lab request. The payment will be logged in a database at the front desk and a tracking number will be requested when it is sent.

G.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:

1. 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.
2. 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.
3. 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. Prorated Fees: If a new annual operating permit is applied for outside of the permitting year (November 1-October 31), the fee will be prorated approximately on a quarterly basis.

<u>January-March</u>	<u>75%</u>
<u>April-June</u>	<u>50%</u>
<u>July-October</u>	<u>25%</u>
<u>November-December</u>	<u>100%</u>

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L. Refunds: In order to request a refund, a written request must be submitted utilizing the Request of Refund ~~document form on KCPHD's website~~. The document must be mailed, faxed, emailed, or hand delivered to KCPHD: 507 N Nanum Street, Suite 102, Ellensburg, WA 98926, ~~or~~ fax (509) 962-7581, publichealth@co.kittitas.wa.us. All refund requests ~~shall~~ may be subject to a refund fee and/or a n-additional deduction for actual work ~~actually~~ performed by KCPHD prior to receiving the refund request. The cost of actual work performed shall be estimated using the same costs and methodology that used to established the fee. ~~—Requests for refunds shall not be honored for any work accomplished prior to the request being received in writing.~~

M. Vital Records Fees: Vital records fees shall be consistent with RCW 70.58.107, as seen in Attachment AB, 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~~ KCPHD. ~~The Kittitas County Health Department shall charges an~~

~~Additional fees shall be charged~~ for same day service and for the re-processing of death certificates that are returned with a correction affidavit.

**N. Vaccine Fees:**

1. The base price for all vaccines, except **adult** influenza, shall be the actual cost incurred by KCPHD plus ~~an office visit fee and~~ a vaccine administration fee, which is ~~equivalent no greater than~~ the state **maximum** allowed vaccine administration charge for children's vaccine. ~~Adult vaccine costs will be updated each time vaccine is ordered and rounded to the nearest dollar. Children's vaccine costs are determined by the Washington Vaccine Administration, shall not be rounded, and are updated annually at the beginning of the calendar year.~~
2. The fee for **adult** 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.~~
3. Clients shall ~~be billed~~ pay 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.
4. 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.~~
5. ~~Other vaccines received for free by KCPHD shall be provided without the vaccine fee, but shall include the vaccine administration charge.~~

**O. Off-Site Vaccine Clinics:**

1. ~~At this time, KCPHD will not bill insurance at off-site vaccine clinics, except for Medicare for influenza and pneumonia vaccinations.~~
2. ~~When children's vaccinations are provided at off-site clinics where parents are not present (i.e. school clinics), vaccines will be provided free of charge and we will not bill health insurance or a vaccine administration charge.~~
3. ~~If parents are present (i.e. family event), or for adult vaccination clinics, the vaccine administration fee shall be charged (sliding fee scale may be used) for all vaccinations except for adult influenza, in which case the influenza fee shall be charged.~~
4. ~~Vaccines will be provided for free at off-site clinics in the jail or at Community Connect Day. The vaccine administration charge will not be charged.~~

**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 CC.
- 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 ~~CC~~.

- 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 ~~DD~~.

#### 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 Chair (per Kittitas County Code 4.04.10) have signed.
- C. This policy is subject to review at least annually.

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Public Health Administrator \_\_\_\_\_ Date \_\_\_\_\_

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Health Officer \_\_\_\_\_ Date \_\_\_\_\_

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Board of Health Chair \_\_\_\_\_ Date \_\_\_\_\_

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**Attachment A: 2014 Sliding Fee Schedule**

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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 AB: 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 veterans 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 B: Clinic Service Billing

### VACCINE SERVICES

<i>Child=18 and under Adult=19 and over</i>	<u>Vaccine Administration Fee</u>	<u>Influenza Vaccine</u>	<u>Other Vaccines</u>	<u>Individual Travel Consultation</u>	<u>Group Travel Consultation</u>	<u>Travel Vaccines</u>
<b><u>Child with no insurance or insurance we don't accept</u></b>	<u>Patient pays (may slide fee to zero, except if for travel vaccines)</u>	<u>No charge (Covered by Vaccine for Children Program)</u>	<u>No charge (Covered by Vaccine for Children Program)</u>	<u>Patient pays (no sliding fee)</u>	<u>Patient pays (no sliding fee)</u>	<u>Patient pays (no sliding fee), unless Vaccine for Children program vaccine</u>
<b><u>Child with Medicaid</u></b>	<u>Bill insurance</u>	<u>No charge (Covered by Vaccine for Children Program)</u>	<u>No charge (Covered by Vaccine for Children Program)</u>	<u>Bill insurance</u>	<u>Patient pays (no sliding fee)</u>	<u>Bill insurance</u>
<b><u>Child with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance (double claim with Washington Vaccine Administration)</u>	<u>Bill insurance (double claim with Washington Vaccine Administration)</u>	<u>Bill insurance</u>	<u>Patient pays (no sliding fee)</u>	<u>Bill insurance</u>
<b><u>Adult with no insurance or insurance we don't accept</u></b>	<u>Patient pays (may slide fee to zero, except if for travel vaccines)</u>	<u>Patient pays (no sliding fee), unless free vaccine is available</u>	<u>Patient pays (no sliding fee), unless free vaccine is available</u>	<u>Patient pays (no sliding fee)</u>	<u>Patient pays (no sliding fee)</u>	<u>Patient pays (no sliding fee), unless free vaccine is available</u>
<b><u>Adult with Medicaid</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Patient pays (no sliding fee)</u>	<u>Bill insurance</u>
<b><u>Adult with Medicare</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Pneumonia: bill insurance Other vaccines: not covered, patient pays (no sliding fee), unless free vaccine is available</u>	<u>Bill insurance</u>	<u>Patient pays (no sliding fee)</u>	<u>Not covered, patient pays (no sliding fee), unless free vaccine is available</u>
<b><u>Adult with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Patient pays (no sliding fee)</u>	<u>Bill insurance</u>

**TUBERCULOSIS SERVICES**

	<b><u>PPD Initial Visit</u></b>	<b><u>PPD Placement</u></b>	<b><u>PPD Results Only Visit</u></b>	<b><u>Blood Draw</u></b>	<b><u>QuantiFERON Processing</u></b>	<b><u>TB Initial Positive Visit</u></b>	<b><u>TB F/U Positive Visit</u></b>	<b><u>TB Home Visit New</u></b>	<b><u>TB Home Visit Established</u></b>
<b><u>Child with no insurance or insurance we don't accept</u></b>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>
<b><u>Child with Medicaid</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Child with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Adult with no insurance or insurance we don't accept</u></b>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>	<u>Patient pays (may slide fee to zero)</u>
<b><u>Adult with Medicaid</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Adult with Medicare</u></b>	<u>Not provided, needs to consult with physician.</u>								
<b><u>Adult with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Adult required by employer</u></b>	<u>Employer paid</u>					<u>N/A</u>			
<b><u>Adult or child involved in TB contact investigation</u></b>	<u>Bill insurance if possible, if not no fee</u>								

## HIV/HCV FEES

\*\*\*If a patient refuses to allow us to bill their insurance, we will treat them as if they have no insurance.\*\*\*

<i>Child=14-17 Adult=18 and over</i>	<u>Pre-Test</u>	<u>Post-Test</u>	<u>OraSure HIV Test</u>	<u>HIV/Syphilis Test</u>	<u>Hepatitis C Test</u>
<b><u>Child (14-17) with no insurance or insurance we don't accept</u></b>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>
<b><u>Child (14-17) with Medicaid</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Child with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Adult with no insurance or insurance we don't accept</u></b>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>	<u>High risk is free; Low risk, patient pays (may slide fee to zero)</u>
<b><u>Adult with Medicaid</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>
<b><u>Adult with Medicare</u></b>	<u>Not provided, needs to consult with physician.</u>				
<b><u>Adult with private insurance that we accept</u></b>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>	<u>Bill insurance</u>

## Attachment **CE**: 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	<b>\$24.24</b>	\$9.45	\$9.51	\$43.21	<b>\$44.00</b>
Community Health (Nursing)	<b>\$26.06</b>	\$10.16	\$10.23	\$46.46	<b>\$47.00</b>
Community Health (Non-Nursing)	<b>\$19.52</b>	\$7.61	\$7.66	\$34.79	<b>\$35.00</b>
Support Staff	<b>\$13.01</b>	\$5.07	\$5.11	\$23.19	<b>\$24.00</b>
Health Officer*	<b>\$80.03</b>	\$6.40	\$31.41	\$117.84	<b>\$118.00</b>
*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
<b>Rounded up to \$5</b>	<b>\$80.00</b>	<b>\$80.00</b>	<b>\$65.00</b>

**Attachment DD: 20164 Kittitas County Public Health Department Fee Schedule**

ENVIRONMENTAL HEALTH FEES

<b>ACTIVITY</b>	<b>TERM</b>	<b>20164 FEE</b>
<b><i>DRINKING WATER</i></b>		
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	\$170.00
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
Electronic Meter Read (EMR) Equipment	Each	\$175.00
<b><i>Adequate Water Supply Determination</i></b>		
Individual or shared water systems, Group B Water Systems, Group A- NTNC and Group A-TNC Water Systems	Each (expires w/in 1 year)	\$305.00
Group A Community Systems	Each (expires w/in 1 year)	\$180.00
Limited Review	Each (expires w/in 1 year)	\$95.00
<b><i>Mitigation and Metering</i></b>		
Package A Mitigation Certificate	Each	\$3,080.00
Package B Mitigation Certificate	Each	\$3,995.00
Metering Fee	Annually	\$180.00
<b><i>SOLID WASTE*</i></b>		
Landfill	Annual	\$1,970.00
Transfer Station	Annual	\$1,545.00
Composting Facility Level 1	Annual	\$1,155.00
Composting Facility Level 2	Annual	\$1,980.00
Composting Facility Level 3	Annual	\$3,390.00

ACTIVITY	TERM	2016 <del>4</del> FEE
Digester	Annual	\$1,130.00
Recycling Center	Annual	\$595.00
Bio-solids Utilization	Annual	\$1,130.00
Demolition/Inert	Annual	\$1,130.00
Wood waste	Annual	\$1,155.00
Closed Landfill	Annual	\$1,155.00
Limited Purpose Landfill	Annual	\$2,030.00
Moderate Risk Waste Facility Level 1	Annual	\$1,665.00
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	\$180.00
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 <del>2014</del> solid waste fees cover a portion of 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.		
<b>ON-SITE SEWAGE (OSS)</b>		
Septic Tank Pumper License	Annual	\$215.00
On-Site Sewage System Installer License	Annual	\$220.00
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	\$435.00
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)	\$230.00
On-Site Sewage Redesign Submittal (Same Designer)	Each (expires w/in 1 year)	\$210.00
<b>OSS-Gravity System</b>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$445.00
OSS System Homeowner Design (Does not include site evaluation or permit)	Each (expires w/in 1 year)	\$255.00
<b>OSS-Pressure System</b>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$485.00
<b>OSS-Alternative System</b>		
OSS System New/Repair Permit	Each (expires	\$555.00

ACTIVITY	TERM	2016 <del>4</del> FEE
	w/in 1 year)	
<b><i>OSS-Community System</i></b>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$640.00
<b><i>OSS-Commercial System</i></b>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$640.00
<b><i>OSS-Dry Cabin</i></b>		
Privy/Compost Toilet Permit	Each (expires w/in 1 year)	\$385.00
<b><i>OSS-Other Fees</i></b>		
Experimental Sewage System	Each (expires w/in 1 year)	\$730.00
Grey Water/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)	\$265.00
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
<del>OSS Permit copy/Realtor request</del>	<del>Each</del>	<del>\$6.00</del>
Variance/Waiver	Each	\$480.00
<b><i>LAND USE</i></b>		
<del>Preliminary Long Plat Fee/Cluster Plat 5+ Lots (up to 12 hours)</del>	Each	<del>\$800.00</del> <u>\$540.00</u>
<del>Final Plat</del>	<del>Each</del>	<del>\$260.00</del>
<del>Short Plat/Cluster Plat 4 Lots or Less/Short Plat Amendment/Large Lot Fee</del>	Each	\$570.00
<del>Pre-Application Meeting</del>	<del>Each</del>	<del>\$145.00</del>
<del>Preliminary Site Analysis</del>	<del>Each</del>	<del>\$50.00</del>
Boundary Line Adjustment <del>Review</del>	Each	\$215.00
<u>Land Use Comments and Review</u> <ul style="list-style-type: none"> <li>• <u>Administrative Conditional Use Permit/Amendment</u></li> <li>• <u>Conditional Use Permit/Amendment</u></li> <li>• <u>Commercial Project</u></li> <li>• <u>Zoning Variance</u></li> <li>• <u>State Environmental Policy Act (SEPA)</u></li> <li>• <u>Binding Site Plan</u></li> </ul>	<u>Each</u>	<u>\$235.00</u>
<del>Conditional Use Permit Review</del>	<del>Each</del>	<del>\$235.00</del>
<del>Commercial Project Permit Review</del>	<del>Each</del>	<del>\$235.00</del>
<del>Land Use Variance Review</del>	<del>Each</del>	<del>\$235.00</del>

<b>ACTIVITY</b>	<b>TERM</b>	<b>2016<del>4</del> FEE</b>
State Environmental Policy Act (SEPA) Review	Each	\$700.00
<b><i>FOOD SAFETY</i></b>		
<b><i>General Food Service</i></b>		
Food Service Level 1	Annual	\$295.00
Food Service Level 2	Annual	\$440.00
Food Service Level 3	Annual	\$525.00
<b><i>Mobile Food Service</i></b>		
Mobile Service Level 1	Annual	\$325.00
Mobile Service Level 2	Annual	\$470.00
Mobile Service Level 3	Annual	\$555.00
<b><i>Grocery Store</i></b>		
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	\$390.00
Meat/Seafood Department	Annual	\$420.00
Deli Department	Annual	\$390.00
Bakery Department	Annual	\$390.00
Grocery Espresso	Annual	\$390.00
<b><i>Meat/Seafood Market or Store (no other food permits)</i></b>		
Meat/Seafood Market or Store (no other food permits)	Annual	\$440.00
<b><i>Catering Food Service</i></b>		
Comprehensive Catering	Annual	\$465.00
Supplemental Catering	Annual	\$295.00
<b><i>Commissary Kitchen (no other food permits)</i></b>		
Approved Public Commissary Kitchen	Annual	\$215.00
<b><i>Market/Seasonal/Temporary Event</i></b>		
Farmer's Market	Annual	\$180.00
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	\$260.00
Additional Days for Temporary Food Service (Level 1 and 2 past 1 day, Level 3 past 5 days)	Each	\$15.00
<b><i>Food Service Plan Review</i></b>		
New Food Service Construction	Each	\$390.00
Food Service Remodel	Each	\$310.00
Change of Ownership	Each	\$280.00
Reopening (same owner)	Each	\$110.00



<b>ACTIVITY</b>	<b>TERM</b>	<b>2016<del>4</del> FEE</b>
HACCP Technical Assistance	Each	\$470.00
<b><i>School Food Service Inspection</i></b>		
K-12 School Kitchen Inspection	Each	\$180.00
<b><i>Food Safety Education</i></b>		
Food & Beverage Worker Card	Each	\$10.00
Food & Beverage Replacement Card	Each	\$6.00
<b><i>LIVING ENVIRONMENT</i></b>		
<b><i>Camps &amp; Parks</i></b>		
Camps	Annual	\$425.00
Parks	Annual	\$335.00
<b><i>School Health and Safety - Primary and Secondary</i></b>		
0-100 Students	Each	\$215.00
101-200 Students	Each	\$265.00
201-500 Students	Each	\$330.00
501-1000 Students	Each	\$465.00
≥ 1001 Students	Each	\$665.00
<b><i>Water Recreation</i></b>		
Pool, Spa, Wading or Spray Pool: Pre-Opening	Each	\$415.00
Pool, Spa, Wading or Spray Pool: Open 6 months or less	Annual	\$310.00
Pool, Spa, Wading or Spray Pool: Open 6-12 Months	Annual	\$455.00
<b><i>Smoking in Public Places</i></b>		
Re-inspection fee after violation	Each	\$80.00
<b><i>GENERAL</i></b>		
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

VITAL RECORDS FEES

<b>ACTIVITY</b>	<b>TERM</b>	<b>2016<del>4</del> FEE</b>
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	2016 FEE
<b>GENERAL</b>		
<del>Brief Office Visit (15 minutes)</del>	<del>Each</del>	<del>\$50.00</del>
<del>Limited Office Visit (30 minutes)</del>	<del>Each</del>	<del>\$65.00</del>
Blood Draw	Each	\$55.00
Adult Influenza Vaccine	Each	\$30.00
Vaccine Administration Charge	Each	\$23.00-44
<b>OVERSEAS TRAVEL</b>		
Full Travel Consultation—Individual	Each	\$130.00
Travel Consultation – Group (2 hour session; minimum 4 people)	Per Group	\$290.00
<b>CHILD CARE CONSULTING</b>		
Child Care Nurse Consulting Monthly Fee	Monthly	\$135.00
Child Care Nurse Consulting Hourly Rate	Hourly	\$80.00
<b>TUBERCULOSIS</b>		
QuantiFERON Processing Fee	Each	\$40.00
Purified Protein Derivative Tuberculin Skin Test (PPD TST) Initial Visit	Each	\$63.00
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
<b>TESTING &amp; COUNSELING</b>		
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
<b>EDUCATION</b>		
<b>Blood Borne Pathogen (BBP) and HIV/AIDS Classes (for groups and organizations)</b>		
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

<b>ACTIVITY</b>	<b>TERM</b>	<b>2016<del>4</del> FEE</b>
Video return late fee	Per Incident	\$25.00
<b><i>GENERAL</i></b>		
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