

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 (BOH) 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.
- 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.
- 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 the designated county fee development 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 cannot.

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

The scale shall be divided into four increments and correlate to a percentage of the federal poverty level as seen in the table below.

Sliding Fee Scale Formula	
Federal Poverty Level	Sliding Fee
0-133%	0%
133-155% %	25%
155-177%	50%
177-200%	75%
200%	100%

- G. Inability to Pay: Individuals having indicated an inability to pay shall not be refused services that are considered important to prevent the spread of communicable diseases amongst the general public, such as tuberculin skin testing, HIV and hepatitis C testing, and syphilis testing for high-risk clients; and the vaccine administration fee.
- 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 cash, credit card, money order, cashier check, or personal check for almost all services. For Vital Records and Food Worker Cards, personal checks are not accepted, with the exception of business checks from organizations that have established a working relationship with and received pre-authorization from KCPHD. Money orders, cashiers checks, and personal checks shall be made out to Kittitas County Public Health Department or KCPHD. 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. 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.

- 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 120 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 according to the table below.

January-March	75%
April-June	50%
July-October	25%
November-December	100%

- L. Refunds: In order to request a refund, a written request must be submitted. The document must be mailed, faxed, emailed, or hand delivered to KCPHD: 507 N Nanum Street, Suite 102, Ellensburg, WA 98926, fax (509) 962-7581, publichealth@co.kittitas.wa.us. All refund requests may be subject to the refund processing fee and/or a deduction for actual work performed by KCPHD prior to receiving the refund request. The cost of actual work performed shall be estimated using the same costs and methodology used to establish the fee.
- M. Vital Records Fees: Vital records fees shall be consistent with RCW 70.58.107, as seen in Attachment A, and is subject to change at any time by the state legislature. Any fee changes by the state legislature shall be adopted by KCPHD. Additional fees shall be charged for same day service and for the re-processing of death certificates that are returned due to a correction reprint.
- N. Vaccine Fees:
 1. The base price for all vaccines, except adult influenza, shall be the actual cost incurred by KCPHD plus a vaccine administration fee, which is 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 fee.
 3. Clients shall 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 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 fee, which can be placed on the sliding fee scale.
- 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.
 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 where the target audience is considered to be low-income such as the jail or at Community Connect Day. The vaccine administration charge will not be charged.

III. Procedures

- A. Fee Methodology: The designated fee development methodology shall include all costs associated with delivering the service which best meets customer needs and protects the health of the public. These costs shall include specialist time, health officer time, technician time, assessment coordinator time, and other expenses such as supplies, services and charges, computer replacement, vehicle replacement, indirect expenses, software costs, and other relevant charges. The current fee schedule can be found in Attachment D.
- B. Division Hourly Rates: Overall division hourly rates are calculated by the fee methodology. 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 are in Attachment C.
- C. Rounding: 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.

IV. Applicability

- A. This policy applies to all fees charged directly by the Kittitas County Public Health Department or collected by another county department on behalf of KCPHD, and to all individuals who are concerned with establishing or collecting 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.

Public Health Administrator

Date

Health Officer

Date

Board of Health Chair

Date

Attachment A: 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 B: Clinic Service Billing

VACCINE SERVICES

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

TUBERCULOSIS SERVICES

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

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

Attachment C: Division Hourly Rates

Environmental Health	Nursing Services	Non-Nursing Services
\$150.00	\$80.00	\$65.00

Attachment D: 2017 Kittitas County Public Health Department Fee Schedule

ENVIRONMENTAL HEALTH FEES

ACTIVITY	TERM	2017 FEE
<i>DRINKING WATER</i>		
Certificate of Potable Water Storage/Cistern Use New Permit	Each (expires w/in 2 years)	\$580.00
Potable Water Hauler License	Annual	\$360.00
Time of Sale Potable Water Storage/Cistern System Inspection	Each	\$615.00
Annual Potable Water Storage/Cistern Water Test Results Review	Annual	\$290.00
Group B workbook	Each	\$8.00
Water & Sewage Evaluation	Each	\$360.00
Re-evaluations	Each	\$255.00
Water OR Sewage Evaluation	Each	\$290.00
Water Sample collected by KCPHD staff	Each	\$215.00 + cost of water test
Well Site Review	Each	\$215.00
Well Site Inspection	Each	\$360.00
Group B Water System Application Review and Approval	Each	\$650.00
Group B Water System Expansion (3-9 connections)	Each	\$360.00
<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)	\$290.00
Group A Community Systems	Each (expires w/in 1 year)	\$180.00
Limited Review	Each (expires w/in 1 year)	\$145.00
<i>Mitigation and Metering</i>		
Package A Mitigation Certificate	Each	\$3,080.00
Package B Mitigation Certificate	Each	\$3,995.00
Metering Fee	Annually	\$180.00
<i>SOLID WASTE</i>		
Landfill	Annual	\$2,465.00
Transfer Station	Annual	\$2,135.00
Composting Facility Level 1	Annual	\$2,055.00
Composting Facility Level 2	Annual	\$2,220.00
Composting Facility Level 3	Annual	\$2,385.00
Digester	Annual	\$1,850.00
Material Recovery Facility/Recycling Facility	Annual	\$985.00

ACTIVITY	TERM	2017 FEE
Bio-solids Utilization	Annual	\$2,170.00
Demolition/Inert	Annual	\$2,170.00
Wood waste	Annual	\$1,640.00
Closed Landfill	Annual	\$1,970.00
Limited Purpose Landfill	Annual	\$1,970.00
Moderate Risk Waste Facility Level 1	Annual	\$2,135.00
Moderate Risk Waste Facility Level 2	Annual	\$2,465.00
Piles	Annual	\$1,640.00
Surface Impoundment	Annual	\$1,640.00
Tire Storage	Annual	\$1,640.00
Petroleum Contaminated Soil (PCS)	Annual	\$2,795.00
New Application Review	Each	\$2,300.00
Meth Lab Investigation	Each	\$1,025.00
Inactive Solid Waste Facility	Annual	\$2,170.00
<i>ON-SITE SEWAGE (OSS)</i>		
Septic Tank Pumper License	Annual	\$100.00
On-Site Sewage System Installer License	Annual	\$100.00
On Site Sewage Installer Study Packet	Each	\$25.00
On-Site Sewage System Installer Exam	Each	\$130.00
On-Site Sewage System Site Evaluation	Each	\$645.00
On-Site Sewage System Site Evaluation (4 or more at same site)	Each	\$550.00
On-Site Sewage System Renewal Permit	Each (expires w/in 1 year)	\$260.00
On-Site Sewage Redesign Submittal (Same Designer)	Each (expires w/in 1 year)	\$420.00
On-Site Sewage Redesign Submittal (Different Designer)	Each (expires w/in 1 year)	\$550.00
<i>OSS-Gravity System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$420.00
OSS System Homeowner Design (Does not include site evaluation or permit)	Each (expires w/in 1 year)	\$840.00
<i>OSS-Pressure System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$420.00
<i>OSS-Alternative System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$420.00
<i>OSS-Community System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$420.00

ACTIVITY	TERM	2017 FEE
<i>OSS-Commercial System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$550.00
<i>OSS-Dry Cabin</i>		
Privy/Compost Toilet Permit	Each (expires w/in 1 year)	\$420.00
<i>OSS-Other Fees</i>		
Experimental Sewage System	Each (expires w/in 1 year)	\$550.00
Grey Water/Reclaimed Wastewater Disposal System	Each	\$550.00
Incineration Toilet Permit	Each (expires w/in 1 year)	\$420.00
Septic Tank Replacement	Each (expires w/in 1 year)	\$290.00
Temporary Holding Tank	Each (expires w/in 1 year)	\$550.00
OSS Design Archiving Fee (archiving fee waived if design submitted in an electronic PDF format)	Each	\$25.00
Variance/Waiver	Each	\$655.00
<i>LAND USE</i>		
Preliminary Plat /Cluster Plat 5+ Lots	Each	\$650.00
Final Plat	Each	\$370.00
Short Plat/Cluster Plat 4 Lots or Less/Short Plat Amendment/Large Lot	Each	\$650.00
Pre-Application Meeting	Each	\$235.00
Boundary Line Adjustment	Each	\$280.00
Land Use Comments and Review <ul style="list-style-type: none"> • Administrative Conditional Use Permit/Amendment • Conditional Use Permit/Amendment • Commercial Project • Zoning Variance • State Environmental Policy Act (SEPA) • Binding Site Plan 	Each	\$280.00
State Environmental Policy Act (SEPA) Review	Each	\$435.00
<i>FOOD SAFETY</i>		
<i>General Food Service</i>		
Food Service Level 1	Annual	\$370.00
Food Service Level 2	Annual	\$555.00
Food Service Level 3	Annual	\$590.00
<i>Mobile Food Service</i>		
Mobile Service Level 1	Annual	\$405.00
Mobile Service Level 2	Annual	\$515.00

ACTIVITY	TERM	2017 FEE
Mobile Service Level 3	Annual	\$590.00
<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	\$405.00
Meat/Seafood Department	Annual	\$295.00
Deli Department	Annual	\$295.00
Bakery Department	Annual	\$220.00
Grocery Espresso	Annual	\$220.00
<i>Meat/Seafood Market or Store (no other food permits)</i>		
Meat/Seafood Market or Store (no other food permits)	Annual	\$630.00
<i>Catering Food Service</i>		
Comprehensive Catering	Annual	\$515.00
Supplemental Catering	Annual	\$330.00
<i>Commissary Kitchen (no other food permits)</i>		
Approved Public Commissary Kitchen	Annual	\$330.00
<i>Market/Seasonal/Temporary Event</i>		
Farmer's Market <u>Level 1</u>	Annual	\$185255.00
<u>Farmer's Market Level 2</u>	<u>Annual</u>	<u>\$295.00</u>
<u>Farmer's Market Level 3</u>	<u>Annual</u>	<u>\$405.00</u>
Seasonal Food Service	Each	\$255.00
Temporary Food Service Level 1 (single event)	Each	\$110.00
Temporary Food Service Level 2 (single event)	Each	\$220.00
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	\$40.00
<i>Food Service Plan Review</i>		
New Food Service Construction	Each	\$475.00
Food Service Remodel	Each	\$370.00
Change of Ownership	Each	\$255.00
Reopening (same owner)	Each	\$185.00
HACCP Technical Assistance	Each	\$595.00
<i>School Food Service Inspection</i>		
K-12 School Kitchen Inspection	Each	\$260.00
<i>Food Safety Education</i>		
Food & Beverage Worker Card	Each	\$10.00
Food & Beverage Replacement Card	Each	\$6.00

ACTIVITY	TERM	2017 FEE
<i>Food Safety Re-inspection</i>		
Food Safety Re-inspection	Each	\$300.00
<i>LIVING ENVIRONMENT</i>		
<i>Camps & Parks</i>		
Camps	Annual	\$830.00
Parks	Annual	\$685.00
<i>School Health and Safety - Primary and Secondary</i>		
0-100 Students	Each	\$620.00
101-200 Students	Each	\$690.00
201-500 Students	Each	\$835.00
501-1000 Students	Each	\$1,195.00
≥ 1001 Students	Each	\$1,340.00
<i>Water Recreation</i>		
Pool, Spa, Wading or Spray Pool: Pre-Opening	Each	\$405.00
Pool, Spa, Wading or Spray Pool: Open 6 months or less	Annual	\$405.00
Pool, Spa, Wading or Spray Pool: Open 6-12 Months	Annual	\$440.00
Water Recreation Re-inspection	Each	\$225.00
<i>Smoking in Public Places</i>		
Re-inspection fee after violation	Each	\$335.00
<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	\$150.00
Refund Processing Fee	Each	\$40.00 + the cost of any work already completed
Administrative Appeal to Board of Health	Each	\$670.00
Administrative Appeal to Hearings Examiner	Each	\$740.00

VITAL RECORDS FEES

ACTIVITY	TERM	2017 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	2017 FEE
<i>GENERAL</i>		
Blood Draw	Each	\$55.00
Adult Influenza Vaccine	Each	\$30.00
Vaccine Administration Fee	Each	\$23.00
Vaccines	Each	Varies, depends on cost
Titer	Each	Same as blood draw, plus lab fees
<i>OVERSEAS TRAVEL</i>		
Full Travel Consultation—Individual	Each	\$130.00
Travel Consultation – Group (2 hour session; min. 4 people)	Per Group	\$290.00
<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	\$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
<i>TESTING & COUNSELING</i>		
Pre-Test Counseling	Each	\$70.00
Post-Test Counseling	Each	\$70.00
HIV Antibody & Syphilis Test	Each	Same as blood draw
<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

ACTIVITY	TERM	2017 FEE
<i>GENERAL</i>		
Nursing Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee)	Hour	\$80.00
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
Refund Processing Fee	Each	\$40.00 + the cost of any work already completed