



MARC GONZALES
DIRECTOR

DEPARTMENT OF FINANCE

PUBLIC SERVICES BUILDING

2051 KAEN ROAD | OREGON CITY, OR 97045

June 28, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Resolution Adopting the Clackamas County 2018-2019
Fiscal Year Budget, making Appropriations and Imposing and
Categorizing Taxes for the Period of July 1, 2018 through June 30, 2019

Purpose/Outcome	Budget adoption for Clackamas County FY 2018-2019
Dollar Amount and Fiscal Impact	The effect is to adopt a budget of \$846,819,667.
Funding Source	Includes Fund Balance, Fees, Licenses, Permits, Fines, Assessments and Other Service Charges, Federal, State Other Grants, Revenue from Bonds and Other Debt, Interfund Transfers, Internal Service Reimbursements, Other Resources and Taxes.
Duration	July 1, 2018-June 30, 2019
Previous Board Action/Review	Budget Committee approval June 6, 2018.
Strategic Plan Alignment	Build public trust through good government
Contact Person	Diane Padilla, 503-742-5425

BACKGROUND:

Attached are the Resolution and exhibits to adopt the budget as published and approved by the Budget Committee in accordance with state budget law, and impose taxes.

This Resolution establishes a budget for Clackamas County July 1, 2018 through June 30, 2019 inclusive of \$846,819,667.

RECOMMENDATION:

Staff respectfully recommends that the Board adopt the attached Resolution and exhibit.

Sincerely,

Diane Padilla
Budget Manager

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Adopting a Budget
Making Appropriations and Imposing
and Categorizing Taxes from the
Period of July 1, 2018 to June 30,
2019 for Clackamas County



Resolution No. _____
Page 1 of 2

BE IT RESOLVED that the Board of Commissioners of Clackamas County hereby adopts the budget approved by the Clackamas County Budget Committee in compliance with Oregon Local Budget Law in the total amount of \$846,819,667 and establishes appropriations as detailed in the attached Exhibit A, which is, by this reference, incorporated herein. This budget is now on file at 2051 Kaen Road, in Oregon City, Oregon.

BE IT RESOLVED that the Budget Committee has accepted the recommendations of the Compensation Board for Elected Officials with regard to individual salary adjustments of 6.4% for Board of County Commissioners effective July 1, 2018, an individual salary adjustment of 2.0% for the Treasurer effective July 1, 2018, an individual salary adjustment of 3.0% for the Assessor effective July 1, 2018, an individual salary adjustment of 4.6% for the Clerk effective July 1, 2018, an individual salary adjustment of 4.0% for the District Attorney effective July 1, 2018 and an individual salary adjustment of 2.8% for the Justice of the Peace effective July 1, 2018.

BE IT RESOLVED that the Board of Commissioners has accepted the methodology of using the CPI-W, West Urban rate (annual average) from the previous year for calculating cost of living adjustments for non-represented county employees. This rate is 2.8% effective July 1, 2018.

BE IT RESOLVED that in conformance with Governmental Accounting Standards Board Statement Number 54, the County acknowledges that amounts transferred from the General Fund in operational support to the Sheriff's Operations Fund (216), The District Attorney Fund (220), The Juvenile Fund (260) and the Community Corrections Fund (219) for Fiscal Year 2017-18 are 'committed funds' as defined in GASB Statement 54.

BE IT RESOLVED that the following ad valorem property taxes are hereby imposed for tax year 2018-2019 upon the assessed value of all taxable property within the district:

- (1) At the rate of \$2.4042 per \$1,000 of assessed value for permanent rate tax in cities which provide their own police patrol service; and
- (2) At the rate of \$2.9766 per \$1,000 of assessed value for permanent rate tax in remaining cities and unincorporated areas; and
- (3) At the rate of \$0.2480 per \$1,000 of assessed value for local option tax; and
- (4) In the amount of \$4,937,000 for debt service for general obligation bonds.

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Adopting a Budget
Making Appropriations and imposing
and Categorizing Taxes from the
Period of July 1, 2018 to June 30,
2019, for Clackamas County



Resolution No. _____
Page 2 of 2

BE IT RESOLVED that the taxes imposed are hereby categorized for purposes of Article XI section 11b as:

General Government Limitation	
Permanent Rate Tax	\$2.4042/\$1,000
Permanent Rate Tax	\$2.9766/\$1,000
Local Option Tax	\$0.2480/\$1,000

Excluded from Limitation
General Obligation Bond Debt Service \$4,937,000

BE RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

The above statements were approved and declared adopted on this 28th day of June, 2018.

DATED this 28th day of June, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

**SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19**

<u>GENERAL FUND</u>	<u>APPROPRIATION</u>
Board of County Commissioners	1,876,723
County Administration	2,332,469
County Counsel	2,859,569
Human Resources	4,451,480
Assessor	8,203,895
Clerk	3,074,611
Transportation & Development	1,303,805
Finance	7,093,056
Treasurer	1,011,248
Public & Government Affairs	5,884,652
Not Allocated to Organizational Unit:	
Personnel Services	19,971,658
Materials & Services	10,323,421
Debt Service	244,303
Special Payments	42,647,382
Interfund Transfer	109,650,177
Contingency	8,718,830
FUND TOTAL	\$ 229,647,279
<u>COUNTY FAIR FUND</u>	
Culture, Education and Recreation	2,279,062
Not Allocated to Organizational Unit:	
Special Payments	5,000
Contingency	111,446
FUND TOTAL	\$ 2,395,508
<u>COUNTY SCHOOL FUND</u>	
Not Allocated to Organizational Unit:	
Special Payments	269,365
FUND TOTAL	\$ 269,365
<u>BUILDING CODES FUND</u>	
General Government	8,703,987
Not Allocated to Organizational Unit:	
Contingency	719,396
FUND TOTAL	\$ 9,423,383

**SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19**

CLACKAMAS COUNTY RESOLUTION SVCS FUND

General Government		1,687,357
	FUND TOTAL	\$ 1,687,357

BUSINESS & ECONOMIC DEVELOPMENT FUND

Economic Development		3,999,115
Not Allocated to Organizational Unit:		
Interfund Transfer		63,000
Special Payments		335,000
Contingency		401,791
	FUND TOTAL	\$ 4,798,906

DISASTER MANAGEMENT FUND

Public Protection		3,733,916
Not Allocated to Organizational Unit:		
Special Payments		150,000
Contingency		308,159
	FUND TOTAL	\$ 4,192,075

LAW LIBRARY FUND

Public Protection		429,253
Not Allocated to Organizational Unit:		
Contingency		160,000
	FUND TOTAL	\$ 589,253

LIBRARY SERVICES FUND

Culture, Education and Recreation		4,736,191
Not Allocated to Organizational Unit:		
Special Payments		2,100,000
Contingency		91,447
	FUND TOTAL	\$ 6,927,638

PARKS FUND

Culture, Education and Recreation		3,488,828
Not Allocated to Organizational Unit:		
Contingency		212,333
	FUND TOTAL	\$ 3,701,161

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

PLANNING FUND

Economic Development	4,441,277
Not Allocated to Organizational Unit:	
Interfund Transfer	110,000
Contingency	330,237
FUND TOTAL	<u>\$ 4,881,514</u>

ROAD FUND

Public Ways and Facilities	56,764,718
Not Allocated to Organizational Unit:	
Special Payments	500,000
Contingency	8,258,677
FUND TOTAL	<u>\$ 65,523,395</u>

SHERIFF FUND

Public Protection	91,016,015
Not Allocated to Organizational Unit:	
Interfund Transfer	1,631,731
Special Payments	170,000
FUND TOTAL	<u>\$ 92,817,746</u>

CODE ENFORCEMENT, RESOURCE CONSERVATION & SOLID WASTE

General Government	4,169,729
Not Allocated to Organizational Unit:	
Interfund Transfer	75,000
Contingency	664,202
FUND TOTAL	<u>\$ 4,908,931</u>

PROPERTY RESOURCES FUND

General Government	1,162,193
Not Allocated to Organizational Unit:	
Special Payments	450,000
Contingency	97,547
FUND TOTAL	<u>\$ 1,709,740</u>

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

COMMUNITY CORRECTIONS FUND

Public Protection	18,217,264
Not Allocated to Organizational Unit: Special Payments	120,579
FUND TOTAL	<u>\$ 18,337,843</u>

DISTRICT ATTORNEY FUND

Public Protection	13,198,042
Not Allocated to Organizational Unit: Special Payments	440,000
FUND TOTAL	<u>\$ 13,638,042</u>

JUSTICE COURT FUND

Public Protection	1,841,548
Not Allocated to Organizational Unit: Special Payments	1,700,000
Contingency	770,606
FUND TOTAL	<u>\$ 4,312,154</u>

COUNTYWIDE TRANSPORTATION SDC FUND

Public Ways and Facilities	153,357
Not Allocated to Organizational Unit: Interfund Transfer	1,721,536
Contingency	1,055,273
FUND TOTAL	<u>\$ 2,930,166</u>

PUBLIC LAND CORNER PRESERVATION FUND

Public Ways and Facilities	736,975
Not Allocated to Organizational Unit: Contingency	290,868
FUND TOTAL	<u>\$ 1,027,843</u>

Exhibit A

**SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON**

FISCAL YEAR 2018-19

HAPPY VALLEY/CLACKAMAS JOINT TRANSPORTATION FUND

Public Ways and Facilities

Not Allocated to Organizational Unit:

Interfund Transfer

1,882,768

FUND TOTAL

\$ 1,882,768

HEALTH, HOUSING & HUMAN SERVICES ADMINISTRATION FUND

Health and Human Services

3,116,311

Not Allocated to Organizational Unit:

Interfund Transfer

65,358

FUND TOTAL

\$ 3,181,669

BEHAVIORAL HEALTH FUND

Health and Human Services

26,316,249

Not Allocated to Organizational Unit:

Special Payments

990,454

Contingency

3,906,306

FUND TOTAL

\$ 31,213,009

SOCIAL SERVICES FUND

Health and Human Services

28,157,057

Not Allocated to Organizational Unit:

Special Payments

978,157

Contingency

2,111,459

FUND TOTAL

\$ 31,246,673

COMMUNITY DEVELOPMENT FUND

Economic Development

5,728,146

Not Allocated to Organizational Unit:

Special Payments

465,000

Contingency

483,439

FUND TOTAL

\$ 6,676,585

COMMUNITY SOLUTIONS FUND

Not Allocated to Organizational Unit:

Interfund Transfer

626,510

FUND TOTAL

\$ 626,510

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

CHILDREN YOUTH & FAMILIES FUND

Health and Human Services	8,585,528
Not Allocated to Organizational Unit: Special Payments	1,130,545
FUND TOTAL	<u>\$ 9,716,073</u>

DOG SERVICES FUND

Health and Human Services	2,718,096
Not Allocated to Organizational Unit: Contingency	251,939
FUND TOTAL	<u>\$ 2,970,035</u>

EMPLOYER CONTRIBUTION RESERVE FUND

Not Allocated to Organizational Unit: Contingency	2,710,280
FUND TOTAL	<u>\$ 2,710,280</u>

COUNTY SAFETY NET LEGISLATION LOCAL PROJECTS FUND

Not Allocated to Organizational Unit: Materials & Services	12,824
Special Payments	293,338
FUND TOTAL	<u>\$ 306,162</u>

PUBLIC HEALTH FUND

Health and Human Services	10,153,528
Not Allocated to Organizational Unit: Special Payments	548,893
Contingency	26,163
FUND TOTAL	<u>\$ 10,728,584</u>

CLACKAMAS HEALTH CENTERS FUND

Health and Human Services	35,713,273
Not Allocated to Organizational Unit: Contingency	7,086,499
FUND TOTAL	<u>\$ 42,799,772</u>

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

TRANSIENT ROOM TAX FUND

Not Allocated to Organizational Unit:		
Materials & Services		105,000
Interfund Transfer		5,151,676
FUND TOTAL	\$	<u>5,256,676</u>

TOURISM DEVELOPMENT FUND

Culture, Education and Recreation		5,529,592
Not Allocated to Organizational Unit:		
Contingency		450,000
FUND TOTAL	\$	<u>5,979,592</u>

FOREST MANAGEMENT FUND

Culture, Education and Recreation		5,887,416
Not Allocated to Organizational Unit:		
Special Payments		5,000
Interfund Transfer		300,000
Contingency		129,242
FUND TOTAL	\$	<u>6,321,658</u>

JUVENILE FUND

Public Protection		12,684,324
Not Allocated to Organizational Unit:		
Contingency		150,000
FUND TOTAL	\$	<u>12,834,324</u>

CLACKAMAS COUNTY DEBT SERVICE FUND

Not Allocated to Organizational Unit:		
Debt Service		8,706,303
FUND TOTAL	\$	<u>8,706,303</u>

GENERAL OBLIGATION BOND DEBT SERVICE FUND

Not Allocated to Organizational Unit:		
Debt Service		4,690,155
FUND TOTAL	\$	<u>4,690,155</u>

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

DTD CAPITAL PROJECTS FUND

Public Ways and Facilities

Not Allocated to Organizational Unit:
Interfund Transfer

	3,436,491
FUND TOTAL	<u>\$ 3,436,491</u>

CAPITAL PROJECTS RESERVE FUND

Public Ways and Facilities 19,013,377

Not Allocated to Organizational Unit:
Contingency

	645,285
FUND TOTAL	<u>\$ 19,658,662</u>

LID CONSTRUCTION FUND

Public Ways and Facilities 99,820

FUND TOTAL	<u>\$ 99,820</u>
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STONECREEK GOLF COURSE FUND

Golf Course (Business-type Activity) 2,519,709

Not Allocated to Organizational Unit:
Interfund Transfer
Special Payments
Contingency

	324,500
	5,000
	286,765
FUND TOTAL	<u>\$ 3,135,974</u>

CLACKAMAS BROADBAND UTILITY FUND

Broadband Utility (Business-type Activity) 2,388,384

Not Allocated to Organizational Unit:
Special Payments

	36,000
FUND TOTAL	<u>\$ 2,424,384</u>

RECORDS MANAGEMENT FUND

General Government 695,504

Not Allocated to Organizational Unit:
Contingency

	67,436
FUND TOTAL	<u>\$ 762,940</u>

Exhibit A

**SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19**

FACILITIES MANAGEMENT FUND

General Government	12,896,499
Not Allocated to Organizational Unit: Contingency	175,274
FUND TOTAL	<u>\$ 13,071,773</u>

TELECOMMUNICATIONS SERVICES FUND

General Government	3,416,895
FUND TOTAL	<u>\$ 3,416,895</u>

TECHNOLOGY SERVICES FUND

General Government	13,753,591
Not Allocated to Organizational Unit: Contingency	430,000
FUND TOTAL	<u>\$ 14,183,591</u>

CENTRAL DISPATCH FUND

Public Protection	7,796,289
Not Allocated to Organizational Unit: Special Payments	1,189,380
Contingency	200,000
FUND TOTAL	<u>\$ 9,185,669</u>

SELF-INSURANCE FUND

General Government	32,339,649
Not Allocated to Organizational Unit: Contingency	4,789,672
FUND TOTAL	<u>\$ 37,129,321</u>

RISK MANAGEMENT CLAIMS FUND

General Government	5,237,293
Not Allocated to Organizational Unit: Contingency	8,073,494
FUND TOTAL	<u>\$ 13,310,787</u>

Exhibit A

SUMMARY OF BUDGETED APPROPRIATIONS
CLACKAMAS COUNTY, OREGON
FISCAL YEAR 2018-19

FLEET SERVICES FUND

General Government	5,417,244
Not Allocated to Organizational Unit:	
Contingency	50,000
FUND TOTAL	<u>\$ 5,467,244</u>

DAMASCUS SUCCESSOR PRIVATE PURPOSE TRUST FUND

Not Allocated to Organizational Unit:	
Materials & Services	2,641,834
FUND TOTAL	<u>\$ 2,641,834</u>

TOTAL **789,491,512**

TOTAL APPROPRIATED	789,491,512
TOTAL UNAPPROPRIATED	57,328,155
TOTAL ADOPTED BUDGET	<u>\$ 846,819,667</u>



OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

June 28, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

**APPROVAL OF A RESOLUTION ADOPTING CHANGED FEES
FOR CLACKAMAS COUNTY FOR FISCAL YEAR 2018-2019**

Stephen L. Madkour
County Counsel

Kathleen Rastetter
Scott C. Ciecko
Alexander Gordon
Amanda Keller
Nathan K. Boderman
Christina Thacker
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Assistants

Purpose/Outcomes	The approval of the attached resolution completes the process of adopting fees for Fiscal Year 2018-2019. If approved, these fees will be incorporated into County Code Appendix A – Fees, and will be effective July 1, 2018.
Dollar Amount and Fiscal Impact	Costs to implement new fees would be internal to the county involving staff time and resources.
Funding Source	No new funding.
Duration	Fees will be effective July 1, 2018.
Previous Board Action	The Board heard from individual departments at study sessions regarding these fees.
Contact Person	Anja Mundy, County Counsel x 5396

Background:

In 2002, the County began the process of adopting and modifying fees and fines by resolution once annually. All fees and fines are reviewed annually by various departments. After review, departments propose new or changed fees and fines for consideration by the Board in study session. In 2012, it was determined that fines should be adopted by ordinance rather than resolution. The attached resolution reflects the new or changed fees that have been previously reviewed by the Board and tentatively approved for adoption.

Recommendation:

The staff respectfully recommends that the Board approve and sign the attached resolution adopting changed fees for Clackamas County for Fiscal Year 2018-2019.

Respectfully submitted,

Stephen L. Madkour

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

A RESOLUTION OF THE CLACKAMAS
COUNTY BOARD OF COUNTY
COMMISSIONERS ADOPTING
CHANGED COUNTY FEES FOR
FISCAL YEAR 2018-2019



RESOLUTION NO. _____

NOW, THEREFORE; BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Section 1: Pursuant to Section 1.01.090 of the Clackamas County Code, the Board adopts the fees shown on the attachment which are incorporated by this reference.

Section 2: The Board hereby directs that the changes to fees shown on the attachment shall be included in Appendix A of the Clackamas County Code.

Section 3: The County shall charge all fees set by state or federal law. If such a fee is changed the County shall charge the new amount when it becomes effective.

Section 4: Pursuant to ORS 310.145, the Board classifies the fees adopted by this resolution as fees not subject to the limits of section 11b, Article XI of the Oregon Constitution.

Section 5: Effective Date. The changes to fees authorized by Section 1 of this resolution and shown on the attachments shall become effective on July 1, 2018.

DATED this 28th day of June, 2018.

CLACKAMAS COUNTY BOARD OF COMMISSIONERS

Chair

Recording Secretary

Attachment 1: Transportation Development, Proposed Fee Changes for FY 2018-19

Description	Authorizing Legislation	Current FEE amount	Proposed FEE amount	Comparables	Reason for Change
<i>Name of fee</i>	<i>ORS, Code #</i>	<i>\$</i>	<i>\$</i>	<i>List amounts in other cities/counties.</i>	<i>Provide explanation for proposed changes.</i>
DTD - PLANNING - LAND USE APPLICATIONS					
Marijuana Land Use Application - Type I <i>(includes LUCS)</i>	ZDO §1307.15	\$1,000	\$1,000		Modify description to remove inclusion of the LUCS; LUCS will be charged separately under the new proposed fee, below.
Land Use Compatibility Statement (LUCS)	ZDO §1307.15	NEW	\$100	Deschutes County = \$92.25; Washington County = \$100; City of Portland = \$250	New fee. The Land Use Compatibility statement takes an average of an hour to complete, this reflect the average billable cost per hour for staff in this workgroup.

Attachment 1: Transportation Development, Proposed Fee Changes for FY 2018-19

Description	Authorizing Legislation	Current FEE amount	Proposed FEE amount	Comparables	Reason for Change
Name of fee	ORS, Code #	\$	\$	List amounts in other cities/counties.	Provide explanation for proposed changes.
DTD - ENGINEERING					
Residential Subdivision / Partition / Non-Land Use Related Permit & Inspection	Code §1.01.090	\$1,274 or 8.83% of improvement costs, whichever is greatest.	\$1,600 min. or 8.83% of public & private road improvements, whichever is greater	Washington Co: Varies between 8% and 14% for larger projects; Beaverton: 7.5%-10% depending on size of project	Increase the minimum permit fee to capture rising staff costs over time. Change the fee structure to better capture the differing efforts for reviewing on- and off-site improvements.
Residential Plan Review & Construction Inspection					
Up to \$10,000 in improvement costs	Code §1.01.090	\$1,274 min. fee	Replace with Residential Fee Structure Above.		Replace with Residential fee structure (#1) above.
For \$10,000 or more in construction costs	Code §1.01.090	8.83% or \$1,274 whichever is greatest			
Commercial, Multifamily & Industrial Permit and Inspection	Code §1.01.090	\$1,274 or 8.83% of improvement costs, whichever is greatest.	\$1,600 min. or 8.83% of public improvements + 5% of onsite transportation improvements	Washington Co: Varies between 8% and 14% for larger projects	Increase the minimum permit fee to capture rising staff costs over time. The current commercial fee structure includes fees that rely on the number of parking spaces; we are removing parking spaces from the equation, as developments without changes in parking still require the same level of plan review and coordination. Change the fee structure to better capture the differing efforts for reviewing on- and off-site improvements.
Non Structured Parking:					
up to eight (8) parking spaces	Code §1.01.090	\$1,274 min. fee	Replace with Commercial Fee Structure Above.		Replace with Commercial fee structure (#2) above.
Eight (8) or more spaces	Code §1.01.090	\$122 per space or \$1,274 min. fee whichever is greatest			
DTD - ENGINEERING (Continued)					

Attachment 1: Transportation Development, Proposed Fee Changes for FY 2018-19

Description	Authorizing Legislation	Current FEE amount	Proposed FEE amount	Comparables	Reason for Change
Name of fee	ORS, Code #	\$	\$	List amounts in other cities/counties.	Provide explanation for proposed changes.
Non DTD public agency work (capital projects) in existing road right-of-way	Code §1.01.090	974; or 8.83% of improvement costs, whichever is greatest.	Actual cost; deposit based upon County estimate	Washington Co: Varies between 8% and 14% for larger projects	Codify the existing policy to capture a deposit and bill actual costs against capital projects and large utility extensions, allowing us to bill against the deposit to recover the cost of plan review, coordination and inspection.
Development Permit – Work in existing road right-of-way (for work not associated with residential or commercial development project)					
Up to \$10,000 in improvement costs	Code §1.01.090	974; or 8.83% of improvement costs, whichever is greatest.	Replace with Public Agency Work Fee Structure Above.		Replace with Public Agency Work fee structure (#3) above.
For \$10,000 or more in improvement costs	Code §1.01.090	\$0			
Structured Parking (Fee calculated using the average number of spaces per level, not total spaces in garage.)	Code §1.01.090	\$1,274; \$122 per number of spaces/level or \$1,274 min. fee whichever is greatest	\$122 per number of spaces/level or \$1,600 min. fee whichever is greatest	Washington Co: Varies between 8% and 14% for larger projects	Increase the minimum permit fee to capture rising staff costs over time.
Fee assessed on the average number of parking spaces per level					
up to eight (8) parking spaces per level	Code §1.01.090	\$1,274 min. fee	Replace with Fee Structure Above.		Replace with Structured Parking fee structure (#4) above.
Eight (8) or more spaces per level	Code §1.01.090	\$122 per space or \$1,274 min. fee whichever is greatest			
DTD - ENGINEERING (Continued)					
Road right-of-way improvements (not requiring a development permit)					
Ditches, culverts or drainage	Code §1.01.090	\$95	\$150	Washington Co: \$250; Oregon City: \$149	We are increasing the permit fee for road right-of-way improvements

Attachment 1: Transportation Development, Proposed Fee Changes for FY 2018-19

Description	Authorizing Legislation	Current FEE amount	Proposed FEE amount	Comparables	Reason for Change
<i>Name of fee</i>	<i>ORS, Code #</i>	\$	\$	<i>List amounts in other cities/counties.</i>	<i>Provide explanation for proposed changes.</i>
Sidewalk installation/repair	Code §1.01.090	\$95	\$150	Washington Co: \$250; Oregon City: \$149	We are increasing the permit fee for road right-of-way improvements. Our cost to process and inspect this work exceeds the current fee. The proposed fee aligns with regional partners.
Minor paving	Code §1.01.090	\$95	\$150	Washington Co: \$250; Oregon City: \$149	
Driveway resurface/replacement	Code §1.01.090	\$95	\$150	Washington Co: \$450 min	
Urban Area Subdivision Driveway (New development with sidewalks & curbs within the UGB)	Code §1.01.090	\$166	\$250		
Residential (non-subdivision), Logging, Agricultural Driveway Permit & Inspection, under 150 feet in length	Code §1.01.090	\$332	\$400	Washington Co: \$450 min	We are proposing a modification of this fee structure to capture the various construction types and differing levels of staff time required with each.
Residential (non new subdivision) Permit & Inspection, Over 150 feet in length	Code §1.01.090	\$332	\$500	Washington Co: \$450 min	
Urban unincorporated & Rural Residential Driveway Permit/Inspection	Code §1.01.090	\$332	Eliminate. Covered in fee structure above.		Eliminate this fee. This is covered in the Driveway fee structure (#5) above.
Surface Water and Erosion Control Plan Review (Minor Partition, Subdivision, Partition, Multi-family, Commercial, Industrial)	Code §1.01.090	\$710	\$710		No fee change, change in description only. Simplify the fee table by cleaning up the title of this existing fee.
DTD - ENGINEERING (Continued)					
Revocable Encroachment Permit	Code §1.01.090	\$95	\$150	Salem = \$319	
One-lane road closure; Traffic Control Plan Review (if not associated with another Engineering permit)	Code §1.01.090	\$95	\$200		We are asked to review traffic control plans on complete road closures and events that would not be covered under the existing fee structure. Expand this fee to cover any traffic control plan review not associated with another engineering permit.

Attachment 1: Transportation Development, Proposed Fee Changes for FY 2018-19

Description	Authorizing Legislation	Current FEE amount	Proposed FEE amount	Comparables	Reason for Change
<i>Name of fee</i>	<i>ORS, Code #</i>	\$	\$	<i>List amounts in other cities/counties.</i>	<i>Provide explanation for proposed changes.</i>
Refund, Entrance Permit Application Withdrawn / Denied	Code §1.01.090	NEW	Application or appeal fee refunded less \$200		Historically we have refunded the entire fee, despite staff review and research performed.
Permitting work in the right-of-way; work completed by DTD, DTD contractors or railroads.	Code §1.01.090	\$0	No fee charged.		Codify that DTD, DTD contractors and railroads are not charged permitting fees for work performed in the right-of-way (road closure, traffic control plan review, etc.).

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DTD - DOG SERVICES					
Outside license sales - veterinarian retention, flat fee per license sale	Code §1.01.090	\$2	\$3		Increase to \$3 to help retain the vets that currently sell the licenses, make it more appealing for the ones that aren't AND to ask the vets all to mail in their licenses each month. (Theory is that the increased fee that they retain will more than compensate them for postage cost).

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DTD - SURVEYOR					
Affidavit of correction for survey or plat	ORS 92.170(6), 110.115(7), 209.255(6)	\$75 plus recording fees			No fee change, change in description only.
Fax Fees	ORS 209.070 (3)	2.5			Eliminate fee. We no longer fax files.
Cover Sheet	ORS 209.070 (3)	9			Eliminate fee. We no longer fax files.
First Page	ORS 209.070 (3)	5			Eliminate fee. We no longer fax files.
Additional Pages	ORS 209.070 (3)	2.5			Eliminate fee. We no longer fax files.
Record of Property Line Adjustment survey filing fee	Code §11.02.020	\$450 + \$50 per page after first 3 pages	No change.		This is an existing fee that was not shown on the county fee table.
Plat and Street Vacation (collected by Clerk)	ORS 271.230 (2)	\$125 plus recording fee			No fee change, change in description only.
Hourly Rates Research Fee	Code §1.01.090	Actual cost for all hourly work.	Actual cost; minimum \$50.		This is an existing fee. Clarifying the advance deposit requirement. Remove the amount of the filing fee, as that already exists as a separate fee and we will not call it out here separately.
Correction amendment to condominium plat	ORS 100.118	Actual cost plus recording fee	Deposit required, actual costs + \$400-filing fee		This is an existing fee. Clarifying the advance deposit requirement. Remove the amount of the filing fee, as that already exists as a separate fee and we will not call it out here separately.
Supplemental condominium plat review and approval	ORS 100.120	Actual cost plus recording fee	Deposit required, actual costs + \$400-filing fee		This is an existing fee. Clarifying the advance deposit requirement. Remove the amount of the filing fee, as that already exists as a separate fee and we will not call it out here separately.
Condominium plat amendment	ORS 100.116	Actual cost plus recording fee	Deposit required, actual costs + \$400-filing fee		Worksheet to calculate deposit based on size of development.
Partition plat	Code §1.01.090	\$1,600 deposit, actual costs + \$400 filing fee	\$1,800 deposit, actual costs + \$400 filing fee		This is an existing fee that was not shown on the county fee table. Increase the deposit to reflect staff rate increases over time.
DTD - SURVEYOR (Continued)					
Subdivision plat	ORS 100.116	Actual cost plus recording fee	Deposit required, actual costs + \$400 filing fee		This is an existing fee that was not shown on the county fee table. Worksheet to calculate deposit based on size of development.

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<i>Name of fee</i>	<i>ORS, Code #</i>	<i>\$</i>	<i>\$</i>	<i>List amounts in other cities/counties.</i>	<i>Provide explanation for proposed changes.</i>
Boundary Survey	ORS 209.250	\$400	No change.		This is an existing fee that was not shown on the county fee table.

**Clackamas County Health Centers
Proposed Fee Schedule Changes**

CPT - Procedure Code	Description of Service	Current Fee	Updated Fee	Change
10060	DRAINAGE OF SKIN ABSCESS	\$215	\$260	\$45
10061	DRAINAGE OF SKIN ABSCESS	\$418	\$587	\$169
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	\$302	\$485	\$183
10120	REMOVE FOREIGN BODY SKIN, SIMPLE	\$245	\$338	\$93
10121	REMOVE FOREIGN BODY, COMPLICATED	\$569	\$656	\$87
10140	DRAINAGE OF HEMATOMA/FLUID	\$280	\$374	\$94
10160	PUNCTURE DRAINAGE OF LESION	\$218	\$323	\$105
11055	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; SINGLE LESION	\$80	\$61	(\$19)
11056	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; 2-4 LESIONS	\$93	\$76	(\$17)
11057	PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; > 4 LESIONS	\$102	\$82	(\$20)
11100	BIOPSY, SKIN, SUBQ MUCOUS MEMBRANE SINGLE LESION	\$174	\$228	\$54
11101	BIOPSY, SKIN ADD-ON	\$100	\$95	(\$5)
11200	REMOVAL OF SKIN TAGS	\$158	\$213	\$55
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10<	\$77	\$70	(\$7)
11300	SHAVE SKIN LESION	\$156	\$172	\$16
11301	SHAVE SKIN LESION	\$195	\$215	\$20
11302	SHAVE SKIN LESION	\$230	\$246	\$16
11305	SHAVE SKIN LESION	\$150	\$162	\$12
11306	SHAVE SKIN LESION	\$205	\$199	(\$6)
11311	SHAVE SKIN LESION	\$229	\$230	\$1
11312	SHAVE SKIN LESION	\$268	\$276	\$8
11400	EXC TR EXT B9 PULS MARG 0.5 LESS THAN CM	\$240	\$268	\$28
11401	EXC TR EXT B9 PLUS MARG 0.6 TO 1 CM	\$287	\$325	\$38
11402	EXC TR EXT B9 PLUS MARG 1.1TO 2 CM	\$345	\$372	\$27
11403	EXC TR EXT B9 PLUS MARG 2.1 TO 3 CM	\$445	\$456	\$11
11404	EXC TR EXT B9 PLUS MARG 3.1 TO 4 CM	\$553	\$551	(\$2)
11406	EXC TR EXT B9 PLUS MARG GREATER THAN 4.0 CM	\$764	\$822	\$58
11420	EXC H F NK SP B9 PLUS MARG 0.5 LESS THAN	\$247	\$268	\$21
11421	EXC H F NK SP B9 PLUS MARG 0.6 TO 1	\$319	\$335	\$16
11422	EXC H F NK SP B9 PLUS MARG 1.1 TO 2	\$391	\$401	\$10
11423	EXC H F NK SP B9 PLUS MARG 2.1 TO 3	\$512	\$499	(\$13)
11440	EXC FACE MM B9 PLUS MARG 0.5 LESS THAN CM	\$297	\$300	\$3
11441	EXC FACE MM B9 PLUS MARG 0.6 TO 1 CM	\$374	\$391	\$17
11443	EXC FACE MM B9 PLUS MARG 2.1 TO 3 CM	\$597	\$568	(\$29)
11601	EXC TR EXT MLG PLUS MARG 0.6 TO 1 CM	\$425	\$473	\$48
11720	DEBRIDE NAIL, 1 TO 5	\$58	\$38	(\$20)
11721	DEBRIDE NAIL, 6 OR MORE	\$93	\$57	(\$36)
11730	REMOVAL OF NAIL PLATE	\$196	\$140	(\$56)
11732	REMOVE NAIL PLATE, ADDON	\$102	\$71	(\$31)
11740	DRAIN BLOOD FROM UNDER NAIL	\$129	\$95	(\$34)
11750	REMOVAL OF NAIL BED	\$551	\$333	(\$218)
11900	INJECTION INTO SKIN LESIONS	\$112	\$124	\$12
11976	REMOVAL OF CONTRACEPTIVE CAPSULE	\$415	\$351	(\$64)
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$369	\$330	(\$39)
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$406	\$370	(\$36)
11983	REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$634	\$572	(\$62)
12001	REPAIR SUPERFICIAL WOUND,S	\$290	\$307	\$17
12002	REPAIR SUPERFICIAL WOUND,S	\$345	\$379	\$34
12011	REPAIR SUPERFICIAL WOUND,S	\$335	\$372	\$37
12021	CLOSURE OF SPLIT WOUND	\$347	\$351	\$4
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$388	\$501	\$113
17000	DESTROY BENIGN/PREMLG LESION	\$131	\$99	(\$32)
17003	DESTROY LESIONS, 2-14	\$38	\$16	(\$22)
17004	DESTROY LESIONS, 15 OR MORE	\$465	\$251	(\$214)
17106	DESTRUCTION OF SKIN LESIONS	\$705	\$635	(\$70)
17110	DESTRUCT LESION, 1 14	\$156	\$142	(\$14)
17111	DESTRUCT LESION, 15 OR MORE	\$204	\$185	(\$19)

Clackamas County Health Centers Proposed Fee Schedule Changes				
19081	BX BREAST W DEVICE 1ST LESION STEREOTACTIC GUIDE	\$730	\$1,086	\$356
20103	EXPLORE WOUND, EXTREMITY	\$1,435	\$1,436	\$1
20526	THER INJECTION, CARP TUNNEL	\$206	\$190	(\$16)
20550	INJECTION S SINGLE TENDON SHEATH, LIGAMENT, APONEUROSIS	\$183	\$136	(\$47)
20551	INJECTION S SINGLE TENDON ORIGIN INSERTION	\$181	\$151	(\$30)
20552	INJECTION S SINGLE MULTIPLE TRIGGER POINT S , 1 2 MUSCLES	\$185	\$140	(\$45)
20553	INJECT TRIGGER POINTS, EQUAL TO OR GREATER THAN 3	\$215	\$178	(\$37)
20600	DRAIN/INJECT, JOINT/BURSA SMALL	\$159	\$124	(\$35)
20605	DRAIN/INJECT, JOINT/BURSA; INTERMEDIATE	\$177	\$140	(\$37)
20610	DRAIN/INJECT, JOINT/BURSA; MAJOR	\$216	\$179	(\$37)
20612	ASPIRATION &/OR INJECTION, GANGLION CYST(S) ANY LOCATION	\$185	\$151	(\$34)
21555	REMOVE LESION, NECK/CHEST	\$1,065	\$982	(\$83)
23930	INCISION & DRAINAGE, UPPER ARM/ELBOW AREA; DEEP ABSCESS/HEMATOMA	\$978	\$815	(\$163)
27604	INCISION & DRAINAGE, LEG/ANKLE; INFECTED BURSA	\$1,578	\$1,477	(\$101)
28190	REMOVAL, FB, FOOT; SUBQ	\$510	\$560	\$50
29125	APPLICATION, SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$165	\$183	\$18
36416	COLLECTION, CAPILLARY BLOOD SPECIMEN	\$19	\$15	(\$4)
40800	DRAINAGE OF MOUTH LESION	\$329	\$483	\$154
46083	INCISION, THROMBOSED HEMORRHOID, EXT	\$420	\$403	(\$17)
46600	DIAGNOSTIC ANOSCOPY	\$152	\$203	\$51
51701	INSERT BLADDER CATHETER	\$178	\$154	(\$24)
51702	INSERT TEMP BLADDER CATH	\$245	\$198	(\$47)
54056	CRYOSURGERY, PENIS LESION,S	\$343	\$275	(\$68)
56420	DRAINAGE OF GLAND ABSCESS	\$402	\$358	(\$44)
56501	DESTROY, VULVA LESIONS, SIM	\$336	\$306	(\$30)
57061	DESTROY VAG LESIONS, SIMPLE	\$349	\$286	(\$63)
57065	DESTROY VAG LESIONS, COMPLEX	\$1,098	\$553	(\$545)
57170	FITTING OF DIAPHRAGM/CAP	\$185	\$164	(\$21)
57452	EXAM OF CERVIX W/SCOPE	\$370	\$287	(\$83)
57454	BX/CURETT OF CERVIX W/SCOPE	\$535	\$410	(\$125)
57455	BIOPSY OF CERVIX W/SCOPE	\$467	\$363	(\$104)
57456	ENDOCERV CURETTAGE W/SCOPE	\$456	\$358	(\$98)
57500	BIOPSY OF CERVIX	\$351	\$305	(\$46)
57511	CRYOCAUTERY OF CERVIX	\$452	\$331	(\$121)
58100	BIOPSY OF UTERUS LINING	\$368	\$265	(\$103)
58300	INSERT INTRAUTERINE DEVICE	\$348	\$228	(\$120)
58301	REMOVE INTRAUTERINE DEVICE	\$266	\$211	(\$55)
59025	FETAL NON STRESS TEST	\$194	\$159	(\$35)
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$335	\$270	(\$65)
69000	DRAINAGE EXT EAR, ABSCESS/HEMATOMA; SIMPLE	\$292	\$492	\$200
69210	REMOVE IMPACTED EAR WAX	\$113	\$128	\$15
71010	RADIOLOGIC EXAM, CHEST; SINGLE VIEW, FRONTAL	\$112	\$50	(\$62)
71020	RADIOLOGIC EXAM, CHEST, 2 VIEWS, FRONTAL & LATERAL	\$140	\$77	(\$63)
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	\$5	\$27	\$23
80051	ELECTROLYTE PANEL	\$4	\$23	\$19
80053	COMPRE METAB PANEL	\$5	\$37	\$32
80055	OBSTETRIC PANEL	\$60	\$168	\$108
80061	LIPID PANEL	\$7	\$47	\$41
80069	RENAL FUNCTION PANEL	\$6	\$28	\$22
80074	ACUTE HEPATITIS PANEL	\$42	\$210	\$168
80076	HEPATIC FUNCTION PANEL	\$5	\$29	\$25
80156	ASSAY OF CARBAMAZEPINE (TEGRETOL)	\$17	\$59	\$42
80162	ASSAY OF DIGOXIN	\$14	\$48	\$34
80164	ASSAY OF DIPROPYLACETIC ACID (VALPROIC ACID)	\$17	\$55	\$38
80178	ASSAY OF LITHIUM	\$9	\$37	\$28
80184	ASSAY OF PHENOBARBITAL	\$20	\$16	(\$4)
80185	PHENYTOIN	\$15	\$55	\$40
80186	ASSAY OF PHENYTOIN; FREE	\$33	\$54	\$21
81001	URINALYSIS, AUTOMATED W/ MICROSCOPY	\$6	\$21	\$15
81002	URINALYSIS, DIPSTICK, NONAUTO, W/O MICRO	\$5	\$6	\$1
81003	URINALYSIS, ROUTINE	\$6	\$11	\$6

**Clackamas County Health Centers
Proposed Fee Schedule Changes**

81025	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON METHODS	\$22	\$21	(\$1)
82024	ASSAY OF ACTH	\$30	\$116	\$87
82043	MICROALBUMIN, RANDOM URINE, QUANT (W/O CREAT)	\$8	\$40	\$32
82085	ASSAY OF ALDOLASE	\$12	\$54	\$42
82088	ASSAY OF ALDOSTERONE, SERUM	\$38	\$118	\$81
82103	ALPHA 1 ANTITRYPSIN, TOTAL	\$17	\$65	\$48
82105	ALPHA-FETOPROTEIN; SERUM	\$22	\$66	\$45
82140	ASSAY OF AMMONIA	\$33	\$43	\$10
82150	AMYLASE, SERUM	\$7	\$25	\$18
82239	BILE ACIDS, TOTAL	\$20	\$43	\$23
82247	BILIRUBIN, TOTAL	\$5	\$13	\$9
82270	OCCULT BLOOD BY PEROX ACTIVITY, 1-3 SPEC (82270)	\$6	\$11	\$5
82274	FECAL GLOBIN BY IMMUNOCHEMISTRY (FIT)	\$29	\$33	\$5
82306	VITAMIN D; 25 HYDROXY	\$28	\$137	\$109
82310	CALCIUM	\$5	\$15	\$11
82330	CALCIUM; IONIZED	\$30	\$43	\$14
82360	CALCULUS ASSAY, QUANT	\$21	\$43	\$23
82384	CATECHOLAMINES 24 HR URINE FRACTIONATED	\$27	\$114	\$87
82390	ASSAY OF CERULOPLASMIN	\$14	\$52	\$38
82436	CHLORIDE, URINE RANDOM	\$15	\$15	(\$0)
82465	CHOLESTEROL	\$4	\$12	\$8
82525	COPPER, BLOOD OR SERUM	\$26	\$61	\$36
82530	CORTISOL; FREE	\$27	\$43	\$16
82533	TOTAL CORTISOL	\$14	\$86	\$72
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$7	\$22	\$15
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15	\$31	\$17
82570	URINE CREATININE, RANDOM	\$16	\$15	(\$1)
82595	ASSAY OF CRYOGLOBULIN	\$11	\$33	\$23
82607	CYANOCOBALAMIN (VITAMIN B-12)	\$21	\$62	\$42
82626	DEHYDROEPIANDROSTERONE (DHEA)	\$33	\$91	\$58
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$21	\$75	\$55
82652	VITAMIN D; 1, 25 DIHYDROXY (CALCITRIOL)	\$35	\$129	\$94
82670	ESTRADIOL	\$21	\$76	\$56
82705	FAT/LIPIDS, FECES; QUALITATIVE	\$15	\$44	\$29
82728	ASSAY OF FERRITIN	\$7	\$49	\$42
82746	FOLIC ACID; SERUM	\$14	\$53	\$39
82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGEN	\$4	\$12	\$8
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$6	\$9	\$3
82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	\$7	\$18	\$11
82951	GLUCOSE TOLERANCE (GTT), 3 SPEC (75G)	\$7	\$39	\$32
82977	GGT: GLUTAMYL TRANSFERASE	\$4	\$12	\$8
83001	FSH - GONADOTROPIN; FOLLICLE STIMULATING HORMONE	\$14	\$65	\$51
83002	LUTEINIZING HORMONE (LH)	\$17	\$59	\$42
83036	HEMOGLOBIN, GLYCOSYLATED (A1C)	\$6	\$36	\$30
83090	HOMOCYSTEINE	\$66	\$61	(\$5)
83525	ASSAY OF INSULIN, FASTING	\$24	\$88	\$64
83615	LACTATE DEHYDROGENASE (LD), (LDH)	\$4	\$18	\$14
83655	LEAD, BLOOD	\$10	\$35	\$25
83690	ASSAY OF LIPASE	\$11	\$32	\$22
83695	LIPOPROTEIN (A)	\$22	\$66	\$44
83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHO*	\$5	\$26	\$21
83721	LIPOPROTEIN, DIRECT MEASUREMENT	\$11	\$35	\$25
83735	ASSAY OF MAGNESIUM (SERUM)	\$7	\$27	\$21
83880	B-TYPE NATRIURETIC PEPTIDE (BNP)	\$54	\$113	\$59
83930	OSMOLALITY; BLOOD	\$14	\$37	\$23
83935	OSMOLALITY; URINE	\$14	\$38	\$24
83970	PTH (PARATHYROID HORMONE) INTACT	\$17	\$147	\$130
84030	PHENYLALANINE (PKU), BLOOD	\$5	\$17	\$12
84075	PHOSPHATASE, ALKALINE	\$5	\$12	\$8
84100	ASSAY OF PHOSPHORUS	\$4	\$13	\$9
84132	POTASSIUM, SERUM/PLASMA	\$4	\$16	\$12

**Clackamas County Health Centers
Proposed Fee Schedule Changes**

84134	ASSAY OF PREALBUMIN	\$33	\$53	\$20
84144	ASSAY OF PROGESTERONE	\$28	\$77	\$49
84146	ASSAY OF PROLACTIN	\$17	\$108	\$91
84153	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$12	\$73	\$62
84165	PROTEIN; ELECTROPHORETIC FRACTIONATION & QUANTITA*	\$18	\$32	\$14
84207	ASSAY OF VITAMIN B 6	\$33	\$121	\$88
84244	ASSAY OF RENIN	\$23	\$98	\$76
84270	ASSAY OF SEX HORMONE GLOBUL	\$28	\$67	\$39
84300	SODIUM, URINE, RANDOM	\$10	\$12	\$2
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$8	\$9	\$1
84402	TESTOSTERONE, FREE	\$40	\$83	\$43
84403	TESTOSTERONE; TOTAL	\$17	\$78	\$61
84432	ASSAY OF THYROGLOBULIN	\$21	\$62	\$41
84439	FREE T4 (THYROXINE; FREE)	\$7	\$41	\$34
84443	THYROID STIMULATING HORMONE (TSH)	\$6	\$52	\$46
84460	ALT (SGPT)	\$4	\$12	\$8
84478	ASSAY OF TRIGLYCERIDES	\$4	\$19	\$15
84480	TRIIODOTHYRONINE T3; TOTAL (TT-3)	\$17	\$54	\$37
84481	TRIIODOTHYRONINE T3; FREE	\$28	\$100	\$72
84550	ASSAY OF BLOOD/URIC ACID	\$4	\$13	\$9
84590	ASSAY OF VITAMIN A	\$23	\$45	\$22
84630	ASSAY OF ZINC	\$18	\$36	\$19
84702	HCG, CHORIONIC GONADOTROPIN QUANT	\$9	\$52	\$43
84703	HCG, CHORIONIC GONADOTROPIN ASSAY, QUAL, SERUM	\$11	\$22	\$12
85008	PERIPHERAL SMEAR W/O DIFF WBC COUNT	\$26	\$19	(\$7)
85025	CBC WITH AUTO DIFF	\$4	\$26	\$22
85027	BLOOD COUNT; COMPLT CBC, AUTO (HGB,HCT,RBC,WBC,PLT)	\$4	\$25	\$22
85045	AUTOMATED RETICULOCYTE COUNT	\$5	\$21	\$16
85060	PATHOLOGY REVIEW OF PERIPHERAL SMEAR	\$26	\$55	\$29
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$102	\$179	\$77
85610	PROTHROMBIN TIME	\$5	\$13	\$8
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$5	\$20	\$15
85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA/WHOLE *	\$11	\$25	\$15
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	\$25	\$19	(\$6)
86038	ANTINUCLEAR ANTIBODIES (ANA)	\$11	\$62	\$52
86060	ANTISTREPTOLYSIN O; TITER	\$10	\$39	\$29
86140	C-REACTIVE PROTEIN	\$11	\$33	\$23
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	\$21	\$67	\$47
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$27	\$103	\$76
86226	ANTI-DNA ANTIBODY; SINGLE STRANDED	\$38	\$45	\$8
86235	SM/NUCLEAR ANTIGEN AB	\$22	\$64	\$42
86304	CA125	\$27	\$83	\$56
86308	MONONUCLEOSIS (HETEROPHILE) AB SCREEN	\$9	\$21	\$12
86337	INSULIN ANTIBODIES	\$50	\$146	\$97
86340	INTRINSIC FACTOR ANTIBODY	\$18	\$92	\$74
86341	ISLET CELL ANTIBODY	\$38	\$74	\$37
86361	T CELL, ABSOLUTE CD4 COUNT	\$21	\$114	\$94
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$8	\$29	\$21
86480	TB TEST CELL IMMUN MEASURE	\$73	\$189	\$116
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	\$14	\$20	\$6
86592	SYPHILIS TEST; QUALITATIVE	\$6	\$26	\$20
86618	LYME DISEASE ANTIBODY	\$38	\$61	\$24
86677	HELICOBACTER PYLORI ANTIBODY	\$66	\$34	(\$32)
86694	HERPES SIMPLEX AB, NON-SPECIFIC TYPE TEST	\$53	\$69	\$16
86695	HSV TYPE 1 IGG	\$20	\$55	\$36
86696	HSV TYPE 2 IGG	\$30	\$53	\$24
86704	HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	\$12	\$43	\$32
86705	HEP B CORE ANTIBODY, IGM	\$15	\$53	\$38
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB) QUAL	\$12	\$38	\$26
86708	HEPATITIS A ANTIBODY (HAAB); TOTAL	\$14	\$50	\$36
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15	\$37	\$23

Clackamas County Health Centers Proposed Fee Schedule Changes				
86765	RUBEOLA ANTIBODY	\$15	\$62	\$47
86778	TOXOPLASMA ANTIBODY IGM	\$30	\$49	\$20
86800	THYROGLOBULIN ANTIBODY	\$16	\$52	\$36
86803	HEPATITIS C ANTIBODY	\$14	\$44	\$30
86850	ANTIBODY SCREEN	\$6	\$21	\$15
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PAN	\$14	\$60	\$46
86901	BLOOD TYPING, RH D	\$12	\$14	\$3
87070	CULTURE, BACTERIAL; EXCEPT URINE/BLOOD	\$18	\$33	\$15
87075	CULTURE, BACTERIAL ANY SOURCE EXPT BLOOD, ANAEROB W/ISOLAT PRESUMPTIVE ID, ISOLATES	\$25	\$35	\$11
87077	CULTURE, BACTERIAL AEROBIC (ISOLATE ONLY)	\$11	\$21	\$11
87086	URINE CULTURE/COLONY COUNT	\$8	\$37	\$29
87101	CULTURE, FUNGI (MOLD/YEAST) ISOLATION, W/PRESUMPTIVE ID OF ISOLATES; SKIN/HAIR/NAIL	\$26	\$25	(\$1)
87177	OVA & PARASITES, DIRECT SMEARS, CONCENTRATION & IDENTIFICATION	\$4	\$33	\$30
87186	MICROBE SUSCEPTIBLE, MIC	\$8	\$25	\$17
87207	SMEAR, PRIMARY SOURCE W/INTERP, SPECIAL STA	\$12	\$18	\$7
87220	TISSUE EXAM BY KOH SLIDE OF SAMPLES FROM SKIN/HAIR/NAILS, FUNGI/ECTOPARASITE OVA/MITES	\$7	\$17	\$10
87255	HSV CULTURE WITHOUT TYPING	\$23	\$103	\$80
87324	CLOSTRIDIUM AG, EIA, STOOL	\$14	\$74	\$60
87338	H PYLORI, STOOL; ENZYME IMMUNOASSAY (EIA)	\$66	\$83	\$18
87340	HEPATITIS B SURFACE AG, EIA	\$12	\$43	\$31
87350	HEPATITIS BE ANTIGEN	\$15	\$42	\$28
87430	STREP A AG, EIA	\$5	\$25	\$20
87491	CHLMYD TRACH, DNA, AMP PROBE	\$27	\$104	\$77
87517	HEP B DNA PCR QUANTITATIVE	\$203	\$288	\$86
87521	HEP C RNA PCR QUAL/CONFIRMATORY	\$146	\$244	\$98
87529	HSV, DNA, AMP PROBE	\$33	\$122	\$89
87536	HIV 1, QUANT, REAL-TIME PCR (NONGRAPHICAL)	\$130	\$276	\$146
87591	N. GONORROEAE, DNA, AMP PROBE	\$27	\$104	\$77
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	\$64	\$122	\$58
87902	HEP C VIRAL RNA GENOTYPE	\$431	\$474	\$43
88141	CYTOPATH, C/V, INTERPRET	\$22	\$81	\$60
88175	CYTOPATH GYN IG LIQ-BASED PAP	\$32	\$110	\$78
88300	SURGICAL PATH, GROSS (PATH LEVEL I)	\$76	\$63	(\$13)
88304	TISSUE EXAM BY PATHOLOGIST (PATH LEVEL III)	\$53	\$163	\$110
90281	HUMAN IG, IM	\$57	\$68	\$11
90471	IMMUNIZATION ADMIN	\$41	\$43	\$2
90472	IMMUNIZATION ADMIN, EACH ADD	\$24	\$27	\$3
90473	IMADM INTRANSL/ORAL 1 VACC	\$24	\$37	\$13
92015	DETERMINATION, REFRACTIVE STATE	\$125	\$45	(\$80)
92551	PURE TONE HEARING TEST, AIR	\$40	\$29	(\$11)
92552	PURE TONE AUDIOMETRY, AIR	\$47	\$44	(\$3)
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$59	\$44	(\$15)
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$103	\$72	(\$31)
93016	CARDIOVASCULAR STRESS TEST W/ECG MONITOR; PHYSICIAN SUPERVISION ONLY, W/O INTPRETATION & REPORT	\$126	\$81	(\$45)
93040	RHYTHM ECG WITH REPORT	\$61	\$48	(\$13)
94010	BREATHING CAPACITY TEST	\$139	\$75	(\$64)
94060	EVALUATION OF WHEEZING	\$227	\$121	(\$106)
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$78	\$38	(\$40)
94640	AIRWAY INHALATION TREATMENT	\$72	\$39	(\$33)
96110	DEVELOPMENTAL TEST, LIM	\$25	\$27	\$2
96150	HLTH/BEHAV ASSESS/INTERVENTION, INITIAL ASSESS	\$88	\$42	(\$46)
96151	HLTH/BEHAV ASSESS/INTERVENTION, RE-ASSESS	\$64	\$27	(\$37)
96152	HLTH/BEHAV ASSESS/INTERVENTION, INDIVIDUAL	\$77	\$21	(\$56)
96153	HLTH/BEHAV ASSESS/INTERVENTION, GROUP (2+)	\$45	\$5	(\$40)
96154	HLTH/BEHAV ASSESS/INTERVENTION, FAMILY & PATIENT	\$60	\$22	(\$38)
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	\$62	\$63	\$1
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	\$71	\$85	\$14

Clackamas County Health Centers Proposed Fee Schedule Changes				
97802	MEDICAL NUTRITION, INDIV, IN	\$60	\$56	(\$4)
97803	MED NUTRITION, INDIV, SUBSEQ	\$55	\$51	(\$4)
97804	MEDICAL NUTRITION, GROUP	\$45	\$35	(\$10)
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	\$69	\$87	\$18
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	\$115	\$11	(\$104)
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	\$150	\$134	(\$16)
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	\$161	\$168	\$7
99024	POSTOPERATIVE FOLLOW UP VISIT	\$134	\$49	(\$85)
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	\$41	\$30	(\$11)
99201	OFFICE VISIT, PROBLEM FOCUSED- NEW	\$91	\$107	\$16
99202	OFFICE VISIT, EXPANDED PROB FOC- NEW	\$131	\$176	\$45
99203	OFFICE VISIT, DETAILED- NEW	\$187	\$256	\$69
99204	OFFICE VISIT, COMPREHENSIVE/MOD- NEW	\$262	\$384	\$122
99205	OFFICE VISIT, COMPREHENSIVE/HIGH- NEW	\$333	\$492	\$159
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	\$55	\$62	\$7
99212	OFFICE VISIT, PROBLEM FOCUSED- ESTAB	\$77	\$110	\$33
99213	OFFICE VISIT, EXPANDED PROB FOC- ESTAB	\$103	\$166	\$63
99214	OFFICE VISIT, DETAILED- ESTAB	\$158	\$245	\$87
99215	OFFICE VISIT, COMPREHENSIVE/MOD- ESTAB	\$234	\$346	\$112
99381	1ST PREVENTIVE MEDICINE NEW PATIENT < 1YR	\$174	\$249	\$75
99382	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 1-4 YRS	\$188	\$264	\$76
99383	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 5-11 YRS	\$191	\$266	\$75
99384	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 12-17 YR	\$210	\$294	\$84
99385	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 18-39YRS	\$239	\$337	\$98
99386	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 40-64YRS	\$267	\$375	\$108
99387	1ST PREVENTIVE MEDICINE NEW PATIENT AGE 65YRS&>	\$263	\$384	\$121
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1YR	\$141	\$216	\$75
99392	PERIODIC PREVENTIVE MED EST PATIENT AGE 1-4YRS	\$157	\$229	\$72
99393	PERIODIC PREVENTIVE MED EST PATIENT AGE 5-11YRS	\$161	\$231	\$70
99394	PERIODIC PREVENTIVE MED EST PATIENT AGE 12-17YRS	\$178	\$253	\$75
99395	PERIODIC PREVENTIVE MED EST PATIENT AGE 18-39YRS	\$200	\$289	\$89
99396	PERIODIC PREVENTIVE MED EST PATIENT AGE 40-64YRS	\$218	\$310	\$92
99397	PERIODIC PREVENTIVE MED EST PATIENT AGE 65YRS&>	\$222	\$327	\$105
99401	PREV MED CNSL INDIV SPX 15 MIN	\$64	\$66	\$2
99402	PREVENTIVE COUNSELING, IND 30 MIN	\$167	\$112	(\$55)
99403	PREVENTIVE COUNSELING, IND 45 MIN	\$203	\$151	(\$52)
99404	PREVENTIVE COUNSELING, IND 60 MIN	\$224	\$126	(\$98)
99406	SMOKING & TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE > THAN 3 MINUTES UP TO 10 MINUTES	\$45	\$30	(\$15)
99408	ALCOHOL &/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED SCREENING EG AUDIT DAST & BRIEF INTERVENTION SBI SERVICES 15 TO 30 MINUTES	\$53	\$55	\$3
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	\$25	\$42	\$17
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING,ELASTIC OR SIMILAR STRETCHABLE	\$32	\$31	(\$1)
A4550	SURGICAL TRAYS	\$20	\$45	\$25
A4565	SLINGS	\$5	\$18	\$13
A6451	MOD COMP BANDAGE, ELASTIC, KNIT/WOVEN, LOAD RESIST 1.25 - 1.34 FT LB AT 50% MAX STRETCH. >/= 3 IN < 5 IN PER YARD	\$2	\$6	\$4
D0120	PERIODIC ORAL EVALUATION	\$52	\$64	\$12
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$76	\$96	\$20
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$45	\$91	\$46
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$82	\$105	\$23
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$123	\$168	\$45

**Clackamas County Health Centers
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D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE)	\$73	\$89	\$16
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$90	\$124	\$34
D0191	ASSESSMENT OF A PATIENT	\$48	\$39	(\$9)
D0210	INTRAORAL-COMPLETE SERIES (INCL BITEWINGS)	\$133	\$146	\$13
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$28	\$31	\$3
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$20	\$25	\$5
D0240	INTRAORAL-OCCLUSAL FILM	\$41	\$42	\$1
D0250	EXTRAORAL-FIRST FILM	\$54	\$57	\$3
D0270	BITEWING-SINGLE FILM	\$28	\$31	\$3
D0272	BITEWINGS-TWO FILMS	\$42	\$47	\$5
D0273	BITEWINGS - THREE FILMS	\$54	\$57	\$3
D0274	BITEWINGS-FOUR FILMS	\$62	\$68	\$6
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$95	\$101	\$6
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	\$211	\$166	(\$45)
D0330	PANORAMIC FILM	\$108	\$120	\$12
D0460	PULP VITALITY TESTS	\$61	\$69	\$8
D0470	DIAGNOSTIC CASTS	\$123	\$146	\$23
D1110	PROPHYLAXIS-ADULT	\$90	\$99	\$9
D1120	PROPHYLAXIS-CHILD	\$65	\$74	\$9
D1201	TOPICAL APPLICATION OF FLUORIDE (INCL PROPHY*	\$95	\$98	\$3
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$41	\$50	\$9
D1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH	\$40	\$43	\$3
D1351	SEALANT-PER TOOTH	\$55	\$58	\$3
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH*	\$59	\$93	\$34
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	\$57	\$64	\$7
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$338	\$338	\$0
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$476	\$497	\$21
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$439	\$338	(\$101)
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$542	\$483	(\$59)
D1550	RECEMENTATION OF SPACE MAINTAINER	\$68	\$77	\$9
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$120	\$81	(\$39)
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$114	\$149	\$35
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$148	\$183	\$35
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$181	\$218	\$37
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PE*	\$216	\$256	\$40
D2330	RESIN-ONE SURFACE, ANTERIOR	\$131	\$166	\$35
D2331	RESIN-TWO SURFACES, ANTERIOR	\$165	\$200	\$35
D2332	RESIN-THREE SURFACES, ANTERIOR	\$201	\$240	\$39
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$239	\$290	\$51
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$255	\$365	\$110
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$151	\$183	\$32
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$202	\$234	\$32
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$251	\$284	\$33
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$286	\$327	\$41
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$1,116	\$1,088	(\$28)
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,107	\$1,036	(\$71)
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE *	\$950	\$902	(\$48)
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$996	\$972	(\$24)
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$1,083	\$110	(\$973)
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$703	\$1,035	\$332
D2782	CROWN - 3/4 CAST NOBLE METAL	\$810	\$1,084	\$274
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$1,053	\$1,172	\$119
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$1,015	\$1,072	\$57
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$905	\$919	\$14
D2792	CROWN-FULL CAST NOBLE METAL	\$944	\$971	\$27
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RE*	\$112	\$104	(\$8)
D2920	RECEMENT CROWN	\$112	\$99	(\$13)
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$265	\$262	(\$3)

**Clackamas County Health Centers
Proposed Fee Schedule Changes**

D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$308	\$298	(\$10)
D2932	PREFABRICATED RESIN CROWN	\$423	\$314	(\$109)
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$312	\$328	\$16
D2940	PROTECTIVE RESTORATION	\$127	\$103	(\$24)
D2941	INT THERAPEUTIC RESTORATION	\$63	\$65	\$2
D2950	CORE BUILD-UP, INCL ANY PINS	\$300	\$270	(\$30)
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO REST*	\$66	\$48	(\$18)
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$405	\$362	(\$43)
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$468	\$191	(\$277)
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$366	\$311	(\$55)
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$288	\$262	(\$26)
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$252	\$134	(\$118)
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$80	\$73	(\$7)
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORAT*	\$80	\$69	(\$11)
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTO*	\$179	\$182	\$3
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$201	\$192	(\$9)
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	\$234	\$295	\$61
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION	\$269	\$240	(\$29)
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION	\$202	\$259	\$57
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$722	\$752	\$30
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$864	\$880	\$16
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$1,094	\$1,117	\$23
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE*	\$340	\$203	(\$137)
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$1,077	\$673	(\$404)
D4320	PROVISIONAL SPLINTING - INTRACORONAL	\$351	\$322	(\$29)
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR *	\$261	\$307	\$46
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$159	\$219	\$60
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$192	\$200	\$8
D4910	PERIODONTAL MAINTENANCE	\$179	\$194	\$15
D5110	COMPLETE DENTURE - MAXILLARY	\$1,387	\$1,277	(\$110)
D5120	COMPLETE DENTURE - MANDIBULAR	\$1,376	\$1,241	(\$135)
D5130	IMMEDIATE DENTURE - MAXILLARY	\$1,605	\$1,329	(\$276)
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$1,594	\$1,251	(\$343)
D5211	UPPER PARTIAL-RESIN BASE (INCL ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,171	\$860	(\$311)
D5212	LOWER PARTIAL-RESIN BASE (INCL ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$1,136	\$868	(\$268)
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAME*	\$1,620	\$1,497	(\$123)
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAM*	\$1,598	\$1,489	(\$109)
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCL CLASPS AND	\$1,011	\$757	(\$254)
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$104	\$90	(\$14)
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$104	\$89	(\$15)
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$108	\$93	(\$15)
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$104	\$91	(\$13)
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$196	\$184	(\$12)
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$155	\$157	\$2
D5610	REPAIR RESIN DENTURE BASE	\$200	\$185	(\$15)
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$200	\$185	(\$15)
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$200	\$185	(\$15)
D5620	REPAIR CAST FRAMEWORK	\$285	\$230	(\$55)
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$285	\$230	(\$55)
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$285	\$230	(\$55)
D5630	REPAIR OR REPLACE BROKEN CLASP	\$272	\$227	(\$45)
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$173	\$171	(\$2)
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$254	\$202	(\$52)
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$310	\$228	(\$82)

Clackamas County Health Centers Proposed Fee Schedule Changes				
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$1,092	\$655	(\$437)
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$1,092	\$627	(\$465)
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$596	\$521	(\$75)
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$570	\$502	(\$68)
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$456	\$539	\$83
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$456	\$541	\$85
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATOR*)	\$446	\$464	\$18
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATO*)	\$442	\$459	\$17
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$428	\$465	\$37
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATOR*)	\$429	\$470	\$41
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$772	\$693	(\$79)
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$757	\$720	(\$37)
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$616	\$515	(\$101)
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$623	\$543	(\$80)
D5850	TISSUE CONDITIONING, MAXILLARY	\$171	\$151	(\$20)
D5851	TISSUE CONDITIONING, MANDIBULAR	\$176	\$151	(\$25)
D6210	PONTIC-CAST HIGH NOBLE METAL	\$999	\$957	(\$42)
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$1,034	\$882	(\$152)
D6212	PONTIC-CAST NOBLE METAL	\$963	\$901	(\$62)
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,060	\$987	(\$73)
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE*	\$943	\$869	(\$74)
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$983	\$940	(\$43)
D6245	PONTIC - PORCELAIN/CERAMIC	\$1,027	\$1,042	\$15
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$1,070	\$1,042	(\$28)
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE *	\$940	\$924	(\$16)
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$997	\$996	(\$1)
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$1,005	\$1,042	\$37
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$989	\$919	(\$70)
D6792	CROWN-FULL CAST NOBLE METAL	\$847	\$981	\$134
D6930	RECEMENT BRIDGE	\$181	\$162	(\$19)
D7110	ORAL SURGERY SINGLE TOOTH	\$90	\$92	\$2
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$117	\$123	\$6
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (E*)	\$133	\$165	\$32
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE*	\$241	\$292	\$51
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$298	\$348	\$50
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$404	\$443	\$39
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$479	\$513	\$34
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$572	\$606	\$34
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CU*)	\$269	\$311	\$42
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$191	\$230	\$39
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$176	\$227	\$51
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$3,242	\$3,518	\$277
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL P*	\$128	\$170	\$42
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$95	\$38	(\$57)
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURG*	\$36	\$45	\$9
D9230	INHALATION OF NITROUS OXIDE / ANXIOLYSIS, ANALGESIA	\$69	\$68	(\$1)
D9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY*)	\$103	\$152	\$49
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULAR*)	\$63	\$82	\$19
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - *	\$75	\$77	\$2
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$116	\$107	(\$9)
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$41	\$43	\$2
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$41	\$43	\$2
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$41	\$43	\$2
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$92	\$80	(\$12)
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$92	\$103	\$11

Clackamas County Health Centers Proposed Fee Schedule Changes				
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED	\$92	\$134	\$42
G0396	ALCOHOL AND/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED ASSESSMENT E.G. AUDIT DAST AND BRIEF INTERVENTION 15 TO 30 MINUTES	\$53	\$51	(\$2)
G0397	ALCOHOL AND/OR SUBSTANCE OTHER THAN TOBACCO ABUSE STRUCTURED ASSESSMENT E.G. AUDIT DAST AND INTERVENTION GREATER THAN 30 MINUTES	\$102	\$134	\$32
G0438	PR MEDICARE ANNUAL WELLNESS INITIAL VISIT	\$245	\$248	\$3
G0439	PR MEDICARE ANNUAL WELLNESS SUBSEQUENT VISIT	\$162	\$187	\$25
G9001	COORDINATED CARE FEE, INITIAL RATE	\$236	\$101	(\$135)
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	\$236	\$51	(\$185)
G9006	COORDINATED CARE FEE, HOME MONITORING	\$236	\$218	(\$18)
G9011	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5	\$236	\$22	(\$214)
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED	\$236	\$218	(\$18)
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$68	\$25	(\$43)
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$1	\$10	\$9
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$1	\$7	\$6
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	\$30	\$33	\$3
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	\$231	\$41	(\$190)

DEPARTMENT/DIVISION: BCS/COUNTY PARKS	AUTH. LEGISLATION	ORS AUTHORIZED FEE	FEE AMOUNT
Picnic Area #3 covered shelter 75 persons - Drop-in/Off-season rental fee	Code §1.01.090	x	\$75
Picnic Area #4 100 persons - Reserved rental fee	Code §1.01.090	x	\$125
Picnic Area #4 100 persons - Drop-in rental fee	Code §1.01.090	x	\$93.75
Each picnic area – Refundable Cleanup Deposit	Code §1.01.090	x	\$30 Refundable cleanup Deposit-\$50
Routson Pavilion-Refundable Cleanup Deposit			\$100
Camping – primitive sites	Code §1.01.090	x	\$21/night \$22/night
Camping – H2O/elec. sites	Code §1.01.090	x	\$26/night-\$28/night
Reservation fee – nonrefundable	Code §1.01.090	x	\$8/per site
Change in Reservation	Code §1.01.090	x	\$8/per site
Cancellation in Reservation	Code §1.01.090	x	\$8/per site
Extra Vehicle Fee	Code §1.01.090	x	\$2 per vehicle \$6 per vehicle
Shower Fees (non-camper)	Code §1.01.090	x	\$5
Day Use Parking Fee	Code §1.01.090	x	\$5/vehicle-\$6/vehicle
Day Use Season Pass Parking Fee	Code §1.01.090	x	\$40/1-year \$60/2-year
Commercial Day Use Parking Fee	Code §1.01.090	x	\$20/vehicle
Commercial Day Use Season Pass Parking Fee	Code §1.01.090	x	\$100/year
OSMB Licensed Boat Parking Fee	Code §1.01.090	x	\$2
OSMB Licensed Boat Season Pass Parking Fee	Code §1.01.090	x	\$20/1-year \$35/2-year
Replacement Charge for lost/stolen parking passes			\$5
Firewood Full box	Code §1.01.090	x	\$10
Firewood Half box	Code §1.01.090	x	\$6
Sportsbag Rentals	Code §1.01.090	x	\$10/day w/\$20 refundable deposit
Dump station	Code §1.01.090	x	\$15
Special Use request	Code §1.01.090	x	\$20/item
Alcoholic beverages refundable cleanup deposit	Code §6.06.07.01	x	\$30 refundable deposit
Activities permit for amplified sound/caterer/bouncy house/other inflatable - nonrefundable fee			\$20 each item
Witness deposit for park rule violation hearing	Code §6.06.16.03	x	\$15 per witness
Property Use (For non-reserved park areas)			
Non-Profit, School or public entity use -	Code §1.01.090	x	
- up to 100 people	\$125 per day		
- over 100 people	\$250 per day		
Private and commercial (non-film and media event)	Code §1.01.090	x	
- up to 100 people	\$200 per day		

Description	Authorizing Legislation	ORS auth. fee	Fee set by ORS	Code auth. Fee	Current FEE amount	Proposed FEE amount	Comparables	Reason for change
FAMILY COURT RESOLUTION SERVICES								Update department name to reflect merger of Family Court Services and Community Dispute Resolution Services
Marriage License Fee	ORS 107.615		x		\$10	no change		
Response for Dissolution, Annulment, Legal Separation, Custody, Parenting Time or Support of a Child or Filiation	ORS 23.111-23.113; see also 107.085, 108.124, 109.330-109.103		x		\$150	remove		no longer relevant
Resolution Services - general program services of counseling, facilitation and mediation	Code §1.01.090			x	\$100 per hour	\$125 per hour	\$0 - \$450	Many services are provided at no cost to participants - please see attached materials for more information. This change brings charges for paid services closer to actual cost recovery while still providing affordable services for most income ranges.
Family Law Education Programs - Parent education program	ORS 3.425		x		\$75 per class; maximum of 15 \$75 if parties register within 15 days after petitioner's filing of respondents' pleading services	\$75 per class; no discount	Multnomah County \$70 Washington County \$267 for four class series	Change in structure and online registration render this less relevant. This change also streamlines administrative and accounting functions
Family Law Classes Family Law Education Classes	ORS 3.425		x		\$40 per session	\$30		Change fee and update terminology to distinguish between class fees and consultation fees. Adjusting department fees to reflect \$125/hour base hourly service rate.
Family law clinic	ORS 3.425				\$125 per hour for consultation	\$125		Adjusting department fees to reflect \$125/hour base hourly service rate.
Advanced Internship Training	ORS 3.425				\$2,000 per academic year	CJO 05-028		correct legal reference
Domestic Relations Mediation Training	Code §1.01.090			x	\$1,500 per 40-hour training; discounted to \$1,250 per training for any party who elects to take two trainings together	\$1,250		Adjusting department fees to reflect \$125/hour base hourly service rate.
Training	Code §1.01.090			x				
- participant fee					\$25 per hour for each participant	\$30		Adjusting department fees to reflect \$125/hour base hourly service rate.
- Trainer fee					\$100 per hour for class	\$125		Adjusting department fees to reflect \$125/hour base hourly service rate.
Fee for Cost of Clinical Supervision Towards Licensure	Code §1.01.090			x	\$100 per hour for individual supervision; \$25 per hour for group supervision	\$125/30		Adjusting department fees to reflect \$125/hour base hourly service rate.
Small claims mediation	Code §1.01.090					no change		
- Claim is \$2500 or less					\$50 per side			
- Claim is \$2500 to \$10,000					\$90 per side			

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	CURRENT FEE AMOUNT	Proposed fee FY2018/2019
COUNTY CLERK						
Public Land Corner Preservation Fund	ORS 203.148(2)	x			\$10	
Plat recording fee	ORS 92.070(5)		x	x	\$45 (\$93 total with other required fees)	
San Francisco Plat Map	Code §1.01.090			x		
- Each copy					\$0.50	
- Certification					\$3.75	
- Mailing tube					\$2.75	
- Postage, if mailed					\$3	
- Total – if certified and mailed				x	\$10	
GIS Technology Fee	Code §1.01.090			x	\$5	
Assessment and Taxation fee	ORS 205.323		x		\$16	
Per side of each page recording fee	ORS 205.320(4)(b)		x		\$5	
For each add'l release, assignment or satisfaction embodied in one document, an add'l	ORS 205.320(12)		x		\$5	
For each add'l transaction embodied in one document, an add'l	ORS 205.320(13)		x		\$5	
Nonstandard document fee for noncompliance of first page requirements and/or page/print size - an	ORS 205.234 & ORS 205.232		x		\$20	
Surveyor PLC fee	ORS 203.148(2)		x		\$10	
Oregon Land Info System fee	ORS 205.323		x		\$1	
Low Income Housing	ORS 205.320(2)(e) HB 4007			HB 4007	\$20	HB 4007 INCREASE BY \$40.00 - NOW \$60.00
Affordable housing collection					\$2	
Copies of recorded records	ORS 205.320(4)(c)		x		\$3.75 first page + \$0.25 each add'l page (does not include Marriage Records)	
- Search					\$3.75	
first page copy and each additional page					0.25	
Certification of copies	ORS 205.320		x	x	\$3.75	

Images of Recorded Documents	Code §1.01.090				\$0.25 per image	
OLCC Licensing	ORS 471.166 (8)		x			
- Original application					\$100	
- Change of ownership, location or privilege					\$75	
- Renewal or temporary					\$35	
Social gambling license application	Code §8.05.040				\$25	
Marriage License or Declaration of Domestic Partnership	ORS 107.615(1) and ORS 205.320(5)	x	x		\$60 (cash only)	
Waiving the three-day waiting period for marriage license	Code §1.01.090			x	\$15 general; \$0 veterans	
Duplicate marriage license	Code §1.01.090			x	\$15	
	Code §1.01.090				\$20	