UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING, CERTIFICATION
AND RESIDENT ASSESSMENT

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UTAH HEALTH CARE FACILITY LICENSING FEE SCHEDULE

Effective July 1, 2010 - June 30, 2011
(Information Only)

Pursuant to Utah State Legislature FY2011 Appropriation Act the following fees are designated for health care facilities.

HOSPITAL

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Per Bed	$ 39.00
Per Bed	$ 19.50	Per Satellite Location	$ 260.00
Per Satellite Location	$ 130.00	Per Freestanding Residential Treatment Facility Bed	$ 26.00
Per Freestanding Residential Treatment Facility Bed	$ 13.00		

MAMMOGRAPHY FACILITY

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Agency Fee	$ 520.00
Agency Fee	$ 260.00		

NURSING CARE FACILITY

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Per Bed Fee	$ 31.20
Per Bed Fee	$ 15.60	CBS/MIS (each)	$ 13.00
CBS/MIS (each)	$ 13.00		

SMALL HEALTH CARE FACILITY and (Type N)

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Per Bed Fee	$ 31.20
Per Bed Fee	$ 15.60	CBS/MIS (each)	$ 13.00
CBS/MIS (each)	$ 13.00		

HOME HEALTH (Personal Care) and HOSPICE AGENCIES

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Agency Fee	$1,495.00
Agency Fee	$ 747.50	Branch Location	$ 260.00
Branch Location	$ 130.00	CBS/MIS (each)	$ 13.00
CBS/MIS (each)	$ 13.00		

ASSISTED LIVING (Type I and II)

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Limited Capacity	$ 325.00	Per Bed Fee	$ 26.00
Initial License	$ 260.00	CBS/MIS (each)	$ 13.00
Per Bed Fee	$ 13.00		
CBS/MIS (each)	$ 13.00		

AMBULATORY SURGERY CENTER

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Agency Fee	$2,990.00
Agency Fee	$1,495.00		

END STAGE RENAL DISEASE CENTER

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Station Fee	$ 182.00
Station Fee	$ 91.00	CBS/MIS (each)	$ 13.00
CBS/MIS (each)	$ 13.00		

BIRTHING CENTER

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Per Delivery Room	$ 520.00
Per Delivery Room	$ 260.00		

ABORTION CLINICS

New Provider		Renewal	
New Provider Fee	$ 747.50	Base Fee	$ 520.00
Initial License	$ 260.00	Per Operating Room	$ 520.00
Per Operating Room	$ 260.00		

ADDITIONAL FEES

A fee of $130.00 is charged to healthcare providers making changes to their existing license.

LATE FEES

A Request for Agency Action /License Application form, applicable fees, and clearances shall be filed with the Department 15 days before the existing license expires. All fees and documentation must be received by the license expiration date or late fees will be assessed according to the following schedule:

1-14 days after expiration of license 50% of scheduled fee
15-31 days after expiration of license 75% of scheduled fee

Form Date 04/28/2010

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PLAN REVIEW FEES AND INSPECTION FEES

A minimum of two on-site inspections (one before piping and utilities are enclosed and one final inspection). Projects of two or more stories will normally require additional inspections due primarily to construction phasing. The required number of inspections will be mutually determined after the submittal of preliminary drawings. However, an inspection before enclosure of pipes and utilities is required.

Each additional inspection required or each additional inspection requested by the facility shall cost $559.00 plus mileage in accordance with the current state rate, for travel to and from the site by the Department representative.

HOSPITALS

Number of Beds	Plan Review Fees
Up to 16	$ 3,445.00
17 to 50	$ 6,890.00
51 to 100	$ 10,335.00
101 to 200	$ 12,870.00
201 to 300	$ 15,470.00
301 to 400	$ 17,192.50
Over 400	$ 17,192.50 Plus $37.70 / additional bed

In the case of complex or unusual hospital plans, an appropriate plan review fee will be negotiated with the provider at the start of the review process based on the best estimate of the review time involved and the standard hourly rate.

NURSING CARE FACILITIES AND SMALL HEALTH CARE FACILITIES

Number of Beds	Plan Review Fees
Up to 5	$ 1,118.00
6 to 16	$ 1,716.00
17 to 50	$ 3,900.00
51 to 100	$ 6,890.00
101 to 200	$ 8,580.00

NEW ASSISTED LIVING TYPE I AND TYPE II FACILITIES

Number of Beds	Plan Review Fees
Up to 5	$ 598.00
6 to 16	$ 1,196.00
17 to 50	$ 2,762.50
51 to 100	$ 5,167.50
101 to 200	$ 7,247.50

FREESTANDING AMBULATORY SURGICAL FACILITIES

$1,722.50 per Operating Room

BIRTHING CENTERS AND ABORTION CLINICS

$442.00 per Service Unit

END STAGE RENAL DISEASE FACILITIES

$175.50 per Station

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PLAN REVIEW FEES FOR REMODELS OF LICENSED FACILITIES

The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms or service unit, or other clinic type facilities:

Hospitals and Freestanding Surgery Facilities: $.29 per sq. ft.

All others excluding Home Health Agencies: $.25 per sq. ft.

Each required on-site inspection: $559.00 plus mileage reimbursement in accordance with the current state rate.

OTHER PLAN REVIEW FEE POLICIES

- If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings or other information regarding compliance with applicable construction rules, the Bureau may conduct a detailed on-site inspection in lieu of the plan review. The fee for this service will be $559.00 per inspection plus mileage reimbursement in accordance with the current state rate.
- A facility that uses plans and specifications previously reviewed and approved by the Bureau will be charged 60% of the scheduled plan review fee.
- $.52 per square foot will be charged for review of facility additions or remodels that house special equipment such as a CAT scanner or linear accelerator.

TERMINATION OR DELAY OF PROJECT

If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:

- Preliminary drawing review 25% of the total fee;
- Working drawings and specifications review 80% of the total fee;
- If the project is delayed beyond 12 months from the date of the Bureau's last review, the applicant must resumbit plans and pay new plan review fees in order to renew the review action.