

Office of the  
Legislative Fiscal Analyst

## **FY 2005 Budget Recommendations**

Joint Appropriations Subcommittee for  
Health and Human Services

Utah Department of Health  
**Health Systems Improvement**

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**1.0 Department of Health – Health Systems Improvement**

**Summary**

The mission of the Division of Health Systems Improvement is to assure and improve the quality of the Utah health care system. This mission is fulfilled through examination, analysis, and actions to improve service availability, accessibility, acceptability, continuity, quality, and cost.

The Division includes the Director's office, the Office of Primary Care and Rural Health, and three bureaus. These bureaus include Emergency Medical Services; Licensing; Program Certification and Resident Assessment. Through these three bureaus, Health Systems Improvement directs the regulation and oversight of the health care industries as well as child care providers. Improvement strategies include training, certification, licensing, inspection, pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care, and promoting primary care services to underserved populations. The Division additionally supports the Ethnic Health Committee, Telehealth Commission, Patient Safety Initiative, and the Workforce Financial Assistance Program.

	<b>Analyst FY 2005 Base</b>	<b>Analyst FY 2005 Changes</b>	<b>Analyst FY 2005 Total</b>
<b>Financing</b>			
General Fund	4,007,400		4,007,400
Federal Funds	4,304,500		4,304,500
Dedicated Credits Revenue	4,028,200		4,028,200
Transfers	140,000		140,000
Beginning Nonlapsing	407,400		407,400
Closing Nonlapsing	(320,000)		(320,000)
<b>Total</b>	<b>\$12,567,500</b>	<b>\$0</b>	<b>\$12,567,500</b>
<b>Programs</b>			
Director's Office	1,101,600		1,101,600
Emergency Medical Services	4,583,700		4,583,700
Licensing	2,935,700		2,935,700
Program Certification and Resident A	3,343,300		3,343,300
Primary Care Grants	603,200		603,200
<b>Total</b>	<b>\$12,567,500</b>	<b>\$0</b>	<b>\$12,567,500</b>
<b>FTE/Other</b>			
Total FTE	130.9	0.0	130.9
Vehicles	22	0	22

## 2.0 Issues: Health Systems Improvement

### 2.01 Administrative Cost Intent Language

The 2003 Legislature approved the following intent language to be implemented by this division:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that the Health Systems Improvement line item is 12.2 percent administrative, 73.8 percent indirect services, and 14 percent direct services. The following table shows the allocation of costs between administrative, indirect services, and direct services. In those budgets that have direct services, the number of citizens served and the types of service will be discussed.

HEALTH SYSTEMS IMPROVEMENT				
ADMINISTRATIVE and SERVICE COSTS				
FY 2003 Actual Expenditures				
	Admin- <u>istration</u>	Indirect <u>Services</u>	Direct <u>Services</u>	<u>Total</u>
Director	\$356,483	\$462,711		\$819,194
	43.5%	56.5%	0.0%	
Emergency Medical Services	596,862	3,851,071	798,050	5,245,983
	11.4%	73.4%	15.2%	
Health Facility Licensure	168,460	2,400,086	435,655	3,004,201
	5.6%	79.9%	14.5%	
Program Certification	401,817	1,987,569	525,556	2,914,942
	13.8%	68.2%	18.0%	
Primary Care Grants	11,307	554,033		565,340
	2.0%	98.0%	0.0%	
<b>Total</b>	<b>\$1,534,929</b>	<b>\$9,255,470</b>	<b>\$1,759,261</b>	<b>\$12,549,660</b>
	<b>12.2%</b>	<b>73.8%</b>	<b>14.0%</b>	

Source: Department of Health

### 2.02 Health Systems Improvement Intent Language

The 2003 Legislature approved several items of intent language to be implemented by this division. The intent language is listed, followed by the Department's response.

*It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Licensing be considered nonlapsing.*

Due to the extended time involved in the plan reviews, the expenditures of the funds may cover more than one fiscal year. During FY 2003, the Division collected, but did not expend approximately \$71,500 in plan review fees. The Bureau expects to expend these funds during the current fiscal year (FY 2004).

*It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.*

During FY 2003, the Division collected, but did not expend approximately \$6,050 in plan review fees. The Bureau expects to expend these funds during the current fiscal year (FY 2004).

*It is the intent of the Legislature that funds for the Primary Care Grant program be considered nonlapsing.*

The Bureau expects \$56,300 in nonlapsing Primary Care Grant funds at the conclusion of FY 2004. Funds are authorized to carry forward to the following fiscal year because the final fiscal year disbursement to the grant recipients is made after June 30<sup>th</sup> each year.

*It is the intent of the Legislature that funding provided for Primary Care Health Grants not be expended for inter-departmental projects except for Community Partnered Mobile Dental Services.*

Funds for the Primary Care Grant program were not used for any inter-departmental projects.

*It is the intent of the Legislature that the Primary Care Grant Program consider granting up to \$15,000 to elementary school clinics. These clinics work in conjunction with the private sector to help improve the health of children in rural and/or underserved areas of the State.*

In October, 2003, the Department awarded a \$15,000 grant from the funds appropriated for Primary Care Grants to the Salt Lake School District for a school health clinic at the Rose Park Elementary School. The Department has requested that the District submit a preliminary report on the use of the funds by March 31, 2004 and a final cumulative report covering the period from October 1, 2003 through June 30, 2004 by September 30, 2004.

### 3.1 Health Systems Improvement - Director's Office

**Recommendation**

The Analyst recommends a budget of \$1,101,600 for the Director's Office for FY 2005. A portion of the functions of this office qualify to be covered by Federal funds through federal indirect funds (\$58,000). The balance of federal funds is for the Office's functions performed in relation to rural issues such as the Rural Hospital Flexibility Program. The Director's Office also functions as the State Office for Rural Health.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	172,000	215,800	215,800	
General Fund, One-time		600		(600)
Federal Funds	601,892	885,800	885,800	
Lapsing Balance	45,302			
<b>Total</b>	<b>\$819,194</b>	<b>\$1,102,200</b>	<b>\$1,101,600</b>	<b>(\$600)</b>
<b>Expenditures</b>				
Personal Services	357,560	332,500	338,100	5,600
In-State Travel	1,999	9,200	9,200	
Out of State Travel	8,901	16,900	16,900	
Current Expense	409,955	504,800	499,000	(5,800)
DP Current Expense	5,779	43,900	43,500	(400)
Other Charges/Pass Thru	35,000	194,900	194,900	
<b>Total</b>	<b>\$819,194</b>	<b>\$1,102,200</b>	<b>\$1,101,600</b>	<b>(\$600)</b>
<b>FTE/Other</b>				
Total FTE	6.9	6.2	6.2	0.0

\*Non-state funds as estimated by agency

**Purpose**

The administrative function of the Division of Health Systems Improvement includes planning and budget analysis, coordination of intradivisional activities, oversight of the three bureaus and one office, identification and implementation of information systems improvement, patient safety initiative, and division liaison with other public and private agencies and organizations.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this item of intent language:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 43.5 percent administration and 56.5 percent indirect services.

### 3.2 Health Systems Improvement - Emergency Medical Services

**Recommendation**

The Analyst recommends a budget of \$4,583,700 for Emergency Medical Services (EMS) for FY 2005. Of the total recommendation, more than 60 percent is from dedicated credits which are generated from a 25 percent surcharge levied on all criminal fines and forfeitures in the State. Emergency Medical Services receives 14 percent of the total surcharge collections, with the majority of those funds used for contract grants and per capita grants to cities and counties in the State to improve the provision of EMS throughout the State, in accordance with UCA 63-63a-3. EMS receives these funds as non-lapsing dedicated credits (see 26-8a-207(1)(c)).

As in the past, this bureau expects to receive Revenue Transfers from Comprehensive Emergency Management (\$100,000) and the Utah Highway Safety Program Office (\$40,000). Both of these Revenue Transfers are received by the Department of Public Safety in the form of Federal Funds.

The Analyst's recommendation includes beginning FY 2005 with a non-lapsing balance of \$165,500 and ending the year with a non-lapsing balance of \$82,400. Each year there are funds that are nonlapsing from the EMS Grants program. Since these funds are obligated for more than one year, the Legislature has authorized their non-lapsing status in statute.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	901,500	886,000	886,000	
General Fund, One-time		8,300		(8,300)
Federal Funds	1,094,758	577,700	561,700	(16,000)
Dedicated Credits Revenue	2,501,661	2,880,000	2,912,900	32,900
Transfers	156,280	300,300	140,000	(160,300)
Beginning Nonlapsing	1,015,817	472,000	165,500	(306,500)
Closing Nonlapsing	(471,965)	(165,500)	(82,400)	83,100
Lapsing Balance	47,932			
<b>Total</b>	<b>\$5,245,983</b>	<b>\$4,958,800</b>	<b>\$4,583,700</b>	<b>(\$375,100)</b>
<b>Expenditures</b>				
Personal Services	1,341,452	1,191,100	1,203,200	12,100
In-State Travel	89,784	102,900	95,600	(7,300)
Out of State Travel	32,919	20,500	18,700	(1,800)
Current Expense	1,543,021	1,350,800	1,195,100	(155,700)
DP Current Expense	53,574	53,500	38,600	(14,900)
Capital Outlay	5,874			
Other Charges/Pass Thru	2,179,359	2,240,000	2,032,500	(207,500)
<b>Total</b>	<b>\$5,245,983</b>	<b>\$4,958,800</b>	<b>\$4,583,700</b>	<b>(\$375,100)</b>
<b>FTE/Other</b>				
Total FTE	30.1	26.8	27.3	0.5
Vehicles	6	6	6	

\*Non-state funds as estimated by agency

**Purpose**

The Bureau of Emergency Medical Services is a leadership team functioning as a resource and providing assurance of a quality emergency medical system in the State. It is the mission of the Bureau of Emergency Medical Services to promote a statewide system of emergency and trauma care to reduce morbidity and mortality, through prevention, awareness, and quality intervention.

The Bureau implements this mission by:

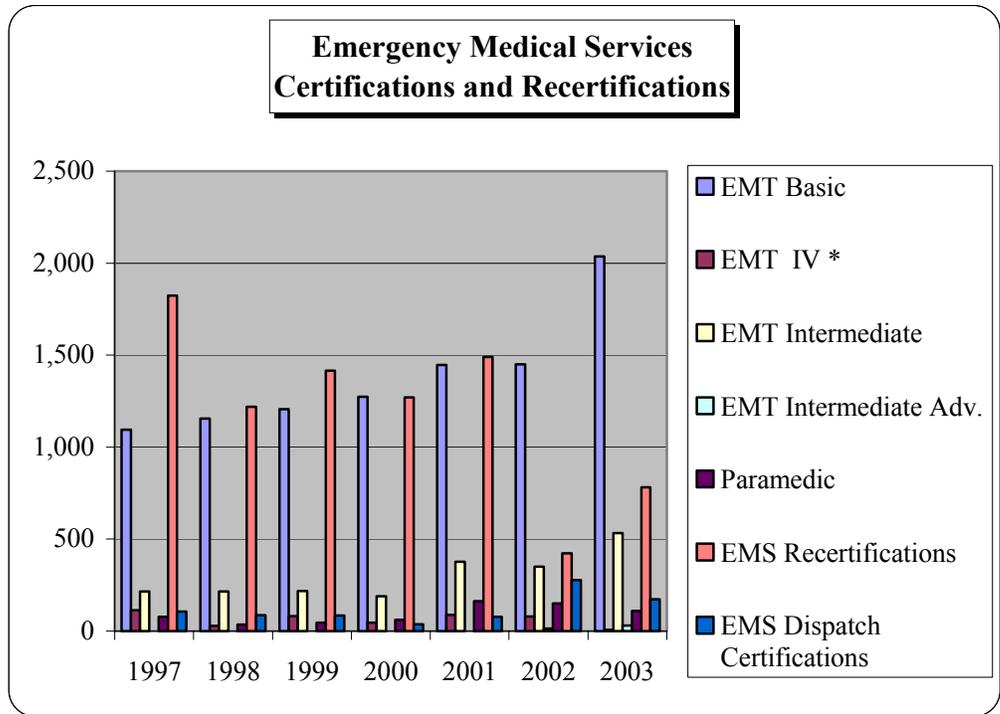
1. Listening to its constituents and helping them meet their needs.
2. Providing information, technical assistance and consultation to providers of emergency medical services to enhance the provision of quality emergency care.
3. Assuring compliance by emergency medical providers to rules and regulations that promote quality emergency care.
4. Promoting the highest standards possible for the statewide provision of emergency medical services, taking into consideration available resources, utilizing available resources and investigating alternative funding sources.
5. Establishing an infrastructure to provide administrative support that will continually seek to improve, streamline, and find the most cost-effective way to meet the needs throughout the State.
6. Recognizing Bureau personnel as valuable team members and empowering them to make decisions to facilitate their performance, provide good customer service, and to seek additional training for the attainment of Bureau goals.
7. Encouraging EMS involvement and coordination with existing and new injury prevention and health promotional activities.
8. Promoting and supporting programs and activities that address the physical and mental health and safety of EMS personnel.

**EMS Grants Program**

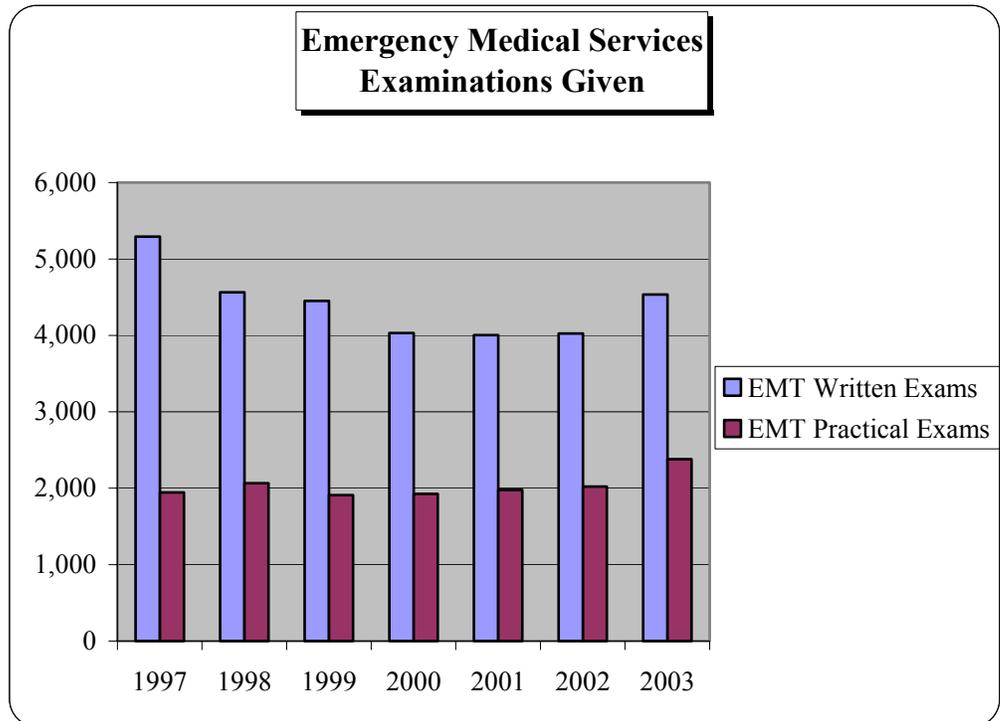
The portion of the surcharge that is allocated to EMS has restrictions on its usage established in the Utah Code. In the past, six percent of the monies have been allocated for administration of the grants program. In the July 2002 Special Session, the Legislature removed the six percent cap for grant funds available for staff support, administrative services, and trauma system development. This allowed for the replacement of \$250,000 in general funds for trauma system development funds with EMS grant funds. After administration and trauma system development, the Bureau then allocates 15 percent of the remaining balance to emergency medical training programs developed for high school students, 42 ½ percent for block grants for emergency medical services at the county level, determined by population, and the remaining 42 ½ percent as competitive grants distributed to applicants based on the rules established by the Emergency Medical Services Committee.

**EMT Certification**

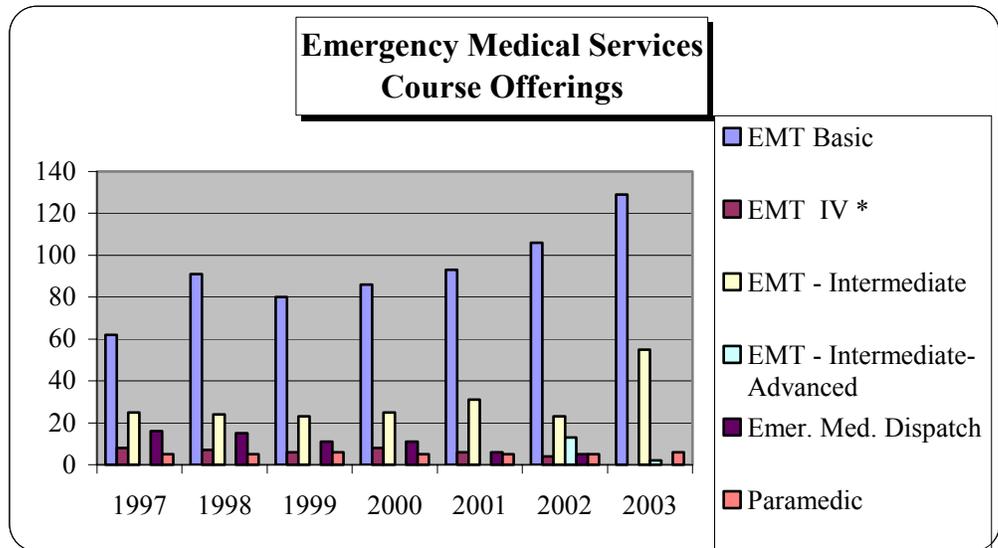
Emergency Medical Technicians must be certified to meet a statewide standard for emergency service provision. The following two charts show the number of certifications and re-certifications and examinations given from 1997 to 2003.



\* The EMT IV program was dropped during FY 2003.



To assist EMTs in gaining certification or recertification, courses are available. The following chart shows the number of those course offerings.



\* The EMT IV program was dropped during FY 2003.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this item of intent language:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 11.4 percent administration, 73.4 percent indirect services, and 15.2 percent direct services. For FY 2003, the Department identified three services performed by this bureau and the associated costs.

- EMS had 6,915 EMS practical and written exams at a total cost of \$299,685 or approximately \$43 each. Fees were collected to offset the cost of these exams, totaling \$222,569 or \$32 per exam.
- EMS issued 172 licenses at a total cost of \$107,648 (average cost per license - \$626). Fees collected were \$35,150 (average fees per license - \$204).
- EMS had 730 attendees at seminars which were provided. The cost of those seminars was estimated at \$103,708 or \$142 per attendee. Fees collected averaged \$90 per attendee.

### 3.3 Health Systems Improvement - Licensing

**Recommendation** The Analyst recommends a budget of \$2,935,700 and a staffing level of 49.9 FTEs for FY 2005.

The Dedicated Credits Revenue includes plan review fees, various contracts for services provided by the Bureau, including one for \$915,000 with the Department of Workforce Services – Office of Child Care for child care licensing monitoring.

Among the fees the Bureau is authorized to collect are fees for conducting plan reviews. The Bureau, through intent language, may retain those fees as non-lapsing dedicated credits. The Bureau carried \$71,500 in non-lapsing plan review fees from FY 2003 to FY 2004.

	2003	2004	2005	Est/Analyst
<b>Financing</b>	<b>Actual</b>	<b>Estimated</b>	<b>Analyst</b>	<b>Difference</b>
General Fund	1,849,200	1,820,400	1,820,400	
General Fund, One-time		5,600		(5,600)
Dedicated Credits Revenue	1,189,717	1,105,300	1,115,300	10,000
Transfers	(253)			
Beginning Nonlapsing	81,441	77,600		(77,600)
Closing Nonlapsing	(77,596)			
Lapsing Balance	(38,330)			
<b>Total</b>	<b>\$3,004,179</b>	<b>\$3,008,900</b>	<b>\$2,935,700</b>	<b>(\$73,200)</b>
<b>Expenditures</b>				
Personal Services	2,658,513	2,646,700	2,581,100	(65,600)
In-State Travel	49,007	53,000	44,300	(8,700)
Out of State Travel	204		2,000	2,000
Current Expense	266,148	278,600	278,300	(300)
DP Current Expense	30,307	30,600	30,000	(600)
<b>Total</b>	<b>\$3,004,179</b>	<b>\$3,008,900</b>	<b>\$2,935,700</b>	<b>(\$73,200)</b>
<b>FTE/Other</b>				
Total FTE	52.8	49.9	49.9	0.0
Vehicles	10	10	10	

\*Non-state funds as estimated by agency

**Purpose**

The Bureau of Licensing is responsible for ensuring that health facilities and agencies which are involved in 13 major areas of health care provision adhere to the legislatively mandated functions through licensure and regulation. The quality of health care is regulated through the enforcement of administrative rules, pre-license activities for new providers, approval of construction and remodeling of existing facilities, as well as suppression of illegal operations.

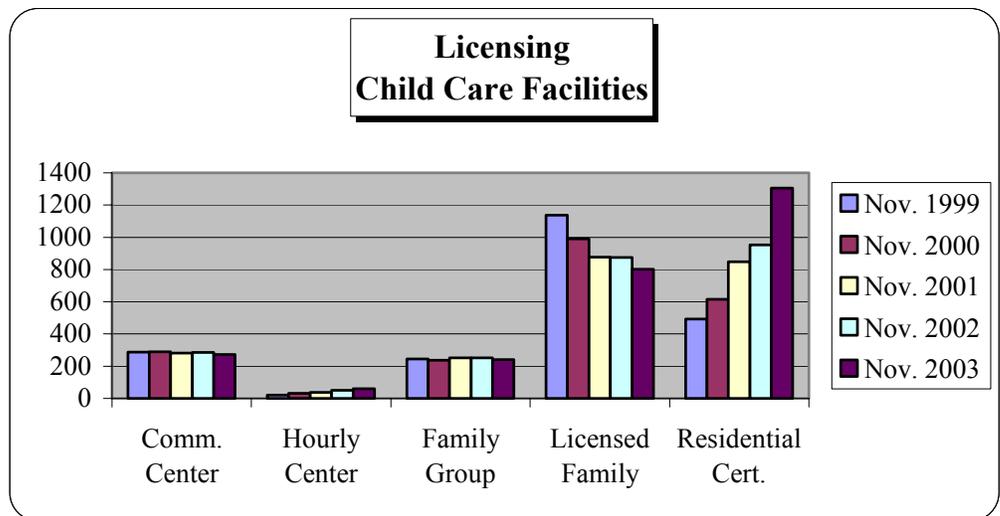
The categories with the largest numbers of facilities include Assisted Living Facilities - Type I (94), Home Health Agencies (150), and Nursing Care Facilities (99). Other categories with significant numbers include Hospitals (118), Assisted Living Facilities - Type II (49), and Mammography Facilities (38).

The Bureau conducts inspections and investigates complaints for non-Medicare/Medicaid programs, accredited programs, and licensed-only programs.

A facility may be issued a deficiency if it is found to be in violation of state rules. Enforcement activities and sanctions follow adjudicative proceedings. A major activity of rule writing and rule revision is completed under the direction of the Health Facility Committee, which has legislative authority.

Another of the activities for which this program is responsible, is reviewing building plans for new construction of health facilities. Because the construction and reviews often span more than one fiscal year, the Legislature has approved the plan review fees as non-lapsing through intent language in the Appropriations Act for the past several years.

As a result of legislation passed during the 1997 Legislative Session, the responsibility of licensing child care providers was added to this bureau. In addition, the bureau also was given the responsibility of licensing hourly care providers. To accommodate this additional responsibility, the bureau has updated the state rules with input from the Child Care Licensing Advisory Committee, and has centralized the licensing function and redistributed personnel to address case load equity. In 2003, the Bureau adopted the issuance of two-year licenses to reduce paperwork submission from licensed child care providers. The following chart shows the number and types of child care facilities. It should be noted that a significant driver of the workload in the child care licensing area is the turnover. Over the course of 2003, there were 739 facilities which closed, while another 1,023 new facilities were opened.

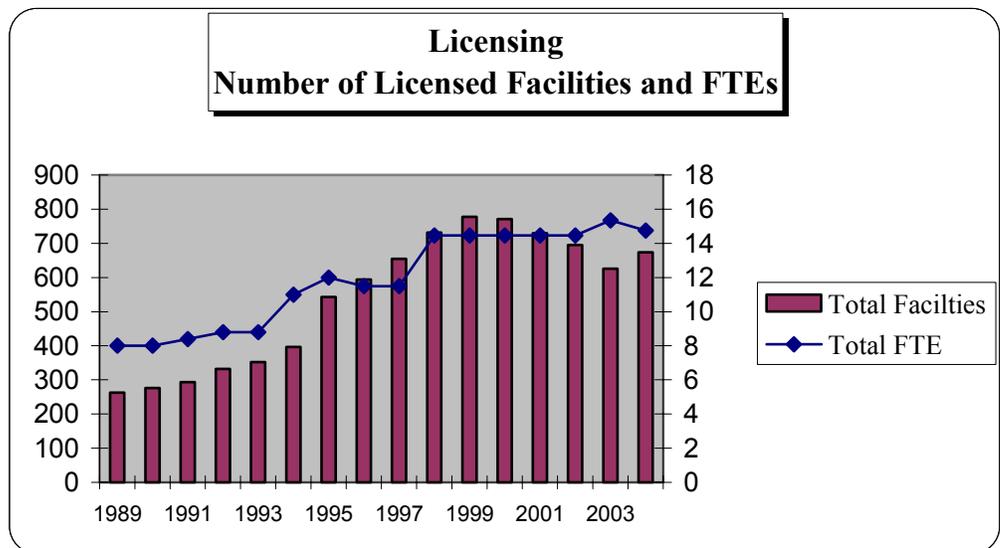


**Previous Budget Increases**

In the 1998 Session, Senate Bill 64, "Background Check of Healthcare Providers", passed, which requires the Bureau to complete background checks on health care providers. In 1999, the Legislature passed Senate Bill 74, "Child Care Provider Criminal Background". This bill added \$133,500 and 1 FTE position. Currently, the Bureau is processing 24,200 health care and 12,600 child care employees annually through the Bureau of Criminal Investigation (BCI) and SAFE data bases. It is estimated that 39,000 clearances will be run on an annual basis. Currently, the Bureau disqualifies 0.07 percent of child care employees and 2.2 percent of health care employees for failure to clear the process.

**Historical Growth Facilities and FTEs**

Through FY 2000, the growth in the number of licensed health care facilities averaged approximately 12 percent per year. However, during FY 2001 and FY 2002, the actual number has decreased about 10 percent from the high. In FY 2003, the number of facilities increased again. Staffing generally increases during the years when the number of facilities increases. (Note: Beginning in FY 1995, satellite facilities were also licensed, which do not show on the chart in previous years.)



**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this item of intent language:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 5.6 percent administration, 79.9 percent indirect services, and 14.5 percent direct services. Licensing of hospitals, nursing facilities, child care providers, etc. were determined to be an indirect service. In FY 2003, 626 health care facilities were licensed throughout the State at a cost of \$893,900. Fees paid by the applicants totaled \$352,807. The average cost of licensing a facility was \$1,530; the average licensee fee was \$565. Also in FY 2003, 2,684 child care facilities were licensed throughout the State at a cost of \$955,300. Fees paid by the applicants totaled \$139,750. The average cost of licensing a facility was \$730; the average licensee fee was \$52. In 2004, there will be an estimated \$70,000 increase in collections of fees with the issuance of two-year licenses and the increase in fees assessed.

**Other Intent  
Language**

The 2003 Legislature approved several items of intent language to be implemented by this division. The intent language is listed, followed by the Department's response.

*It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Licensing be considered nonlapsing.*

Due to the extended time involved in the plan reviews, the expenditures of the funds may cover more than one fiscal year. During FY 2003, the Division collected, but did not expend approximately \$71,500 in plan review fees. The Bureau expects to expend these funds during the current fiscal year (FY 2004).

*It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.*

During FY 2003, the Division collected, but did not expend approximately \$6,050 in plan review fees. The Bureau expects to expend these funds during the current fiscal year (FY 2004).

### 3.4 Health Systems Improvement - Program Certification and Resident Assessment

**Recommendation**

The Analyst recommends a budget of \$3,343,300. Approximately 85 percent of the bureau's funding comes from federal funds due to its services in determining Medicare and Medicaid compliance. This rate is up over the last few years from 80 percent due to the bureau's increased efforts to maximize all matchable funding to achieve additional federal funds. The recommended FY 2005 budget reflects 47 FTE positions.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	496,000	486,300	486,300	
General Fund, One-time		1,500		(1,500)
Federal Funds	2,483,764	2,803,200	2,857,000	53,800
Dedicated Credits Revenue	121,078			
Beginning Nonlapsing	70,616	185,600	185,600	
Closing Nonlapsing	(185,601)	(185,600)	(185,600)	
Lapsing Balance	(70,915)			
<b>Total</b>	<b>\$2,914,942</b>	<b>\$3,291,000</b>	<b>\$3,343,300</b>	<b>\$52,300</b>
<b>Expenditures</b>				
Personal Services	2,577,800	2,835,500	2,788,900	(46,600)
In-State Travel	75,676	36,900	63,200	26,300
Out of State Travel	38,091	56,400	70,900	14,500
Current Expense	146,385	230,200	244,700	14,500
DP Current Expense	76,990	132,000	175,600	43,600
<b>Total</b>	<b>\$2,914,942</b>	<b>\$3,291,000</b>	<b>\$3,343,300</b>	<b>\$52,300</b>
<b>FTE/Other</b>				
Total FTE	46.0	47.0	47.0	0.0
Vehicles	6	6	6	

\*Non-state funds as estimated by agency

**Purpose**

The Bureau of Medicare/Medicaid Program Certification and Resident Assessment inspects Utah Medicare/Medicaid health care providers, and does pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care. The Bureau certifies over 350 health care providers, consisting of 21 different provider types. These include hospitals, nursing homes, institutions for the mentally retarded and the mentally ill, home health agencies, and many other provider types. In addition to survey inspections, follow-up inspections and complaint investigations are performed. The Bureau performs pre-admission/continued stay reviews for over 4,700 Medicaid patients in Utah nursing homes and facilities for the mentally retarded/mentally ill.

The Bureau is responsible for managing two federal grants: Title 18 (Medicare) Certification Grant, and Title 19 (Medicaid) Certification. These grants are funded at different matching rates. Title 18 Certification is matched at 100 percent and Title 19 is matched at either 75 percent or 50 percent Federal Financial Participation (FFP). In addition, the Bureau participates in the regular Title 19 program. This program is matched at 90 percent, 75 percent, or 50 percent FFP. Overall, the average match rate is 87.5 percent Federal/12.5 percent State.

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this item of intent language:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 13.8 percent administration, 68.2 percent indirect services, and 18 percent direct services. Direct services include the interaction with consumers and providers and making copies of nursing home inspection reports available to interested parties. They are estimated to cost \$82,861 (total General Fund and federal funds) and serve 500 citizens at an average cost of \$166. The bureau received, investigated and responded to over 400 complaints concerning health care received from certified providers, costing an estimated \$165,250, or \$413 per complaint. The bureau determined Medicaid eligibility for nursing home admissions, re-admissions, continued stay reviews, and changes in level of care for over 3,600 citizens, costing an estimated \$387,612 or approximately \$108 per person. The costs listed above include both General Funds (15 to 25 percent) and matching Federal Funds.

### 3.5 Health Systems Improvement - Primary Care Grants Program

**Recommendation** The Analyst recommends a budget of \$603,200 for FY 2005. This recommendation continues the current level of funding.

The recommendation includes \$56,300 of non-lapsing funding which the Analyst is showing as carrying forward into FY 2005. These non-lapsing funds are for the final Primary Care Grants payment of the fiscal year which are incurred during the old fiscal year, but are not actually paid until the next fiscal year.

	2003	2004	2005	Est/Analyst
	Actual	Estimated	Analyst	Difference
<b>Financing</b>				
General Fund	568,500	598,900	598,900	
General Fund, One-time		100		(100)
Beginning Nonlapsing	107,109	110,300	56,300	(54,000)
Closing Nonlapsing	(110,269)	(56,300)	(52,000)	4,300
<b>Total</b>	<b>\$565,340</b>	<b>\$653,000</b>	<b>\$603,200</b>	<b>(\$49,800)</b>
<b>Expenditures</b>				
Personal Services	12,392	20,800	21,200	400
In-State Travel	55	100	100	
Current Expense	487,701	567,400	517,200	(50,200)
DP Current Expense	1,154	700	700	
Other Charges/Pass Thru	64,038	64,000	64,000	
<b>Total</b>	<b>\$565,340</b>	<b>\$653,000</b>	<b>\$603,200</b>	<b>(\$49,800)</b>
<b>FTE/Other</b>				
Total FTE	0.5	0.6	0.6	0.0

\*Non-state funds as estimated by agency

**Purpose**

The Office of Primary Care and Rural Health is an office within the Division of Health Systems Improvement. The Bureau of Primary Care, Rural, and Ethnic Health was eliminated during the 2002 Legislative session. The remaining office continues to be a resource for Utah’s rural, multi-cultural, and underserved communities. The Office works with communities that need assistance conducting needs assessments, recruiting health care professionals, grant writing, identifying sources of funding, and implementing other projects related to decreasing disparity and increasing access to primary health care. The Office also serves as the federally-funded State Office of Rural Health and is the lead unit in the Primary Care Office. It also manages the Medicare Rural Hospital Flexibility Program, which assists rural hospitals in receiving federal Critical Access Hospital status.

**State Primary Care Grants Program**

The State Primary Care Grants Program for Medically Underserved Populations makes grants to public and nonprofit entities for the cost of operation of providing primary health care services to medically underserved populations. The program strives to decrease the number of individuals without access to appropriate, high quality, post-effective primary health care by making these grants to qualified provider organizations. The program targets Utah’s low-income populations, who have no health insurance, or whose health insurance does not cover primary health care services and do not qualify for Medicare, Medicaid, CHIP, or other government insurance programs. The scope of this program includes populations in medically underserved areas, including the working poor, individuals with chronic diseases, children of low income families, the homeless, Native Americans, seasonal and migrant farm workers, and other disadvantaged groups.

The 1996 and 1997 Legislatures approved \$350,000 from Mineral Lease Funds for a Primary Care Grants Program to serve medically underserved populations. The 1998 Legislature increased the funding to \$500,000. This amount was also appropriated in 1999 for FY 2000 and FY 2001, but the source of the funding switched in FY 2001 to the Medicaid Restricted Account. In FY 2002, the Legislature approved the funding for the Primary Care Grants program from the General Fund. Intent language has been included each year with the funding, designating it as nonlapsing.

The history of the Primary Care Grants, along with the number of individuals receiving services funded by the grants is included in the following table:

	PRIMARY CARE GRANTS HISTORY						
	<u>FY 1998</u>	<u>FY 1999</u>	<u>FY 2000</u>	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
Appropriation	\$350,000	\$500,000	\$500,000	\$500,000	\$500,000	\$560,200	\$584,200
Organizations							
Awarded	9	9	10	12	13	18	18
Service Encounters	6,916	9,942	9,573	13,167	13,169	23,738	16,082
Individuals Served	2,445	4,213	4,816	6,391	6,274	7,118	6,346

**Administration/  
Service Cost  
Breakdown Intent  
Language**

The 2003 Legislature approved this item of intent language:

*It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*

The Department reports that this budget is 2 percent administration and 98 percent indirect services. Based on the FY 2004 appropriation of \$599,000 and 7,118 individuals receiving primary health care services, the average cost per recipient is \$84.15. The FY 2003 average cost was \$100.00 for the 5,681 recipients.

**Other Intent  
Language**

*It is the intent of the Legislature that funds for the Primary Care Grant program be considered nonlapsing.*

*It is the intent of the Legislature that funding provided for Primary Care Health Grants not be expended for inter-departmental projects except for Community Partnered Mobile Dental Services.*

*It is the intent of the Legislature that the Primary Care Grant Program consider granting up to \$15,000 to elementary school clinics. These clinics work in conjunction with the private sector to help improve the health of children in rural and/or underserved areas of the State.*

The Bureau expects \$56,300 in nonlapsing Primary Care Grant funds at the conclusion of FY 2004. Funds are authorized to carry forward to the following fiscal year because the final fiscal year disbursement to the grant recipients is made after June 30<sup>th</sup> each year. Funds for the Primary Care Grant program were not used for any inter-departmental projects. The division used \$15,000 of the appropriated funding to assist a health clinic at the Rose Park Elementary school in the Salt Lake School District.

## 4.0 Additional Information: Health Systems Improvement

### 4.1 Funding History

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Financing</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Estimated*</b>	<b>Analyst</b>
General Fund	4,103,200	4,777,100	3,987,200	4,007,400	4,007,400
General Fund, One-time	20,800	220,200		16,100	
Federal Funds	2,855,667	3,568,551	4,180,414	4,266,700	4,304,500
Dedicated Credits Revenue	2,481,011	2,574,463	3,812,456	3,985,300	4,028,200
GFR - Medicaid Restricted	499,800	5,600			
Transfers	1,230,228	1,296,189	156,027	300,300	140,000
Beginning Nonlapsing	1,505,518	1,507,954	1,274,983	845,500	407,400
Closing Nonlapsing	(1,507,953)	(1,274,983)	(845,431)	(407,400)	(320,000)
Lapsing Balance	45,217	28,998	(16,011)		
<b>Total</b>	<b>\$11,233,488</b>	<b>\$12,704,072</b>	<b>\$12,549,638</b>	<b>\$13,013,900</b>	<b>\$12,567,500</b>
<b>Programs</b>					
Director's Office	351,563	929,569	819,194	1,102,200	1,101,600
Emergency Medical Services	3,967,514	4,507,538	5,245,983	4,958,800	4,583,700
Licensing	2,929,154	3,057,153	3,004,179	3,008,900	2,935,700
Program Certification and Resident Asses	2,926,861	2,932,180	2,914,942	3,291,000	3,343,300
Primary Care Grants	1,058,396	1,277,632	565,340	653,000	603,200
<b>Total</b>	<b>\$11,233,488</b>	<b>\$12,704,072</b>	<b>\$12,549,638</b>	<b>\$13,013,900</b>	<b>\$12,567,500</b>
<b>Expenditures</b>					
Personal Services	6,843,608	7,147,792	6,947,717	7,026,600	6,932,500
In-State Travel	175,371	185,322	216,521	202,100	212,400
Out of State Travel	60,660	85,300	80,115	93,800	108,500
Current Expense	2,039,786	2,618,838	2,853,210	2,931,800	2,734,300
DP Current Expense	261,237	210,053	167,804	260,700	288,400
DP Capital Outlay	11,032	5,984			
Capital Outlay		7,000	5,874		
Other Charges/Pass Thru	1,841,794	2,443,783	2,278,397	2,498,900	2,291,400
<b>Total</b>	<b>\$11,233,488</b>	<b>\$12,704,072</b>	<b>\$12,549,638</b>	<b>\$13,013,900</b>	<b>\$12,567,500</b>
<b>FTE/Other</b>					
Total FTE	142.2	143.0	136.2	130.4	130.9
Vehicles	15	17	22	22	22

\*Non-state funds as estimated by agency.

**4.2 Federal Funds**

<b>Program</b>		<b>FY 2003 Actual</b>	<b>FY 2004 Estimated</b>	<b>FY 2005 Analyst</b>
Director's Office	Federal	\$0	\$58,000	\$58,000
Federal Indirect	Required State Match		0	0
	Total	0	58,000	58,000
Director's Office	Federal	601,633	370,400	370,400
Rural Hospital Flexibility Program	Required State Match	0	0	0
	Total	601,633	370,400	370,400
Director's Office	Federal		122,500	122,500
Small Rural Hospital Improvement	Required State Match	0	0	0
	Total	0	122,500	122,500
Director's Office	Federal		189,100	189,100
Primary Care Offices	Required State Match	0	0	0
	Total	0	189,100	189,100
Director's Office	Federal		145,800	145,800
State Office and Rural Health	Required State Match		109,350	109,350
	Total	0	255,150	255,150
Director's Office	Federal	259		
Other Grants	Required State Match	0	0	0
	Total	259	0	0
Emergency Medical Services	Federal	557,424		
HRSA Bioterrorism Grant	Required State Match	0		
	Total	557,424	0	0
Emergency Medical Services	Federal	16,277	16,000	
Preventative Health	Required State Match	0	0	
	Total	16,277	16,000	0
Emergency Medical Services	Federal		50,000	50,000
State Partnership Grants	Required State Match		0	0
	Total	0	50,000	50,000
Emergency Medical Services	Federal	271,700	221,700	221,700
Rural Access to Emergency Devices	Required State Match	0	0	0
	Total	271,700	221,700	221,700
Emergency Medical Services	Federal	249,357	250,000	250,000
Enhancing Pediatric Patient Safety	Required State Match	0	0	0
	Total	249,357	250,000	250,000
Emergency Medical Services	Federal		40,000	40,000
Trauma EMS	Required State Match	0	0	0
	Total	0	40,000	40,000

<b>Program</b>		<b>FY 2003 Actual</b>	<b>FY 2004 Estimated</b>	<b>FY 2005 Analyst</b>
Program Certification and Resident Assess Title XIX Medicaid	Federal	508,418	963,348	1,008,520
	Required State Match	176,929	335,245	350,965
	<b>Total</b>	<b>685,347</b>	<b>1,298,593</b>	<b>1,359,485</b>
Program Certification and Resident Assess PHS Local Grants	Federal	1,975,346	1,839,852	1,848,480
	Required State Match	250,869	233,661	234,757
	<b>Total</b>	<b>2,226,215</b>	<b>2,073,513</b>	<b>2,083,237</b>
	<b>Federal</b>	<b>4,180,414</b>	<b>4,266,700</b>	<b>4,304,500</b>
	<b>Required State Match</b>	<b>427,798</b>	<b>678,256</b>	<b>695,072</b>
	<b>Total</b>	<b>\$4,608,212</b>	<b>\$4,944,956</b>	<b>\$4,999,572</b>

4.3 Fees

	Current FY 03-04	Proposed FY 04-05	Difference	Projected Revenue
<b>Fees for Emergency Medical Services:</b>				
Registration, Certification and Testing				
Certification Fee				
Initial EMT-Basic	30.00	30.00		75,000
All other certifications	10.00	10.00		8,000
Written Test Fee				
Basic EMT Certification Written Test/Re-test Fee	15.00	15.00		34,500
All other written tests, re-tests	12.00	15.00	3.00	14,400
Recertification Fee	10.00	10.00		10,000
Lapsed Certification Fee	15.00	15.00		1,500
Practical Test Fees				
EMT				
Basic Certification Practical Test	60.00	60.00		138,000
Basic Certification Practical Re-Test (per station)		30.00	30.00	12,000
Basic Recertification Reciprocity Practical Test	120.00	120.00		600
Basic Reciprocity Practical Test		120.00	120.00	7,200
Basic Recert/Recip Practical Re-Test, Medical Scenario	35.00	35.00		350
Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00	50.00		300
Intermediate Practical Test Fee	60.00	60.00		
Intermediate Practical Re-test Fee per station	30.00	30.00		
Intermediate Advanced Practical Test Fee	70.00	70.00		2,800
Intermediate Advanced Practical Retest per station	35.00	35.00		350
Paramedic Practical Test	105.00	105.00		10,500
Paramedic Practical retest per station	35.00	35.00		1,750
The fees listed above apply to the following certification levels:				
Emergency Medical Technician (EMT) - Basic,				
Emergency Medical Technician IV				
Emergency Medical Technician Intermediate,				
Emergency Medical Technician Intermediate Advanced,				
Emergency Medical Technician Paramedic,				
Emergency Medical Technician Instructor,				
Emergency Medical Dispatcher (EMD),				
Emergency Medical Dispatcher Instructor				
Annual Quality Assurance Review Fee, per vehicle				
Ground Ambulance, Basic	50.00	75.00	25.00	2,200
Ground Ambulance, IV	50.00			
Ground Ambulance, Intermediate	75.00	100.00	25.00	11,100
Interfacility Transfer Ambulance, Basic	50.00	75.00	25.00	
Interfacility Transfer Ambulance, IV	50.00			
Interfacility Transfer Ambulance, Intermediate	75.00	100.00	25.00	
Paramedic Rescue	100.00	125.00	25.00	2,200
Paramedic Tactical Response	100.00	125.00	25.00	200
Paramedic Ambulance	100.00	125.00	25.00	2,300
Paramedic Interfacility Transfer Service	100.00	125.00	25.00	500
Fleet fee (agency with 20 or more vehicles)	2,000.00	2,500.00	500.00	7,500
Quick Response Unit, Basic	50.00	50.00		2,600
Quick Response Unit, IV	50.00			
Quick Response Unit, Intermediate	50.00	50.00		100
Advanced Air Ambulance	75.00	100.00	25.00	1,600
Specialized Air Ambulance	100.00	125.00	25.00	900
Emergency Medical Dispatch Center, per center	50.00	50.00		1,800
Resource Hospital, per hospital	50.00	50.00		1,500
Out of State Air Ambulance	150.00	150.00		300
Quality Assurance Application Reviews				
Original Ground Ambulance/Paramedic License Negotiated	500.00	500.00		2,000
Original Ambulance/Paramedic License Contested - up to actual cost				
Original Designation	100.00	100.00		500
Renewal Ambulance/Paramedic/Air License	100.00	100.00		500
Renewal Designation	100.00	100.00		500
Upgrade in Ambulance Service Level	100.00	100.00		500
Original Air Ambulance License	500.00	500.00		500
Original Air Ambulance License with CAMTS Certification	200.00	200.00		400
Change is ownership/operator, non-contested	500.00	500.00		1,500
Change is ownership/operator, contested - up to actual cost				2,000
Change is geographic service area, non-contested	500.00	500.00		2,000
Change is geographic service area, contested - up to actual cost				3,000

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	Current FY 03-04	Proposed FY 04-05	Difference	Projected Revenue
<b>Trauma Centers - Level I and II</b>				
Quality Assurance Application Review (plus all costs associated with American College of Surgeons visit)	500.00			
Site Team Verification/Quality Assurance Review	8,000.00			
Annual Verification Quality Assurance Review Fee	500.00			
<b>Trauma Centers - Level III</b>				
Quality Assurance Application Review includes in state site visit				
Site Team Verification/Quality Assurance Review	3,000.00			
Annual Verification Quality Assurance Review Fee	500.00			
Quality Assurance Application Pre Designation Fee	500.00			
<b>Trauma Centers - Level IV and V</b>				
Quality Assurance Application Review includes in state site visit	1,500.00			
Quality Assurance Application Pre Designation Fee	500.00			
Site Team Verification/Quality Assurance Review	2,000.00			
Annual Verification Quality Assurance Review Fee	250.00			
<b>Voluntary Trauma Center Designation - Level I, II, III, IV, and V</b>				
Quality Assurance Application Review		500.00		
Quality Assurance Application Pre-Designation Review		500.00		
Site Team Verification/Quality Assurance Review		1,000.00		
Annual Verification/Quality Assurance Review		100.00		
<b>Course Quality Assurance Review Fee</b>				
Basic EMT Course	100.00	100.00		10,000
Paramedic Course	100.00	100.00		500
EMT-Intermediate Advanced	100.00	100.00		500
<del>Basic EMT IV</del>	<del>25.00</del>			
EMT-Intermediate	25.00	100.00	75.00	3,000
Emergency Medical Dispatch	25.00	25.00		50
<del>EMT-Intermediate Instructor Transition</del>	<del>80.00</del>			
New Instructor Course Registration	125.00	125.00		5,000
Course Coordinator Seminar Registration	40.00	40.00		4,000
New Course Coordinator Course Registration	40.00	40.00		
<del>Paramedic Seminar</del>	<del>100.00</del>			
Instructor Seminar Registration	125.00	125.00		31,250
Instructor Seminar Vendor Fee	165.00	165.00		1,650
New Training Officer Course Registration	40.00	40.00		3,200
Training Officer Seminar Registration	40.00	40.00		800
EVO Instructor Course	40.00	40.00		
EMSC Pediatric Update	60.00	60.00		
Medical Director's Course	50.00	50.00		500
PALS Course	90.00	90.00		
PEPP Course	90.00	90.00		
Management Seminar	35.00	35.00		5,250
PHTLS Course	175.00	175.00		
<b>Equipment delivery fee</b>				
Salt Lake County	25.00	25.00		50
Davis, Utah, and Weber Counties	50.00	50.00		100
Late Fee, per day	10.00	10.00		
<b>Training Supplies, rental of equipment, and Accessories Charge for course supplies and accessories</b>				
To be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah				
<del>Invoice Fee</del>	<del>10.00</del>			
Background checks (name only)	10.00	10.00		30,000
Fingerprint checks in Utah only	15.00	15.00		7,500
Fingerprint checks to the FBI	24.00	24.00		12,000
<b>Fees for Licensure:</b>				
Registration for voluntary relative care (One-time fee)		50.00		25,000
<b>Annual License Fees</b>				
Health Facilities base fee	100.00	100.00		3,200
A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.				
Annual Licensed Child Care Facility base fee	35.00	50.00	15.00	2,500
Annual Residential Child Care Certificate Base Fee	50.00	50.00		66,000
<b>Two Year Licensing Base Fees</b>				
<u>Plus the appropriate fee as listed below to any new or renewal license</u>				
Health Care Facility, every other year	200.00	200.00		59,000
Licensed Child Care Facility, every other year	50.00	50.00		13,600

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	Current FY 03-04	Proposed FY 04-05	Difference	Projected Revenue
Change Fee				
Change Fee				
Health Care Providers	75.00	75.00		15,000
A fee of \$75.00 is charged to health care providers making changes to their existing license.				
Child Care Center Facilities Per Child fee	1.50	<u>3.00</u>	1.50	70,215
Hospitals:				
Fee per Licensed Bed - accredited beds	11.00	<u>22.00</u>	11.00	
Non-accredited beds	14.00	<u>28.00</u>	14.00	
Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	10.00	<u>20.00</u>	10.00	168,740
Residential Treatment Facilities Licensed Bed	8.00	<u>16.00</u>	8.00	
End Stage Renal Disease Centers (ESRDs) Licensed Station	60.00	<u>120.00</u>	60.00	
Freestanding Ambulatory Surgery Centers (per facility)	1,000.00	<u>2,000.00</u>	1,000.00	
Birthing Centers, and Abortion Clinics: (per licensed unit)	200.00	<u>400.00</u>	200.00	
Hospice Agencies	500.00	<u>1,000.00</u>	500.00	
Home Health Agencies/Personal Care Agencies	500.00	<u>1,000.00</u>	500.00	
Mammography Screening Facilities	200.00	<u>400.00</u>	200.00	22,800
Assisted Living Facilities Type I Licensed Bed	9.00	<u>18.00</u>	9.00	33,480
Assisted Living Facilities Type II Licensed Bed	9.00	<u>18.00</u>	9.00	44,154
The fee for each satellite and branch office of current licensed facility	75.00	75.00		300
Late Fee				
Licensed or certified child care and health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.				
Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee				5,555
Within 15 to 30 days after expiration of license facility will be assessed - 75% of scheduled fee				37,500
<b>Two Year License</b>				
<del>Issuing a two year license will double the annual fee.</del>				
New Provider/Change in Ownership Applications for health care facilities	500.00	500.00		16,000
A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.				
Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications:	250.00	250.00		2,500
A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.				
New Provider/Change in Ownership Applications for Child Care center facilities	200.00	200.00		2,000
A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.				
<b>Application Termination or Delay Fee</b>				
If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:				
Policy and Procedure Review-50% of total fee				
Onsite inspections-90% of the total fee.				
Child care program application fees of <del>\$35.00</del> <u>\$50.00</u> are not refundable.				
<b>Plan Review and Inspection Fees</b>				
Hospitals:				
Number of Beds				
Up to 16	2,000.00	2,000.00		2,000
17 to 50	4,000.00	4,000.00		4,000
51 to 100	6,000.00	6,000.00		
101 to 200	7,500.00	7,500.00		
201 to 300	9,000.00	9,000.00		
301 to 400	10,000.00	10,000.00		
Over 400, base fee	10,000.00	10,000.00		

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	<u>Current FY 03-04</u>	<u>Proposed FY 04-05</u>	<u>Projected Difference</u>	<u>Revenue</u>
Over 400, each additional bed	20.00	20.00		
<p>In the case of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.</p>				
Nursing Care Facilities and Small Health Care Facilities				
Up to 5	650.00	650.00		
6 to 16	1,000.00	1,000.00		1,000
17 to 50	2,250.00	2,250.00		2,250
51 to 100	4,000.00	4,000.00		
101 to 200	5,000.00	5,000.00		
Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00	1,000.00		10,000
Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00	250.00		
End Stage Renal Disease Facilities, per service unit	100.00	100.00		200
Assisted Living Type I and Type II				
Number of Beds				
Up to 5	350.00	350.00		1,400
6 to 16	700.00	700.00		3,500
17 to 50	1,600.00	1,600.00		6,400
51 to 100	3,000.00	3,000.00		6,000
101 to 200	4,200.00	4,200.00		
<p>Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department</p>				
Remodels of Licensed Facilities				
<p>The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.</p>				
Hospitals, Freestanding Surgery Facilities, per square foot	.16	.16		30,000
All others excluding Home Health Agencies, per square foot	.14	.14		1,000
Each required on-site inspection				
Base fee	100.00	100.00		3,600
Per mile traveled - according to approved state travel rates				1,450
Other Plan-Review Fee Policies				
<p>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 Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. 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.</p>				
<p>If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.</p>				
Health Care Facility Licensing Rules - Cost plus mailing				
Plan Review and Inspection Fees				
Child Care Licensing Rules - Cost plus mailing				
<p>(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)</p>				
Certificate of Authority -				
Health Maintenance Organization Review of Application	500.00	500.00		