



Health and Human Services Fees

Social Services Appropriations Committee

January 23, 2026

Summary

In accordance with [UCA 63J-1-504](#), requiring the agency to “A fee agency shall submit the fee agency’s fee schedule to the Legislature for the Legislature’s approval on an annual basis.” the following fees (included in this brief) are proposed for the services of the Department of Health and Human Services in FY 2027. These 397 fees will generate revenue of approximately \$29,200,000 in FY 2027 if all fees are used and estimated quantities are accurate. This represents less than 1% of all the estimated funding for the Department of Health and Human Services for FY 2027. The Analyst recommends that the Subcommittee approve these proposed fees with changes as recommended by staff.

Recommendations

The Fiscal Analyst recommends the Subcommittee, after review and any adjustments, adopt the fee schedule that begins on page fourteen which includes the three modifications on page two for the Match on Immunization Records in Database fees. [UCA 63J-1-504](#) states, “The Legislature may approve, increase or decrease and approve, or reject any fee submitted to it by a fee agency.”

Discussion and Analysis

Statutory Guidance for Setting Fees

[UCA 63J-1-504](#) states the following for setting fees:

“(1)(b) “Agency’s cost” means all of a fee agency’s direct and indirect costs and expenses for providing the goods or service for which the fee agency charges a fee or for regulating the industry in which the persons paying the fee operate,…”

“(2)(b) A service fee or regulatory fee that a fee agency charges shall:

- (i) be reasonable and fair;
- (ii) reflect and be based on the agency’s cost for the fee; and
- (iii) be established according to a cost formula determined by the executive director of the Governor’s Office of Planning and Budget and the director of the Division of Finance in conjunction with the fee agency seeking to establish the fee.

“(4) Each fee agency that is proposing a new fee or proposing to change a fee shall:

- (a) present each proposed fee at a public hearing”

The Department of Health and Human Services held a public hearing on its proposed fees on month October 16, 2025. Twenty-two Department employees and 5 members of the public



attended the hearing on general agency fees. For more information on fees please visit this [interactive fee dashboard](#).

Where and Why do the Analyst Recommendations Differ From the Agency?

The following three fee increases being recommended by LFA staff differ from the position of the Department of Health and Human Services; however, the changes are supported by the agency. The reason for all of the proposed differences is to have the revenues more closely match the costs of providing the service.

- 1) Match on Immunization Records in Database - unlimited records + customizations
 - a. Agency proposal of \$150,000 vs LFA proposal of \$160,000
- 2) Match on Immunization Records in Database - 100,001-200,000 records
 - a. Agency proposal of \$15,000 vs LFA proposal of \$20,000
- 3) Match on Immunization Records in Database - unlimited records
 - a. Agency proposal of \$20,000 vs LFA proposal of \$40,000

Where Does the Department of Health and Human Services' Fee Revenue Come From?

The Department of Health and Human Services estimates total revenue of \$29.2 million for FY 2027 from 397 fees. All fees submitted for legislative approval start on page fourteen. The following 15 fees make up 69% of all the estimated revenue:

1. Newborn screening, laboratory testing and follow-up services (\$148.00) - \$6.8 million to test for 43 diseases in 46,000 newborns and to follow up on positive test results. For more information about the newborn screening program, please see the *Budget Deep-Dive into Newborn Screening Programs* available at <https://le.utah.gov/interim/2017/pdf/00002831.pdf>.
2. Collections Processing (6 percent of payment disbursed up to a maximum of \$12 per month) - \$2.7 million from 223,000 monthly payments in the Office of Recovery Services.
3. Medical cannabis' uniform transaction fee (\$1.50) - \$2.6 million from 1,750,000 transactions.
4. Review and authorize cremation (\$150.00) - \$1.7 million for the Medical Examiner to allow 11,500 cremations.
5. Initial copies of birth certificates (\$25.00) - \$1.1 million for 46,000 copies



6. Medical cannabis' patient initial registration or renewal every six to twelve months (\$8.00) - \$1.0 million for 130,000 initial registrations or renewals
7. Chlamydia trachomatis and Neisseria gonorrhoeae detection by nucleic acid test (\$27.00) - \$0.9 million for about 34,300 tests
8. Annual Collection (\$35.00) - \$0.8 million from 24,100 payments in the Office of Recovery Services.
9. Background checks for workers in sensitive industries (\$20.00) Online Background Check Application - \$0.5 million from 25,000 workers
10. Background checks for child care workers (\$20.00) Initial Clearance- \$0.4 million from 19,700 workers
11. Background state public safety checks for workers in sensitive industries (\$32.00) - \$0.4 million from 12,000 workers that is passed through to the Department of Public Safety.
12. Hospital Per Licensed Bed New and Renewal Fee (\$55.79) - \$0.3 million for 6,300 beds
13. Health Facilities 2 Year New and Renewal Base Fee (\$743.83) - \$0.3 million from 440 applicants
14. Inmate Support Collections (\$1.00) - \$0.3 million from 250,300 charges
15. Prisoner Prescription (\$2.00) - \$0.3 million from 125,000 prescriptions

The first five fees make up 51% of all the estimated revenue from fees. The fees in the Department of Health and Human Services contribute limited funds for indirect and administrative costs. Fees that provide some funding for indirect and administrative costs include the following: medical cannabis fees, newborn screening (laboratory testing and follow-up), and review and authorize cremation.

How Do Some of the Department of Health and Human Services' Fees Compare to Neighboring States?

<u>Fee Name</u>	<u>Utah</u>	<u>Idaho</u>	<u>Wyoming</u>	<u>Colorado</u>	<u>Nevada</u>	<u>Arizona</u>	<u>New Mexico</u>	<u>Average Neighbors (excluding Utah)</u>
Annual Collection Processing Fees (Office of Recovery Services)	\$35 for non-TANF cases once more than \$550 has been collected					\$35 annual fee plus \$8 monthly fee	\$0	\$29
Birth Certificate, initial copy	\$22	\$16	\$25	\$20	\$25	\$20	\$10	\$19
Birth Certificate, Additional Copies	\$10	\$16	\$25	\$13	\$25	\$20	\$10	\$18
Birth Certificate From Adoptions	\$62	\$16	\$50	\$40	\$45	\$5	\$10	\$38
Child Care Workers Background Checks	\$52	\$70	\$39	\$55	\$39	\$67	\$0	\$45

Notes: Fees for other states researched and reported by Cameron Rifkin and Eric Mayo with the National Conference of State Legislatures on September 26, 2025.

In the table above is how some of the State of Utah's proposed fees with larger revenues



compared to other neighboring states' 2025 fees (for those fees that are most easily comparable to other states).

Fee Increases/Changes

Overall, the estimated revenue from fees is increasing \$1.2 million over FY 2026. Pages 6 to 13 have a list of all the proposed fee changes by the Department of Health and Human Services. Below are the top five largest projected net revenue increases due to changes in the fee charged:

Top Five Fee Revenue Net Increases

1. Match on Immunization Records in Database - unlimited records + customizations (\$160,000) – This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for unlimited records per fiscal year plus additional customizations for the health plans, including but not limited to custom Virtual Private Networks, custom Admission, Discharge, and Transfer data feeds, and other extenuating circumstances. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee. This new fee is set at \$160,000 for one health plan generating projected new revenues of \$160,000.
 - a. Agency: "DHHS provides a significant level of support to health plans each year by providing record matching services. Assessing these fees helps cover the cost of staff time and associated costs for record matching."
2. Total Nitrogen ASTMD8083 (\$35.00) – This is a standard test to determine the quantity of nitrogen in water. This new fee at \$35.00 is for 4,000 tests generating projected new revenues of \$140,000.
 - a. Agency: "New test, requiring a new fee."
3. Birth Certificate 1st Copy (\$25.00) – This covers the cost of the first copy of a birth certificate. The proposed fee change from \$22 to \$25 for 46,000 copies generating projected new revenues of \$140,000.
 - a. Agency: "Fee changed from \$22 to \$25 to cover the cost of labor, overhead, and database maintenance."
4. Match on Immunization Records in Database - unlimited records (\$40,000) – This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for unlimited records per fiscal year. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee. This new fee is set at \$40,000 for three health plans generating projected new revenues of \$120,000.
 - a. Agency: "DHHS provides a significant level of support to health plans each year by providing record matching services. Assessing these fees helps cover the cost of staff time and associated costs for record matching."



5. Residential Support Renewal License Fee (\$640.00) - This is the fee assessed to renew a license for a Residential Support Program. The proposed fee change is from \$330 to \$640 for 348 residential support programs.
 - a. Agency: "Increased amount to help cover the costs to administer the fees."

Consolidated Fee Changes Summary							
250 - Dept of Health and Human Services - Social Services Appropriations Subcommittee							
		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
5820 - DOH Qualified Patient Enterprise Fund							
1	Caregiver Registration and Card (already background screened) (Initial or Renewal)	\$ -	0	\$ 10.00	260	\$ 10.00	\$ 2,600.00
2	Credit Card Processing Fee - Uniform Transaction Fee Payments	\$ -	0	\$ 300.00	1	\$ 300.00	\$ 300.00
3	Guardian and Provisional Card (already background screened) (Initial or Renewal)	\$ -	0	\$ 10.00	85	\$ 10.00	\$ 850.00
4	Non-Utah Resident Guardian and Provisional Card (Initial or Renewal)	\$ -	0	\$ 15.00	15	\$ 15.00	\$ 225.00
5	Non-Utah Resident Patient Card (Initial or Renewal)	\$ -	0	\$ 15.00	1,500	\$ 15.00	\$ 22,500.00
6	Patient Card (Initial or Renewal)	\$ -	0	\$ 8.00	130,000	\$ 8.00	\$ 1,040,000.00
7	Recommending Medical Provider Proxy Registration (Initial or Renewal)	\$ -	0	\$ 30.00	70	\$ 30.00	\$ 2,100.00
8	Qualified Medical Provider Proxy Registration (Initial)	\$ 30.00	30	\$ —	0	\$ (30.00)	\$ (900.00)
9	Qualified Medical Provider Proxy Registration (Renewal)	\$ 30.00	30	\$ —	0	\$ (30.00)	\$ (900.00)
10	Non-Utah Resident Patient Card (Initial)	\$ 15.00	1100	\$ —	0	\$ (15.00)	\$ (16,500.00)
11	Non-Utah Resident Patient Card (Renewal)	\$ 15.00	300	\$ —	0	\$ (15.00)	\$ (4,500.00)
12	Non-Utah Resident Guardian and Provisional Card (Initial)	\$ 15.00	10	\$ —	0	\$ (15.00)	\$ (150.00)
13	Non-Utah Resident Guardian and Provisional Card (Renewal)	\$ 15.00	5	\$ —	0	\$ (15.00)	\$ (75.00)
14	Guardian (already background screened as a Caregiver) and Provisional Card (Initial)	\$ 10.00	5	\$ —	0	\$ (10.00)	\$ (50.00)
15	Guardian (already background screened as a Caregiver) and Provisional Card (6 Month)	\$ 10.00	8	\$ —	0	\$ (10.00)	\$ (80.00)
16	Caregiver (already background screened as a Guardian)-Registration and Card (Initial)	\$ 15.00	25	\$ —	0	\$ (15.00)	\$ (375.00)
17	Caregiver Registration (already background screened as a Guardian) and Card (Renewal)	\$ 5.00	2	\$ —	0	\$ (5.00)	\$ (10.00)
SubTotal : 5820							\$ 1,045,035.00
Medical Cannabis / Pharmacy and Medical Provider Fees - 5820 - DOH Qualified Patient Enterprise Fund							
18	Qualified Medical Provider Registration (Initial)	\$ 150.00	150	\$ —	0	\$ (150.00)	\$ (22,500.00)
19	Qualified Medical Provider Registration (Renewal)	\$ 50.00	350	\$ —	0	\$ (50.00)	\$ (17,500.00)
SubTotal : Medical Cannabis / Pharmacy and Medical Provider Fees - 5820							\$ (40,000.00)

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
	Medical Cannabis / Patient Fees - 5820 - DOH Qualified Patient Enterprise Fund						
20	Patient Card (Initial)	\$ 8.00	28000	\$	0	\$ (8.00)	\$ (224,000.00)
21	Patient Registration Renewal (6 - 12 Month)	\$ 8.00	92500	\$	0	\$ (8.00)	\$ (740,000.00)
22	Guardian & Provisional Card (6 Month)	\$ 24.00	40	\$	0	\$ (24.00)	\$ (600.00)
23	Guardian (already background screened as a Guardian) and Provisional Card (Initial)	\$ 10.00	5	\$	0	\$ (10.00)	\$ (50.00)
24	Guardian (already background screened as a Guardian) and Provisional Card (6 Month)	\$ 10.00	8	\$	0	\$ (10.00)	\$ (80.00)
25	Caregiver Registration and Card (not already background screened) (Initial or greater than 1 Year Expired)	\$ 67.00	280	\$ 10.00	280	\$ (57.00)	\$ (15,960.00)
26	Caregiver Registration and Card (Renewal)	\$ 10.00	200	\$	0	\$ (10.00)	\$ (2,000.00)
27	Caregiver (already background screened as a Caregiver) Registration and Card (Initial)	\$ 10.00	25	\$	0	\$ (10.00)	\$ (250.00)
28	Caregiver Registration (already background screened as a Caregiver) and Card (Renewal)	\$ 5.00	2	\$	0	\$ (5.00)	\$ (10.00)
	SubTotal : Medical Cannabis / Patient Fees - 5820						\$ (982,950.00)
	KMAAE - Data, Systems, & Evaluations						
29	Court Ordered Delayed Death Certificate	\$ -	0	\$ 70.00	10	\$ 70.00	\$ 700.00
30	Gestational Carrier Registration	\$ -	0	\$ 45.00	150	\$ 45.00	\$ 6,750.00
31	Home Birth Registration	\$ -	0	\$ 75.00	1,300	\$ 75.00	\$ 97,500.00
32	International Shipping	\$ -	0	\$ 2.00	200	\$ 2.00	\$ 400.00
33	Shipping Fee	\$ -	0	\$ 1.00	60,000	\$ 1.00	\$ 60,000.00
	SubTotal : KMAAE						\$ 165,350.00
	Other Fees and Services - KMAAE - Data, Systems, & Evaluations						
34	Convenience Fee (for Credit or Debit Card payment)	\$0.0 (3%)	1	\$1.0 (3%)	1	\$ 1.00	\$ 1.00
	SubTotal : Other Fees and Services - KMAAE						\$ 1.00
	Birth Certificate - KMAAE - Data, Systems, & Evaluations						
35	Birth Certificate 1st Copy	\$ 22.00	46,000	\$ 25.00	46,000	\$ 3.00	\$ 138,000.00
	SubTotal : Birth Certificate - KMAAE						\$ 138,000.00
	Death Certificate - KMAAE - Data, Systems, & Evaluations						
36	Death Certificate First Copy	\$ 30.00	3,100	\$ 35.00	3,100	\$ 5.00	\$ 15,500.00
	SubTotal : Death Certificate - KMAAE						\$ 15,500.00
	Specialized Services - KMAAE - Data, Systems, & Evaluations						
37	Amendment Fee	\$ 5.00	1,400	\$ 25.00	1,400	\$ 20.00	\$ 28,000.00
38	Marriage and Divorce Certificate	\$ 18.00	3,000	\$ 25.00	3,000	\$ 7.00	\$ 21,000.00
39	Expedite Fee	\$ 15.00	6,500	\$ 25.00	6,500	\$ 10.00	\$ 65,000.00

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
	SubTotal : Specialized Services - KMAAE						\$ 114,000.00
	KMBAB - Medical Examiner						
40	Online Convenience Fee	\$ -	0	\$ 4.00	3,000	\$ 4.00	\$ 12,000.00
	SubTotal : KMBAB						\$ 12,000.00
	Facilities / Use of Office of the Medical Examiner facilities by Non-Office of the Medical Examiner Pathologists - KMBAB - Medical Examiner						
41	Use of facilities only for autopsy or examination	\$ 400.00	4	\$ —	0	\$ (400.00)	\$ (1,600.00)
	SubTotal : Facilities / Use of Office of the Medical Examiner facilities by Non-Office of the Medical Examiner Pathologists - KMBAB - Medical Examiner						\$ (1,600.00)
	KMBAC - State Laboratory						
42	CHLOROPHYLL+PHEOPHYTIN Standard Method 10200H	\$ -	0	\$ 25.00	500	\$ 25.00	\$ 12,500.00
43	ENTEROCOCCUS (ENTEROLERT) Standard Method 9223B	\$ -	0	\$ 48.68	1	\$ 48.68	\$ 48.68
44	Environmental Protection Agency 180.1_M Turbidity	\$ -	0	\$ 5.00	1,500	\$ 5.00	\$ 7,500.00
45	Environmental Protection Agency 537.1 - Per and Polyfluoroalkyl Substances	\$ 505.00	10	\$ —	0	\$ (505.00)	\$ (5,050.00)
46	Hepatitis C Virus (HCV) detection by quantitative Nucleic Acid Test	\$ 80.00	24	\$ —	0	\$ (80.00)	\$ (1,920.00)
47	Measles Virus Detection by Polymerase Chain Reaction	\$ -	0	\$ 100.00	5	\$ 100.00	\$ 500.00
48	Norovirus detection by Polymerase Chain Reaction	\$ -	0	\$ 80.00	5	\$ 80.00	\$ 400.00
49	Residual Chlorine Standard Method 4500CL-G	\$ -	0	\$ 13.00	10	\$ 13.00	\$ 130.00
50	Total Microcystins and Nodularins by ELISA	\$ -	0	\$ 300.00	1	\$ 300.00	\$ 300.00
51	Total Nitrogen ASTMD8083	\$ -	0	\$ 35.00	4,000	\$ 35.00	\$ 140,000.00
	SubTotal : KMBAC						\$ 154,408.68
	These fees apply for the entire Division of Disease Control and Prevention / Laboratory General - KMBAC - State Laboratory						
52	Emergency Waiver	.0 (Variable)	1	0 (Variable)	1	\$ 1.00	\$ 1.00
	SubTotal : These fees apply for the entire Division of Disease Control and Prevention / Laboratory General - KMBAC						\$ 1.00
	These fees apply for the entire Division of Disease Control and Prevention / Laboratory General / Handling - KMBAC - State Laboratory						
53	Total cost of shipping and testing of referral samples to be rebilled to customer.	.0 (Variable)	1	0 (Variable)	1	\$ 1.00	\$ 1.00
54	Repeat Testing	normal fee)	1	normal fee)	1	\$ 1.00	\$ 1.00
	SubTotal : These fees apply for the entire Division of Disease Control and Prevention / Laboratory General / Handling - KMBAC						\$ 2.00
	Chemistry / Metals / Standard Metals - KMBAC - State Laboratory						
55	Environmental Protection Agency Method 200.8 Zirconium	\$ 13.20	1	\$ —	0	\$ (13.20)	\$ (13.20)
56	Mercury Environmental Protection Agency 7473	\$ 35.00	40	\$ —	0	\$ (35.00)	\$ (1,400.00)
57	Selenium by Selenium Hydride - Atomic Absorption - Standard Method 3114C	\$ 43.00	250	\$ —	0	\$ (43.00)	\$ (10,750.00)
58	Selenium Environmental Protection Agency 1638	\$ 50.00	35	\$ —	0	\$ (50.00)	\$ (1,750.00)
	SubTotal : Chemistry / Metals / Standard Metals - KMBAC						\$ (13,913.20)

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
	Chemistry / Metals / Organic Contaminants - KMBAC - State Laboratory						
59	Environmental Protection Agency 524.2 Trihalomethanes-	\$ 89.93	103	\$ —	0	\$ (89.93)	\$ (9,262.79)
60	Haloacetic Acids Method 6254B	\$ 179.30	104	\$ —	0	\$ (179.30)	\$ (18,647.20)
61	Environmental Protection Agency 524.2	\$ 228.80	9	\$ —	0	\$ (228.80)	\$ (2,059.20)
	SubTotal : Chemistry / Metals / Organic Contaminants - KMBAC						\$ (29,969.19)
	Chemistry / Metals / Organic Contaminants / Environmental Protection Agency 544 - KMBAC - State Laboratory						
62	Microcystin RR- Microcystin Arginine (R)	\$ 300.00	20	\$ —	0	\$ (300.00)	\$ (6,000.00)
63	Microcystin YR Tyrosine (Y). Arginine (R)	\$ 300.00	20	\$ —	0	\$ (300.00)	\$ (6,000.00)
64	Microcystin LR Leucine (L). Arginine (R)	\$ 300.00	20	\$ —	0	\$ (300.00)	\$ (6,000.00)
	SubTotal : Chemistry / Metals / Organic Contaminants / Environmental Protection Agency 544 - KMBAC						\$ (18,000.00)
	Chemistry / Inorganics - KMBAC - State Laboratory						
65	Environmental Protection Agency 537.1 - Per and Polyfluoroalkyl Substances	\$ 290.00	1	\$ —	0	\$ (290.00)	\$ (290.00)
66	Carboxylic Acids (Oxalate, Formate, Acetate)	\$ 46.20	1	\$ —	0	\$ (46.20)	\$ (46.20)
	SubTotal : Chemistry / Inorganics - KMBAC						\$ (336.20)
	Chemistry / Organics - KMBAC - State Laboratory						
67	Chlorophyll A Free From Pheophytin A High Sensitivity- Environmental Protection Agency 447	\$ 120.00	100	\$ —	0	\$ (120.00)	\$ (12,000.00)
68	Chlorophyll A by High Performance Liquid Chromatography	\$ 110.61	25	\$ —	0	\$ (110.61)	\$ (2,765.25)
69	Cyanotoxin Quantitative Polymerase Chain Reaction Method	\$ 33.00	25	\$ —	0	\$ (33.00)	\$ (825.00)
	SubTotal : Chemistry / Organics - KMBAC						\$ (15,590.25)
	Chemistry / Water Bacteriology - KMBAC - State Laboratory						
70	Environmental Protection Agency 544 Nodularin	\$ 300.00	20	\$ —	0	\$ (300.00)	\$ (6,000.00)
71	Legiolert Standard Method 9223B	\$ 37.22	1	\$ 49.27	1	\$ 12.05	\$ 12.05
	SubTotal : Chemistry / Water Bacteriology - KMBAC						\$ (5,987.95)
	Chemistry / Water Bacteriology / Inorganic Surface Water (Lakes, Rivers, Streams) Tests - KMBAC - State Laboratory						
72	Biochemical Oxygen Demand 5-day test Standard Method- 5210B	\$ 27.00	300	\$ —	0	\$ (27.00)	\$ (8,100.00)
	SubTotal : Chemistry / Water Bacteriology / Inorganic Surface Water (Lakes, Rivers, Streams) Tests - KMBAC						\$ (8,100.00)
	Infectious Disease / Arbovirus - KMBAC - State Laboratory						
73	TrioPlex Polymerase Chain Reaction	\$ 65.00	180	\$ —	0	\$ (65.00)	\$ (11,700.00)
	SubTotal : Infectious Disease / Arbovirus - KMBAC						\$ (11,700.00)
	Infectious Disease / Bacteriology / Mycobacteriology - KMBAC - State Laboratory						
74	Culture	\$ 81.00	5	\$ —	0	\$ (81.00)	\$ (405.00)
75	Mycobacterium tuberculosis susceptibilities (send out)	\$ 175.00	1	\$ —	0	\$ (175.00)	\$ (175.00)

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
76	Identification and Susceptibility by GeneXpert	\$ 126.00	28	\$ —	0	\$ (126.00)	\$ (3,528.00)
SubTotal : Infectious Disease / Bacteriology / Mycobacteriology - KMBAC							\$ (4,108.00)
Environmental Laboratory Certification - KMBAC - State Laboratory							
77	Certification Clarification	\$ —	1	\$ —	0	\$ -	\$ -
SubTotal : Environmental Laboratory Certification - KMBAC							\$ -
Environmental Laboratory Certification / Annual certification fee (chemistry and/or microbiology) - KMBAC - State Laboratory							
78	Performance Based Method Review	\$ 250.00	1	\$ —	0	\$ (250.00)	\$ (250.00)
79	Primary Method Addition for Recognition Laboratories	\$ 500.00	1	\$ —	0	\$ (500.00)	\$ (500.00)
SubTotal : Environmental Laboratory Certification / Annual certification fee (chemistry and/or microbiology) - KMBAC							\$ (750.00)
KMCAB - Licensing & Background Checks							
80	Child Care Center Per Child Fee Late Fee	\$ -	0	\$ 0.75	1	\$ 0.75	\$ 0.75
81	DACS Contractor Renewal Fee	\$ -	0	\$ 100.00	10	\$ 100.00	\$ 1,000.00
82	Detailed on-site inspection in lieu of the plan review	\$ -	0	\$ 559.00	11	\$ 559.00	\$ 6,149.00
83	Health Facilities 2 Year New and Renewal Base Fee	\$ -	0	\$ 743.83	444	\$ 743.83	\$ 330,260.52
84	Health Facilities Conditional Monitoring Fee	\$ -	0	\$ 393.37	8	\$ 393.37	\$ 3,146.96
85	Hospital Plan Review and Inspection Fee - Complex or unusual hospital plan	\$ -	0	\$ 1.00	1	\$ 1.00	\$ 1.00
86	Human Services 1 time adoption Fingerprint Fee	\$ -	0	\$ 32.00	50	\$ 32.00	\$ 1,600.00
87	Human Services Late Fee	\$ 50.00	400	\$ 60.00	10	\$ 10.00	\$ 100.00
88	Satellite Emergency Department Licensing Fee	\$ -	0	\$ 6,000.00	10	\$ 6,000.00	\$ 60,000.00
SubTotal : KMCAB							\$ 402,258.23
Licensing - KMCAB - Licensing & Background Checks							
89	Online Background Check Application	\$ 20.00	19000	\$ —	0	\$ (20.00)	\$ (140,480.00)
SubTotal : Licensing - KMCAB							\$ (140,480.00)
Licensing / Adult Day Care / Renewal Fee - KMCAB - Licensing & Background Checks							
90	Adult Day Care 0-50 Consumers Renewal License Fee	\$ 330.00	6	\$ 360.00	6	\$ 30.00	\$ 180.00
91	Adult Day Care Per Capacity Fee	\$ 9.90	300	\$ 24.00	242	\$ 14.10	\$ 3,412.20
SubTotal : Licensing / Adult Day Care / Renewal Fee - KMCAB							\$ 3,592.20
Licensing / Child Placing Foster - KMCAB - Licensing & Background Checks							
92	Child Placing Foster Initial & Renewal License Fee	\$ 275.00	80	\$ 650.00	53	\$ 375.00	\$ 19,875.00
SubTotal : Licensing / Child Placing Foster - KMCAB							\$ 19,875.00
Licensing / Intermediate Secure Treatment - KMCAB - Licensing & Background Checks							
93	Intermediate Secure Treatment Per Capacity Fee	\$ 9.90	650	\$ 825.00	12	\$ 815.10	\$ 9,781.20
SubTotal : Licensing / Intermediate Secure Treatment - KMCAB							\$ 9,781.20
Licensing / Life Safety Pre-inspection - KMCAB - Licensing & Background Checks							
94	Initial Fee to Verify Life and Fire Safety	\$ 660.00	1	\$ —	0	\$ (660.00)	\$ (660.00)

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
	SubTotal : Licensing / Life Safety Pre-inspection - KMCAB						\$ (660.00)
	Licensing / Outpatient Treatment - KMCAB - Licensing & Background Checks						
95	Outpatient Treatment Renewal License Fee	\$ 330.00	600	\$ 375.00	515	\$ 45.00	\$ 23,175.00
	SubTotal : Licensing / Outpatient Treatment - KMCAB						\$ 23,175.00
	Licensing / Residential Support - KMCAB - Licensing & Background Checks						
96	Residential Support Renewal License Fee	\$ 330.00	300	\$ 640.00	348	\$ 310.00	\$ 107,880.00
	SubTotal : Licensing / Residential Support - KMCAB						\$ 107,880.00
	Licensing / Residential Treatment - KMCAB - Licensing & Background Checks						
97	Residential Treatment Renewal License Fee	\$ 660.00	240	\$ 940.00	107	\$ 280.00	\$ 29,960.00
98	Residential Treatment Per Capacity Fee	\$ 9.90	4,500	\$ 24.00	5,267	\$ 14.10	\$ 74,264.70
	SubTotal : Licensing / Residential Treatment - KMCAB						\$ 104,224.70
	Licensing / Therapeutic School Program - KMCAB - Licensing & Background Checks						
99	Therapeutic School Program Renewal License Fee	\$ 660.00	6	\$ 730.00	2	\$ 70.00	\$ 140.00
100	Therapeutic School Program Per Capacity Fee	\$ 9.90	140	\$ 24.00	28	\$ 14.10	\$ 394.80
	SubTotal : Licensing / Therapeutic School Program - KMCAB						\$ 534.80
	These fees apply for the entire Department of Health and Human Services / Other - KMCAB - Licensing & Background Checks						
101	Additional Inspection Fee	\$ 35.76	131	\$ 160.00	91	\$ 124.24	\$ 11,305.84
	SubTotal : These fees apply for the entire Department of Health and Human Services / Other - KMCAB						\$ 11,305.84
	These fees apply for the entire Division of Licensing and Background Checks - KMCAB - Licensing & Background Checks						
102	Credit and Debit Card Fee	\$ 1.00	1	\$ 1.25	51,806	\$ 0.25	\$ 12,951.50
103	Online Processing Fee	\$ 0.75	40,000	\$ 2.00	51,806	\$ 1.25	\$ 64,757.50
	SubTotal : These fees apply for the entire Division of Licensing and Background Checks - KMCAB						\$ 77,709.00
	Two Year Licensing Base / Plus the appropriate fee as listed below to any new or renewal license - KMCAB - Licensing & Background Checks						
104	Preliminary Drawing Review	\$ 743.83	380	\$ —	0	\$ (743.83)	\$ (282,655.40)
	SubTotal : Two Year Licensing Base / Plus the appropriate fee as listed below to any new or renewal license - KMCAB						\$ (282,655.40)
	Application Termination or Delay / If a health care facility application is terminated or delayed during the application process, then a fee based on						
105	On-site inspections	\$ 1.00	1	\$ —	0	\$ (1.00)	\$ (1.00)
	SubTotal : Application Termination or Delay / If a health care facility application is terminated or delayed during the application p						\$ (1.00)
	Plan Review and Inspection / Other Plan Review Fee Policies / Terminated or Delayed Plan Review - KMCAB - Licensing & Background Checks						
106	Other Plan Review Fee Policies Terminated or Delayed Plan- Review Preliminary Drawing Review	\$ 1.00	1	\$ —	0	\$ (1.00)	\$ (1.00)
107	Other Plan Review Fee Policies Terminated or Delayed Plan- Review Working Drawings and Specifications Review	\$ 1.00	1	\$ —	0	\$ (1.00)	\$ (1.00)
	SubTotal : Plan Review and Inspection / Other Plan Review Fee Policies / Terminated or Delayed Plan Review - KMCAB						\$ (2.00)
	Plan Review and Inspection / Certificate of Authority - KMCAB - Licensing & Background Checks						

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
108	Certificate of Authority Working Drawings and Specifications-Review	\$ 1.00	4	\$	0	\$ (1.00)	\$ (1.00)
SubTotal : Plan Review and Inspection / Certificate of Authority - KMCAB							\$ (1.00)
Annual License - KMCAB - Licensing & Background Checks							
109	Child Care Late Fee	\$ 44.34	100	\$ 31.00	11	\$ (13.34)	\$ (146.74)
SubTotal : Annual License - KMCAB							\$ (146.74)
KPCAJ - Disabilities - Other Waiver Services							
110	Graduated	\$ 1,300.00	4	\$	0	\$ (1,300.00)	\$ (5,200.00)
SubTotal : KPCAJ							\$ (5,200.00)
Equipment Delivery - KTAAD - DHHS Preparedness & Response							
111	Strike Team BLU-MED Mobile Field Response Tent Support	\$ 6,000.00	4	\$	0	\$ (6,000.00)	\$ (6,000.00)
SubTotal : Equipment Delivery - KTAAD							\$ (6,000.00)
KTAAH - DHHS State Epidemiology Inform Survey & Public Health Infrastructure							
112	Match on Immunization Records in Database - 100,001-200,000 records	\$ -	0	\$ 20,000	1	\$ 20,000	\$ 20,000
113	Match on Immunization Records in Database - unlimited records	\$ -	0	\$ 40,000	3	\$ 40,000	\$ 120,000
114	Match on Immunization Records in Database - unlimited records + customizations	\$ -	0	\$ 160,000	1	\$ 160,000	\$ 160,000
115	Match on Immunization Records in Database - up to 100,000 records	\$ -	0	\$ 10,000	2	\$ 10,000	\$ 20,000
SubTotal : KTAAH							\$ 320,000
Utah Statewide Immunization Information System / Non-Financial Contributing Partners - KTAAH - DHHS State Epidemiology Inform Survey & Pu							
116	File Format Conversion	\$ 30.00	4	\$	0	\$ (30.00)	\$ (30.00)
SubTotal : Utah Statewide Immunization Information System / Non-Financial Contributing Partners - KTAAH							\$ (30.00)
KTBAH - Office of Early Childhood							
117	No show fee for families who miss three or more scheduled early intervention visits	\$ -	0	\$ 100.00	360	\$ 100.00	\$ 36,000.00
SubTotal : KTBAH							\$ 36,000.00
Baby Watch Early Intervention Monthly Participation Fee - KTBAH - Office of Early Childhood							
118	Household income 101% to 186% of Federal Poverty Level	\$ 10.00	1,200	\$ 11.00	3,672	\$ 1.00	\$ 3,672.00
119	Household income 201% to 250% of Federal Poverty Level	\$ 30.00	3,300	\$ 33.00	4,790	\$ 3.00	\$ 14,370.00
120	Household income 251% to 300% of Federal Poverty Level	\$ 40.00	5,200	\$ 44.00	4,639	\$ 4.00	\$ 18,556.00
121	Household income 301% to 400% of Federal Poverty Level	\$ 50.00	2,800	\$ 55.00	2,204	\$ 5.00	\$ 11,020.00
122	Household income 401% to 500% of Federal Poverty Level	\$ 60.00	1,550	\$ 66.00	891	\$ 6.00	\$ 5,346.00
123	Household income 501% to 600% of Federal Poverty Level	\$ 80.00	750	\$ 88.00	454	\$ 8.00	\$ 3,632.00

		Old Fee	Old Quantity	New Fee	New Quantity	Fee Change	Est Rev Change
124	Household income 601% to 700% of Federal Poverty Level	\$ 100.00	744	\$ 125.00	284	\$ 25.00	\$ 7,100.00
125	Household income 701% to 800% of Federal Poverty Level	\$ 120.00	200	\$ 150.00	135	\$ 30.00	\$ 4,050.00
126	Household income 801% to 900% of Federal Poverty Level	\$ 140.00	90	\$ 175.00	44	\$ 35.00	\$ 1,540.00
127	Household income 901% to 1000% of Federal Poverty Level	\$ 160.00	55	\$ —	0	\$ (160.00)	\$ (8,800.00)
128	Household income 1001% to 1100% of Federal Poverty Level	\$ 180.00	50	\$ —	0	\$ (180.00)	\$ (9,000.00)
	SubTotal : Baby Watch Early Intervention Monthly Participation Fee - KTBAM						\$ 51,486.00
	KTCAC - Child Support Services						
129	Automated Credit Card Convenience	\$ 2.00	1	\$ —	0	\$ (2.00)	\$ (2.00)
130	Assisted Credit Card Convenience	\$ 6.00	1	\$ —	0	\$ (6.00)	\$ (6.00)
	SubTotal : KTCAC						\$ (8.00)
	Total						\$ 1,243,931

Fees for Dept of Health and Human Services

There are separate Fee amounts stored for Agencies, GOPB and the LFA.
The amounts listed are the amounts that are furthest through the approval workflow.
Agency (a) >>> GOPB (g) >>> LFA (l) >>> Final (f)

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<p><u>Guardian and Provisional Card (already background screened) (Initial or Renewal) (per minor patient)</u></p> <p>Guardian registration helps ensure that only authorized, background-checked persons have access to medical cannabis products on behalf of qualified minor patients.</p>	\$10.00 ^f
<p><u>Patient Card (Initial or Renewal) (per patient)</u></p> <p>Registering patients and providing patient information to Recommending Medical Providers and registered medical cannabis pharmacies helps ensure only patients with qualifying medical conditions per statute are allowed access to approved medical cannabis products within amounts prescribed and allowed by statute. Recommending Medical Providers set the term of the card between 6 and 12 months.</p>	\$8.00 ^f
<p><u>Non-Utah Resident Guardian and Provisional Card (Initial or Renewal) (per minor patient)</u></p> <p>Authorizes non-Utah residents that meet Utah non-resident guardian requirements to purchase and have access to Utah medical cannabis products on behalf of a qualified minor patient during their stay in Utah. Guardian may register for no more than two visitation periods per calendar year of up to 21 calendar days per visitation period.</p>	\$15.00 ^f
<p><u>Credit Card Processing Fee - Uniform Transaction Fee Payments (per amount paid via credit card)</u></p> <p>Authorizes charging a pharmacy a credit card processing fee if the pharmacy uses a credit card to pay uniform transaction fees to the Department.</p>	\$300.00 ^f
<p><u>Caregiver Registration and Card (already background screened) (Initial or Renewal) (per patient)</u></p> <p>Caregiver registration helps ensure that only authorized, background-checked persons have access to medical cannabis products on behalf of qualified patients. Renewal date is dependent upon the renewal date of the related patient card. No fee for the first 90-day patient renewal.</p>	\$10.00 ^f
<p><u>Recommending Medical Provider Proxy Registration (Initial or Renewal) (per Provider)</u></p> <p>This fee registers a medical provider's employee to securely access the state's electronic system for managing patient medical cannabis recommendations and information.</p>	\$30.00 ^f
<p><u>Non-Utah Resident Patient Card (Initial or Renewal) (per patient)</u></p> <p>Authorizes non-Utah residents that meet Utah non-resident requirements to purchase Utah medical cannabis products during their stay in Utah. Valid for 21 days. Patients may register for no more than two visitation periods per calendar year of up to 21 calendar days per visitation period.</p>	\$15.00 ^f
<i>Medical Cannabis</i>	
<i>Pharmacy and Medical Provider Fees</i>	
<p><u>Pharmacy Medical Provider/Pharmacist Registration Fee (Initial) (per Provider)</u></p> <p>Registering pharmacy medical providers helps ensure that medical cannabis pharmacy staff have the necessary knowledge, skills and training specific to cannabis in order to assist qualified patients and ensure products being purchased are in accordance with the medical provider recommendations.</p>	\$150.00 ^f
<p><u>Pharmacy Medical Provider/Pharmacist Registration Fee (Renewal) (per provider)</u></p> <p>Registering pharmacy medical providers for the program helps ensure that the pharmacists in medical cannabis pharmacies have the necessary knowledge, skills and training specific to cannabis in order to assist qualified patients and ensure products being purchased are in accordance with a recommending medical provider's recommendation. This helps ensure that cannabis patients receive safe and quality cannabis products. Renewal is every two years.</p>	\$50.00 ^f
<i>Patient Fees</i>	

<u>Guardian and Provisional Card (not already background screened) (Initial or greater than 1 Year Expired) (per minor patient)</u> Initial guardian registration helps ensure that only authorized, background-checked persons have access to medical cannabis products on behalf of qualified minor patients. Fee is the base Guardian card fee plus the DHHS standard background check processing fee plus the BCI fee charged by the Department of Public Safety.	plus DPS/BCI and internal DHHS DLBC background check fees ^f
<u>Caregiver Registration and Card (not already background screened) (Initial or greater than 1 Year Expired) (per caregiver)</u> Initial caregiver registration helps ensure that only authorized, background-checked persons have access to medical cannabis products on behalf of qualified patients. Fee is the base Caregiver card fee plus the DHHS standard background check processing fee plus the BCI fee charged by the Department of Public Safety.	plus DPS/BCI and Internal DHHS DLBC background check fees ^f
<u>Uniform Transaction Fee (per transaction)</u> The fee provides funding for research and outreach, policies and rules, staff support for three boards, as well as general administration and accounting for the program.	\$1.50 ^f

KMAAB

All the fees in this section apply for the entire Department of Health and Human Services

<u>Conference Registrations (per Unit)</u>	\$100.00 ^f
<u>Non-sufficient Check Collection Fee (per Unit)</u>	\$35.00 ^f
<u>Non-sufficient Check Service Charge (per Unit)</u>	\$20.00 ^f
<i>Specialized Services</i>	
<u>Expedited Shipping Fee (per Unit)</u>	\$20.00 ^f
<i>Testimony</i>	
<u>Expert Testimony Fee for those without a PhD (Doctor of Philosophy) or MD (Medical Doctor) (per hour)</u> Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time plus travel costs.	\$78.75 ^f
<u>Expert Testimony Fee for those with a PhD (Doctor of Philosophy) or MD (Medical Doctor) (per hour)</u> Includes preparation, consultation, and appearance on criminal and civil cases. Portal to portal, including travel and waiting time plus travel costs.	\$250.00 ^f
<i>Government Records Access and Management Act</i>	
<i>Staff time for file search and/or information compilation</i>	
<u>Legal Hold Fee (per hour)</u> For Department of Technology Services or programmer /analyst staff time.	\$70.00 ^f
<u>Records Research Fee (per hour)</u> For Department of Health and Human Services staff time; first 15 minutes free, additional time.	\$35.00 ^f
<i>Copy</i>	
<u>11 x 8.5 Black and White Copies (per page)</u>	\$0.15 ^f
<u>11x17 or Color Copies (per page)</u>	\$0.40 ^f

KMAAE

<u>Shipping Fee (per Unit)</u>	\$1.00 ^f
<u>Enhanced ID verification (per Request)</u>	\$7.00 ^f
<u>Court Ordered Delayed Death Certificate (per Unit)</u>	\$70.00 ^f
<u>Gestational Carrier Registration (per Unit)</u>	\$45.00 ^f
<u>Home Birth Registration (per Unit)</u>	\$75.00 ^f
<u>International Shipping (per Unit)</u>	\$2.00 ^f
<i>Data Access Base Fees</i>	

Behavioral Risk Factor Surveillance System

<u>Standard Annual Limited Data Set (per Unit)</u>	\$300.00 ^f
<p>The Behavioral Risk Factor Surveillance System dataset provides surveillance data on health-related risk behaviors, chronic health conditions, and use of preventive services of the Utah population. The data is used for program planning, assessment work, evaluation projects, and research purposes. The following discounts apply: Local Health Department (100% for any standard annual data set); State Agency, Student or Not for Profit Entity (75% for any standard annual data set); Researcher (50% for any standard annual data set); For Profit Entities pay full amount. Note that entities that have paid to have questions included on the Behavioral Risk Factor Surveillance System are excluded from this fee as their payment includes receipt of data.</p>	

<u>Review and authorize cremation permit (per Unit)</u>	\$10.00 ^f
<i>Data Access Base Fees</i>	

Healthcare Facilities Data Series

<u>Healthcare Facilities Data Set - Fee Discounts (per Unit)</u>	Note ^f
<p>Notes: (1) The Following Discounts Apply: Utah State agencies and Local Health Departments; and components of the Indian health system serving Utah residents i.e. Indian Tribes, Indian Health Service, tribally owned and operated health systems, the Urban Indian Organization, and Tribal Epidemiology Centers (100%); Student (75% for any standard data set); Utah Healthcare Facility with <35,000 discharges (50% for Standard Limited Data Set); Prior Years (25% for any data set); University or Not for Profit Entity (50% for any standard data series); Geographic Subset (discount proportional to percent of records required from limited use data set, including custom data services fee).</p>	
<u>Healthcare Facilities Data Set - Standard Annual Limited Data Set (per Unit)</u>	\$3,600.00 ^f
<p>This fee allows a user to obtain a single year of inpatient or ambulatory surgery or emergency department encounter limited data set. It contains 16 out of the 18 safe harbor identifiers related to information about patient, diagnoses, provider, payers, charges and more. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	
<u>Healthcare Facilities Data Set - Standard Annual Research Data set (per Unit)</u>	\$6,000.00 ^f
<p>This fee is for an all-payer claims database identifiable data set that includes a single year of data. The data set contains the 18 Safe Harbor identifiers related to medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee. The data set includes sensitive and detailed patient data.</p>	
<u>Healthcare Facilities Data Set - Quarterly Preliminary Feeds (per Unit)</u>	\$4,500.00 ^f
<p>This fee allows a user to obtain preliminary quarterly inpatient or ambulatory surgery or emergency department encounter limited data set. It contains 16 out of the 18 safe harbor identifiers related to information about patient, diagnoses, provider, payers, charges and more. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	
<u>Federal Annual Database (per Unit)</u>	\$4,500.00 ^f

Database for agreements conducted under Federal government entities (HCUP). This data set includes healthcare facilities data.

All Payer Claims Data Standard Limited Data Series

<u>All Payer Claims Data Standard Limited Data Series - Fee Discounts (per Unit)</u>	See Note ^f
<p>Note: The following discounts apply: (1) Utah State agencies and Local Health Departments; components of the Indian health system serving Utah residents i.e. Indian Tribes, Indian Health Service, tribally owned and operated health systems, the Urban Indian Organization, and Tribal Epidemiology Centers (100%); Student (75% for any standard data set); Contributing Carrier (50% for standard limited use data sets); Geographic Subset (discount proportional to percent of records required from limited use data set, in addition to custom data services fee).</p>	
<u>All Payer Claims Data Standard Limited Data Set - Single Year (per Unit)</u>	\$8,000.00 ^f
<p>This fee is for an all-payer claims database limited data set that includes one year specified by the requester. The data set contains 16 out of the 18 Safe Harbor identifiers related to a member's medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	
<u>All Payer Claims Data Standard Limited Data Set - Two Years (per Unit)</u>	\$12,000.00 ^f
<p>This fee is for an all-payer claims database limited data set that includes two years specified by the requester. The data set contains 16 out of the 18 Safe Harbor identifiers related to a member's medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	
<u>All Payer Claims Data Standard Limited Data Set - Three Years (per Unit)</u>	\$16,000.00 ^f
<p>This fee is for an all-payer claims database limited data set that includes three years specified by the requester. The data set contains 16 out of the 18 Safe Harbor identifiers related to a member's medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	
<u>All Payer Claims Data Standard Limited Data Set - Additional Years (per Unit)</u>	\$4,000.00 ^f
<p>This fee is for an all-payer claims database limited data set that includes additional years specified by the requester. The data set contains 16 out of the 18 Safe Harbor identifiers related to a member's medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.</p>	

All Payer Claims Data Standard Research Data Series

<u>All Payer Claims Data Standard Research Data Set - Fee Discounts (per Unit)</u>	Note ^f
<p>Notes: The following discounts apply: Utah State agencies and Local Health Departments; components of the Indian health system serving Utah residents i.e. Indian Tribes, Indian Health Service, tribally owned and operated health systems, the Urban Indian Organization, and Tribal Epidemiology Centers (100%); Student (75% for any standard data set); Contributing Carrier (50% for standard limited use data sets); Geographic Subset (discount proportional to percent of records required from limited use data set, in addition to custom data services fee).</p>	
<u>All Payer Claims Data Standard Research Data Set - Single Year (per Unit)</u>	\$20,000.00 ^f
<p>This fee is for an all-payer claims database identifiable data set that includes one year specified by the requester. The data set contains the 18 Safe Harbor identifiers related to medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review</p>	

and approval by both an Institutional Review Board and the Health Data Committee. The data set includes sensitive and detailed patient data.	
<u>All Payer Claims Data Standard Research Data Set - Two Years (per Unit)</u> This fee is for an all-payer claims database identifiable data set that includes two years specified by the requester. The data set contains the 18 Safe Harbor identifiers related to medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee. The data set includes sensitive and detailed patient data.	\$30,000.00 ^f
<u>All Payer Claims Data Standard Research Data Set - Three Years (per Unit)</u> This fee is for an all-payer claims database identifiable data set that includes three years specified by the requester. The data set contains the 18 Safe Harbor identifiers related to medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee. The data set includes sensitive and detailed patient data.	\$40,000.00 ^f
<u>All Payer Claims Data Standard Research Data Set - Additional Years (per Unit)</u> This fee is for an all-payer claims database limited data set that includes years specified by the requester. The data set contains 16 out of the 18 Safe Harbor identifiers related to a member's medical, pharmacy, and dental claims as well as insurance enrollment and health care provider data. These data sets require review and approval by both an Institutional Review Board and the Health Data Committee prior to distribution of data to the user.	\$10,000.00 ^f
<i>Other Data Series and Licenses (Fee Discounts Apply)</i>	
<u>Other Data Series and Licenses - Fee Discounts (per Unit)</u> Notes: The following discounts apply: Non-Contributing Carrier (50% for CAHPS Data Set); Contributing Carrier (75% for CAHPS Data Set); Prior Year (20% for HEDIS & CAHPS Data Set); Years before Current and Prior Year (35% for HEDIS & CAHPS Data Set); Student (75% for HEDIS & CAHPS Data Set or Survey Responses); University or Not for Profit Entity (35% for HEDIS & CAHPS Data Set or Survey Responses).	Note ^f
<u>Institutional License (per Unit)</u> This fee is for a multi-use, multi-user license to access all data series included within this fee schedule. The license covers use for a 12-month period starting with the data specified in the licensing agreement and ending 365 days later. A 15% discount will be given if the license is renewed prior to the license termination date.	\$150,000.00 ^f
<u>Single Data Series Institutional License (per Unit)</u> 1 year multi-user license to access one data series. 15% discount for on-time renewals	\$75,000.00 ^f
<u>Healthcare Effectiveness Data and Information Set Data Set (per Unit)</u> This fee is for the current year of the standardized limited data set HEDIS indicators for Medicaid, Commercial, and CHIP health plans in Utah. HEDIS is a report of the quality of care provided by a plan to its enrollees.	\$1,575.00 ^f
<u>Consumer Assessment of Healthcare Providers and Systems Data Set (per Unit)</u> This fee is for the current year of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Standardized limited data set. CAHPS measures enrollees' satisfaction with their health plan. Data are available for Medicaid, Commercial and CHIP health plans.	\$1,575.00 ^f
<u>Consumer Assessment of Healthcare Providers and Systems Survey Responses (per Unit)</u> This fee is for the current year of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey responses data set. CAHPS measures enrollees' satisfaction with their health plan. Data are available for Medicaid, Commercial and CHIP health plans.	\$2,000.00 ^f

<u>Expedited Shipping Fee</u>		\$30.00 ^f
2-day shipping of online ordered vital records certificates		
<i>Other Fees and Services</i>		
<u>Custom data services (per hour)</u>		\$121.20 ^f
This hourly fee applies to all custom work, including but not limited to: data extraction analytics; aggregate patient-risk profiles for clinics, payers or systems; data management reprocessing; data matching; and creation of samples or subsets.		
<u>Additional Fields to create a custom data set (per field added)</u>		\$225.00 ^f
This fee is for providing additional custom fields to a data set		
<u>Individual Information Extract (per person)</u>		\$100.00 ^f
<u>Convenience Fee (for Credit or Debit Card payment) (per transaction)</u>		3% ^f
Convenience fee to cover the additional costs incurred with credit and debit card transactions.		
<i>Birth Certificate</i>		
<u>Birth Certificate 1st Copy</u>		\$25.00 ^f
<u>Stillbirth Certificate 1st Copy</u>		\$18.00 ^f
<u>Book Copy of Birth Certificate</u>		\$5.00 ^f
<u>Adoption Processing - New Birth Certificate</u>		\$40.00 ^f
<u>Sealed Record Fee (per Unit)</u>		\$40.00 ^f
<u>Delayed Birth Registration</u>		\$40.00 ^f
<u>Legitimation</u>		\$40.00 ^f
This allows the unmarried parents, who have since the birth gotten married, to change the information on the record to reflect married parents.		
<i>Death Certificate</i>		
<u>Death Certificate First Copy</u>		\$35.00 ^f
<u>Burial Transit Permit</u>		\$7.00 ^f
Fee covers the cost to review the death record, collect signatures, and create the permit.		
<u>Disinterment Permit</u>		\$25.00 ^f
Fee covers the cost to review the death record and enter information from the record to the permit. Collect family signatures, funeral home signatures and cemetery signatures, review for accuracy, register the permit. Make a copy of the permit and file. This also funds a portion of the data applications used for this system.		
<u>Certificate Reprint Fee (per Unit)</u>		\$3.00 ^f
<i>Specialized Services</i>		
<u>Additional Certificate Copies</u>		\$10.00 ^f
<u>Amendment Fee</u>		\$25.00 ^f
This fee covers the cost to amend a record in our system.		
<u>Paternity Search (one hour minimum) (per hour)</u>		\$18.00 ^f
Provides a way for customers ordering vital record certificates to prove entitlement as required in 26B-8-125(3)(a) if their identity cannot be verified through the Utah Drivers License or Utah State ID Card.		
<u>Marriage and Divorce Certificate</u>		\$25.00 ^f
<u>Adoption Registry</u>		\$25.00 ^f
<u>Adoption Expedite Fee</u>		\$25.00 ^f
<u>Birth Parent Information Adoption Registry Registration (per Unit)</u>		\$25.00 ^f
<u>Adoption Records Access Fee (per Unit)</u>		\$25.00 ^f
<u>Adoption Registry Amendment Fee (per Unit)</u>		\$10.00 ^f
<u>Death Research (one hour minimum) (per hour)</u>		\$20.00 ^f
<u>Death Notification Subscription Fee (organization less than or equal to 100,000 lives) (per Unit)</u>		\$500.00 ^f
<u>Death Notification Subscription Fee (organizations greater than 100,000 lives) (per Unit)</u>		\$1,000.00 ^f
<u>Death Notification Fee (per matched death)</u>		\$1.00 ^f

<u>Court Order Paternity</u>	\$40.00 ^f
<u>Online Access to Computerized Vital Records (per month)</u> This is a fee other state agencies pay (per user) to have access to vital records online to complete business.	\$12.00 ^f
<u>Ad-hoc Statistical Requests (1 hour minimum) (per hour)</u>	\$45.00 ^f
<u>Online Convenience Fee (per Unit)</u> This fee is sent to Tyler Technologies and covers the cost of an online order for vital records certificates. It passes the cost of the online ordering through to the customer.	\$4.00 ^f
<u>Online Identity Verification (per Unit)</u> Provides a way for customers ordering vital record certificates to prove entitlement as required in 26B-8-125(3)(a) if their identity cannot be verified through the Utah Drivers License or Utah State ID Card.	\$2.00 ^f
<u>Expedite Fee</u> This fee is charged to expedite processing a request/order.	\$25.00 ^f
<u>Delay of File Fee (per Unit)</u>	\$50.00 ^f

KMBAB

<u>Online Convenience Fee (per Unit)</u>	\$4.00 ^f
<i>Examinations of Non-jurisdictional Cases</i>	
<u>Autopsy, full or partial</u> plus cost of body transportation	\$2,500.00 ^f
<u>External Examination</u> plus cost of body transportation	\$500.00 ^f
<i>Facilities</i>	
<i>Use of Office of the Medical Examiner facilities by Non-Office of the Medical Examiner Pathologists</i>	
<u>Use of facilities and staff for autopsy</u>	\$500.00 ^f
<u>Use of facilities and staff for external examinations</u>	\$300.00 ^f
<i>Use of Tissue Harvest Room for Acquisition</i>	
<u>Use of Tissue Harvest Room for Acquisition - Skin Graft</u>	\$133.00 ^f
<u>Use of Tissue Harvest Room for Acquisition - Bone</u>	\$266.00 ^f
<u>Use of Tissue Harvest Room for Acquisition - Heart Valve</u>	\$70.00 ^f
<u>Use of Tissue Harvest Room for Acquisition - Saphenous Vein</u>	\$70.00 ^f
<u>Use of Tissue Harvest Room for Acquisition - Eye</u>	\$35.00 ^f
<i>Reports</i>	
<i>Copy of Autopsy and Toxicology Report</i>	
<u>OME Reports - All Requestors</u> No charge for copies for (1) immediate relative or legal representative as outlined in UCA 26B-8-217(2)(a)(i)-(ii) and (2) for law enforcement, physicians, attorneys and government entities as outlined in UCA 26B-8-217(2)(a)(iii)-(iv), and 26B-8-217(2)(b)(i)-(iv).	\$35.00 ^f
<i>Copy of Miscellaneous Office of the Medical Examiner Case File Papers</i>	
<u>Copies for immediate relative or legal representative as outlined in UCA 26B-8-217(2)(a)(i)-(ii)</u>	\$10.00 ^f
<u>Case File Copies - All Other Requestors</u> No charge for copies for law enforcement, physicians, attorneys and government entities as outlined in UCA 26B-8-217(2)(a)(iii)-(iv), and 26B-8-217(2)(b)(i)-(iv).	\$35.00 ^f
<i>Cremation Authorization</i>	
<u>Review and authorize cremation permit.</u> \$10.00 per permit payable to Vital Records for processing.	\$150.00 ^f
<i>Expert Services - Forensic Pathologist Case Review, Consultation, and Testimony, Portal to Portal, up to 8 Hours/day</i>	

<u>Criminal cases, out of state (per hour)</u> \$4,000.00 max/day	\$500.00 ^f
<u>Non-jurisdictional criminal and all civil cases (per hour)</u> \$4,000.00 max/day	\$500.00 ^f
<u>Consultation on non-Medical Examiner cases (per hour)</u> \$4,000.00 max/day	\$500.00 ^f
<i>Photographic, Slide, and Digital Services</i>	
<i>Digital Photographic Images</i>	
<u>Digital Photos - Copies for immediate relative or legal representative as outlined in UCA 26B-8-217(2)(a)(i)-(ii) (per case)</u>	\$10.00 ^f
<u>Digital Photos - All Other Requestors (per case)</u> No charge for copies for law enforcement, physicians, attorneys and government entities as outlined in UCA 26B-8-217(2)(a)(iii)-(iv), and 26B-8-217(2)(b)(i)-(iv).	\$35.00 ^f
<u>Digital X-ray images from Digital Source (Digital Imaging and Communications in Medicine).</u>	\$10.00 ^f
<u>Copied from color slide negatives. (per image)</u> Digital photographic images.	\$5.00 ^f
<i>Body Storage</i>	
<u>Daily charge for use of Medical Examiner Storage Facilities (per day)</u> Beginning 24 hours after notification that body is ready for release.	\$30.00 ^f
<i>Biologic samples requests</i>	
<u>Handling of requested samples for shipping to outside lab.</u> Processing of Office of the Medical Examiner samples for non-Office of the Medical Examiner testing.	\$25.00 ^f
<u>Handling and storage of requested samples by outside sources (per year)</u> Storage fee (outside normal Office of the Medical Examiner retention schedule).	\$25.00 ^f
<u>Return request by immediate relative as defined in code UCA 26B-8-201(3)</u> Sample return fee	\$55.00 ^f
<i>Histology</i>	
<u>Glass Slides (re-cuts, routine stains) per slide</u>	\$20.00 ^f
<u>Glass slides - Immunohistochemical stains per slide</u>	\$50.00 ^f
<u>Histochemical stains per slide</u>	\$30.00 ^f

KMBAC

<u>ENTEROCOCCUS (ENTEROLERT) Standard Method 9223B (per Unit)</u>	\$48.68 ^f
<u>Hepatitis B Virus Core Total Antibody (per Unit)</u> Test to detect the presence of antibodies to the hepatitis B virus (HBV) core antigen in the blood. The result of this test will indicate if a person has been infected with Hepatitis B.	\$22.00 ^f
<u>Respiratory Syncytial Virus-Flu-COVID detection by PCR (per Unit)</u> Test to detect RSV, Influenza A and B, and SARS-CoV-2 virus from one swab.	\$100.00 ^f
<u>Norovirus detection by Polymerase Chain Reaction (per Unit)</u>	\$80.00 ^f
<u>Measles Virus Detection by Polymerase Chain Reaction (per Unit)</u>	\$100.00 ^f
<u>Environmental Protection Agency 533 - Per-and Polyfluoroalkyl Substances (per Unit)</u>	\$505.00 ^f
<u>Total Nitrogen ASTMD8083 (per Unit)</u>	\$35.00 ^f
<u>CHLOROPHYLL+PHEOPHYTIN Standard Method 10200H (per Unit)</u>	\$25.00 ^f
<u>Environmental Protection Agency 180.1 M Turbidity (per Unit)</u> Screening test to determine if digestion is required.	\$5.00 ^f
<u>Total Microcystins and Nodularins by ELISA (per Unit)</u>	\$300.00 ^f
<u>Residual Chlorine Standard Method 4500CL-G (per Unit)</u>	\$13.00 ^f

<i>These fees apply for the entire Division of Disease Control and Prevention</i>	
Laboratory General	
<u>Emergency Waiver (per Unit)</u> Under certain conditions of public health import (e.g. - disease outbreak, terrorist event, or environmental catastrophe) fees may be reduced or waived.	Variable ^f
Handling	
<u>Total cost of shipping and testing of referral samples to be rebilled to customer. (per referral lab's invoice)</u>	Variable ^f
<u>Repeat Testing (per sample, each reanalysis)</u> A normal fee will be charged if repeat testing is required due to poor quality sample.	Actual Cost of normal fee ^f
<u>Mycoplasma Genitalium Detection by Nucleic Acid Testing (per Unit)</u> This fee covers testing costs in assessing if an individual has a Mycoplasma genitalium infection. Mycoplasma genitalium is a sexually transmitted organism affecting the health of both men and women and screening for it is vital for good health.	\$31.00 ^f
All	
<u>Laboratory Testing of Public Health Significance (per Unit)</u> The emergence of diseases and subsequent testing methods are unpredictable. This fee allows Utah Public Health Laboratory to offer a test that is vital to protecting the public as the need arises to help diagnosis and prevent illness.	Actual costs up to \$200 ^f
Newborn Screening	
<u>Laboratory Testing and Follow-up Services</u> This fee covers the costs for screening all newborns in the state of Utah for common disorders.	\$148.00 ^f
<u>Out of State Screening (per Unit)</u>	\$116.00 ^f
Chemistry	
Administration	
<u>Chain of Custody Request Fee (per Unit)</u>	\$20.00 ^f
<u>Rush Fee (per Unit)</u>	\$50.00 ^f
Metals	
Standard Metals	
<u>Environmental Protection Agency 200.8 Copper and Lead (per Unit)</u>	\$26.40 ^f
<u>Standard Method 2330B Corrosivity (per Unit)</u>	\$6.05 ^f
<u>Environmental Protection Agency 353.2 Nitrite (per Unit)</u> This fee covers the cost for the analysis of Nitrate + Nitrite found in samples. This is a major component of Hazardous Algae Blooms.	\$17.60 ^f
<u>Environmental Protection Agency 353.2 Nitrate (per Unit)</u> This fee covers the cost for the analysis of Nitrate + Nitrite found in samples. This is a major component of Hazardous Algae Blooms.	\$17.60 ^f
<u>Environmental Protection Agency 200.7 - Magnesium (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.7 - Iron (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Lithium (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.7 - Potassium (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 - Strontium (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Digestion (per Unit)</u>	\$24.20 ^f
<u>Environmental Protection Agency 200.8 Tin (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Cobalt (per Unit)</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Vanadium (per Unit)</u>	\$13.20 ^f
<u>Mercury 245.1</u> May include a digestion fee	\$27.50 ^f
<u>Environmental Protection Agency 200.8 Aluminum</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Antimony</u>	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Arsenic</u>	\$13.20 ^f

<u>Environmental Protection Agency 200.8 Barium</u>	\$13.20 ^f	\$13.20 ^f
<u>Environmental Protection Agency 200.8 Beryllium</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Cadmium</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Chromium</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Copper</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Lead</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Manganese</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Molybdenum</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Nickel</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Selenium</u>		\$15.00 ^f
<u>Environmental Protection Agency 200.8 Silver</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Thallium</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Zinc</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.8 Boron</u>		\$13.20 ^f
<u>Environmental Protection Agency 200.7 Calcium</u>		\$13.20 ^f
<u>Environmental Protection Agency Sodium 200.</u>		\$13.20 ^f
<u>Hardness Standard Method 2340B (per Unit)</u> Requires Calcium & Magnesium tests		\$6.05 ^f
<i>Inorganics</i>		
<u>Alkalinity (Total) Standard Method 2320B</u>		\$25.00 ^f
<u>Bromate Environmental Protection Agency 300.1</u>		\$30.25 ^f
<u>Chlorate Environmental Protection Agency 300.1</u>		\$30.25 ^f
<u>Chlorite Environmental Protection Agency 300.1</u>		\$30.25 ^f
<u>Chloride Environmental Protection Agency 300.0</u> Lab test for chloride in water sources.		\$25.00 ^f
<u>Environmental Protection Agency 300.0 Fluoride (per Unit)</u> Lab test to identify fluoride in water sources		\$20.35 ^f
<u>Environmental Protection Agency 300.0 Sulfate (per Unit)</u>		\$25.00 ^f
<u>Cyanide, Total 335.4</u>		\$55.00 ^f
<u>Environmental Protection Agency 353.2 Nitrate + Nitrite</u> This fee covers the cost for the analysis of Nitrate + Nitrite found in samples. This is a major component of Hazardous Algae Blooms.		\$20.00 ^f
<u>pH (Test of acidity or alkalinity) 150.1</u>		\$12.00 ^f
<u>Environmental Protection Agency 375.2 Sulfate</u>		\$25.00 ^f
<u>Environmental Protection Agency 180.1 Turbidity</u>		\$12.00 ^f
<u>Odor, Environmental Protection Agency 140.1 (per Unit)</u>		\$30.25 ^f
<u>Organic Carbon, Total Standard Method 5310B (per Unit)</u>		\$30.00 ^f
<u>Environmental Protection Agency 300.1 Bromide (per Unit)</u>		\$30.25 ^f
<i>Organics</i>		
<u>Anatoxin by Enzyme-Linked Immunosorbent Assay (per Unit)</u>		\$300.00 ^f
<u>Chlorophyll-A Corrected for Pheophytin A Environmental Protection Agency 445.446 or equivalent (per Unit)</u>		\$25.00 ^f
<u>Cylindrospermopsin by Enzyme-Linked Immunosorbent Assay (per Unit)</u>		\$300.00 ^f
<u>Periphyton Standard Method 10300C (per Unit)</u>		\$30.00 ^f
<u>Organic Wet Chemistry (per Unit)</u>		\$200.00 ^f
<i>Water Bacteriology</i>		
<u>Legionella Standard Methods 9260J</u> Liter of water		\$68.20 ^f
<u>Solids, Total Dissolved Standard Method 2540C (per Unit)</u>		\$14.03 ^f
<u>Environmental Protection Agency 325.2 Chloride (per Unit)</u>		\$20.00 ^f
<u>Standard Method 5210B Carbonaceous Biochemical/Soluble Oxygen Demand (per Unit)</u>		\$36.30 ^f

<u>Standard Method 2120B Color (per Unit)</u>	\$13.20 ^f
<u>Legiolert Standard Method 9223B (per Unit)</u>	\$49.27 ^f
<i>Water Microbiology (Drinking Water and Surface Water)</i>	
<u>Total Coliforms/Escherichia coli</u> Colilert/Colisure	\$20.90 ^f
<u>Heterotrophic Plate Count by 9215 B Pour Plate</u>	\$14.30 ^f
<i>Inorganic Surface Water (Lakes, Rivers, Streams) Tests</i>	
<u>Ammonia Environmental Protection Agency 350.1</u>	\$22.00 ^f
<u>Chlorophyll A Standard Method 10200H - Chlorophyll-A</u>	\$18.70 ^f
<u>Phosphorus, Total 365.1</u> This fee covers the cost of analyzing and preparing total phosphorus found in samples. This is a major component of Hazardous Algae Blooms.	\$23.00 ^f
<u>Silica 370.1</u>	\$20.00 ^f
<u>Solids, Total Volatile, Standard Method 2540E</u>	\$22.50 ^f
<u>Solids, Total Suspended Standard Method 2540D</u>	\$15.00 ^f
<u>Specific Conductance 120.1</u>	\$10.00 ^f
<u>Environmental Protection Agency 376.2 Sulfide</u>	\$50.00 ^f
<i>Infectious Disease</i>	
<i>Arbovirus</i>	
<u>Zika Immunoglobulin M (per Unit)</u>	\$45.00 ^f
<i>Next Generation Sequencing</i>	
<u>Bacterial Sequencing (per Unit)</u>	\$107.00 ^f
<u>Bacterial Sequencing Analysis (per Unit)</u>	\$40.00 ^f
<u>Bacterial Sequencing and Identification (per Unit)</u>	\$108.00 ^f
<u>Bacterial Sequencing, Identification, Analysis (per Unit)</u>	\$122.00 ^f
<u>Microbial Source Tracking via shotgun metagenomics sequencing (per Unit)</u>	\$194.00 ^f
<u>Microbial Source Tracking via culture based (per Unit)</u>	\$150.00 ^f
<i>Immunology</i>	
<i>Hepatitis</i>	
<u>Anti-Hepatitis B Antibody (per Unit)</u> This fee covers testing costs in assessing if an individual has a hepatitis infection.	\$22.00 ^f
<u>Anti-Hepatitis B Antigen (per Unit)</u> This fee covers testing costs in assessing if an individual has an hepatitis infection. Hepatitis detection in the community is a high priority in public health	\$22.00 ^f
<u>C (Anti-Hepatitis C Virus) Antibody</u> This fee covers testing costs in assessing if an individual has an hepatitis infection. Hepatitis detection in the community is a high priority in public health.	\$27.00 ^f
<i>HIV (Human Immunodeficiency Virus)</i>	
<u>1/2 and O, Antigen/Antibody Combo</u> This fee covers testing costs in assessing if an individual has an HIV infection. HIV detection in the community is a high priority in public health	\$33.00 ^f
<u>Supplemental Testing (HIV-1/HIV-2 differentiation) (per Unit)</u>	\$42.00 ^f
<i>Syphilis</i>	
<u>Immunoglobulin G (IgG) Antibody (including reflex Rapid Plasma Reagin titer)</u> This fee covers two tests used in the diagnostic algorithm for syphilis: 1) Detection of IgG antibodies against Treponema pallidum (the agent of syphilis) 2) Rapid Plasma Reagin to detect antibodies indicating tissue damage due to a syphilis infection	\$14.00 ^f
<u>TP-PA (Treponema Pallidum - Particle Agglutination) Confirmation</u>	\$22.00 ^f
<i>Virology</i>	

<u>BioFire FilmArray Respiratory Panel (per Unit)</u>	\$160.00 ^f
<u>Herpesvirus (Herpes Simplex Virus-1, Herpes Simplex Virus-2, Varicella Zoster Virus) Detection and Differentiation by Polymerase Chain Reaction</u>	\$51.00 ^f
<u>Rabies - Not epidemiological indicated or pre-authorized</u>	\$180.00 ^f
<u>Influenza (Polymerase Chain Reaction) (per Unit)</u>	\$150.00 ^f
<u>Chlamydia trachomatis and Neisseria gonorrhoeae detection by nucleic acid testing</u>	\$27.00 ^f
Fee-for-service sexually transmitted disease test. The department will not charge this fee to those local health departments where the department has received a grant to cover those costs.	
<u>Trichomonas vaginalis detection PCR Polymerase Chain Reaction (per Unit)</u>	\$37.00 ^f
This fee covers testing costs in assessing if an individual has a Trichomonas vaginalis (TV) infection. TV is a sexually transmitted organism affecting mainly the health of women. Screening for it has been recently encouraged by the CDC.	
<u>Bacterial and yeast species identification (per Unit)</u>	\$4.00 ^f
<i>Bacteriology</i>	
<u>BioFire FilmArray Gastrointestinal Panel (per Unit)</u>	\$185.00 ^f
<i>Parameter Category Fees charge for each sample tested</i>	
<u>Atomic Absorption/Atomic Emission (per Unit)</u>	\$300.00 ^f
<u>Radiological chemistry - Alpha spectrometry (per Unit)</u>	\$300.00 ^f
<u>Radiological chemistry - Beta (per Unit)</u>	\$300.00 ^f
<u>Calculation of Analytical Results (per Unit)</u>	\$50.00 ^f
<u>Organic Clean Up (per Unit)</u>	\$200.00 ^f
<u>Toxicity/Synthetic Extractions Characteristics Procedure (per Unit)</u>	\$200.00 ^f
<u>Radiological chemistry - Gamma (per Unit)</u>	\$300.00 ^f
<i>Gas Chromatography</i>	
<u>Simple Gas Chromatography (per Unit)</u>	\$300.00 ^f
<u>Complex Gas Chromatography (per Unit)</u>	\$600.00 ^f
<u>Semivolatile Gas Chromatography (per Unit)</u>	\$500.00 ^f
<u>Volatile Gas Chromatography (per Unit)</u>	\$500.00 ^f
<u>Radiological chemistry - Gas Proportional Counter (per Unit)</u>	\$300.00 ^f
<u>Gravimetric (per Unit)</u>	\$100.00 ^f
<u>High Pressure Liquid Chromatography (per Unit)</u>	\$300.00 ^f
<u>Inductively Coupled Plasma Metals Analysis (per Unit)</u>	\$400.00 ^f
<u>Inductively Coupled Plasma Mass Spectrometry (per Unit)</u>	\$500.00 ^f
<u>Ion Chromatography (per Unit)</u>	\$200.00 ^f
<u>Ion Selective Electrode base methods (per Unit)</u>	\$100.00 ^f
<u>Radiological chemistry - Liquid Scintillation (per Unit)</u>	\$300.00 ^f
<u>Metals Digestion (per Unit)</u>	\$100.00 ^f
<u>Simple Microbiological Testing (per Unit)</u>	\$100.00 ^f
<u>Complex Microbiological Testing (per Unit)</u>	\$300.00 ^f
<u>Organic Extraction (per Unit)</u>	\$200.00 ^f
<u>Physical Properties (per Unit)</u>	\$100.00 ^f
<u>Titrimetric (per Unit)</u>	\$100.00 ^f
<u>Spectrometry (per Unit)</u>	\$200.00 ^f
<u>While Effluent Toxicity (per Unit)</u>	\$600.00 ^f
<i>Environmental Laboratory Certification</i>	
<i>Annual certification fee (chemistry and/or microbiology)</i>	
<u>Primary Method Addition for Recognition Laboratories</u>	\$1,250.00 ^f
<u>Application Fee for Primary Out of State Laboratories</u> Plus reimbursement of all travel expenses	\$3,250.00 ^f
<u>Application for National Environmental Accreditation Program Recognition</u>	\$1,250.00 ^f

Certification change	\$500.00 ^f
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KMBAF

<u>Community Health Worker Certification Renewal Fee (per certification)</u>	\$25.00 ^f
<u>Community Health Worker Certification (per certification)</u> For Community Health Worker seeking to become a state certified Community Health Worker.	\$50.00 ^f
<u>Community Health Worker Certification Penalty Fee (per certification)</u>	\$100.00 ^f

KMCAB

<u>Child Care Center Per Child Fee Late Fee (per Unit)</u>	\$0.75 ^f
<u>Human Services Late Fee (per Unit)</u> This fee is assessed 1-30 days after expiration of a license.	\$60.00 ^f
<u>Satellite Emergency Department Licensing Fee (per Unit)</u> Assessed for each satellite emergency department that is located farther than 250 yards from the parent hospital's campus.	\$6,000.00 ^f
<u>Health Facilities Conditional Monitoring Fee (per Unit)</u> Fee assessed per on-site visit required for Health Facilities on a conditional license.	\$393.37 ^f
<u>Health Facilities 2 Year New and Renewal Base Fee (per Unit)</u> A base fee for health facilities plus the appropriate fee as indicated below applies to any new or renewal license.	\$743.83 ^f
<u>Detailed on-site inspection in lieu of the plan review (per Unit)</u> Assessed for architectural plan reviews for detailed on-site inspections in lieu of the plan review.	\$559.00 ^f
<u>Hospital Plan Review and Inspection Fee - Complex or unusual hospital plan (per Unit)</u>	Variable amount ^f
<u>DACS Contractor Renewal Fee (per Unit)</u>	\$100.00 ^f
<u>Human Services 1 time adoption Fingerprint Fee (per Unit)</u> Assessed for services rendered for fingerprint services for 1 time adoption.	\$32.00 ^f
<i>Licensing</i>	
<i>Adult Day Care</i>	
<i>Initial License Fee</i>	
<u>Adult Day Care 0-50 Consumers Initial Licensing Fee</u>	\$990.00 ^f
<u>Adult Day Care More Than 50 Consumers Initial Licensing Fee</u>	\$990.00 ^f
<i>Renewal Fee</i>	
<u>Adult Day Care 0-50 Consumers Renewal License Fee</u>	\$360.00 ^f
<u>Adult Day Care More Than 50 Consumers Renewal License Fee</u>	\$660.00 ^f
<u>Adult Day Care Per Capacity Fee</u> Fee assessed per capacity to license an Adult Day Care Program.	\$24.00 ^f
<i>Child Placing Adoption</i>	
<u>Child Placing Adoption Initial Licensing Fee</u> This is the fee assessed for the initial licensing of a child- placing adoption agency.	\$990.00 ^f
<u>Child Placing Adoption Renewal License Fee</u> This is the fee assessed for the renewal license of a child- placing adoption agency.	\$825.00 ^f

<i>Child Placing Foster</i>	
<u>Child Placing Foster Initial & Renewal License Fee</u>	\$650.00 ^f
This is the fee assessed for initial and renewal licensing for Child-placing Foster Programs.	
<i>Day Treatment</i>	
<u>Day Treatment Initial License Fee</u>	\$990.00 ^f
This is the fee assessed for the initial license for a day treatment program.	
<u>Day Treatment Renewal Fee</u>	\$495.00 ^f
This is the fee assessed to renew a license for a Day Treatment Program.	
<i>Intermediate Secure Treatment</i>	
<u>Intermediate Secure Treatment Initial License Fee</u>	\$990.00 ^f
<u>Intermediate Secure Treatment Renewal License Fee</u>	\$825.00 ^f
<u>Intermediate Secure Treatment Per Capacity Fee (per capacity)</u>	\$825.00 ^f
<i>Outdoor Youth Program</i>	
<u>Outdoor Youth Program Initial License Fee and Renewal Fee</u>	\$1,548.80 ^f
<i>Outpatient Treatment</i>	
<u>Outpatient Treatment Initial License Fee</u>	\$990.00 ^f
<u>Outpatient Treatment Renewal License Fee</u>	\$375.00 ^f
<i>Recovery Residences</i>	
<u>Recovery Residences Initial Licensing Fee</u>	\$1,424.50 ^f
<u>Recovery Residences Renewal License Fee</u>	\$550.00 ^f
<i>Residential Support</i>	
<u>Residential Support Initial License Fee</u>	\$990.00 ^f
<u>Residential Support Renewal License Fee</u>	\$640.00 ^f
<i>Social Detoxification</i>	
<u>Social Detoxification Initial Licensing Fee</u>	\$990.00 ^f
<u>Social Detoxification Renewal License Fee</u>	\$660.00 ^f
<i>Residential Treatment</i>	
<u>Residential Treatment Initial License Fee</u>	\$990.00 ^f
<u>Residential Treatment Renewal License Fee</u>	\$940.00 ^f
<u>Residential Treatment Per Capacity Fee</u>	\$24.00 ^f
<i>Therapeutic School Program</i>	
<u>Therapeutic School Program Initial Licensing Fee</u>	\$990.00 ^f
<u>Therapeutic School Program Renewal License Fee</u>	\$730.00 ^f
<u>Therapeutic School Program Per Capacity Fee</u>	\$24.00 ^f
<i>These fees apply for the entire Department of Health and Human Services</i>	
<u>Background Screening Fee - Public Safety (per Unit)</u>	\$32.00 ^f
This fee should be the same as that charged by the Department of Public Safety. If the Legislature changes the fee charged by Department of Public Safety, then the Legislature also approves the same change for the Department of Health and Human Services. Fees collected by the Division of Licensing and Background Checks are passed through to Public Safety.	
<u>Human Services Non DACS Background Check Fee (per Unit)</u>	\$20.00 ^f
This fee will be assessed at the Division level for background checks not completed through the Direct Access Clearance System. This fee will be assessed for initial or annual renewal.	
<u>Fingerprint Cloning Fee (per Unit)</u>	\$10.00 ^f
If an applicant has previously been fingerprinted and is changing the program they are associated with, then the Department of Public Safety can transfer the prints instead of the applicant being reprinted.	
<i>Direct Access Clearance System</i>	
<u>DACS Facility Initial or Change of ownership</u>	\$100.00 ^f
This fee is assessed for the initial licensing and change of ownership for access to the Direct Access Clearance System.	

<u>Background Check Fee</u>	This fee will be assessed for background checks completed through the Direct Access Clearance System. This fee will be assessed for initial or annual renewal.	\$20.00 ^f
<u>DACS Facility Renewal (per Unit)</u>	This fee is assessed for the renewal licensing for access to the Direct Access Clearance System.	\$200.00 ^f
<i>Other</i>		
<u>Additional Inspection Fee</u>	The charge per extra follow-up visit begins with the second additional visit required due to non-compliance.	\$160.00 ^f
<i>These fees apply for the entire Division of Licensing and Background Checks</i>		
<u>Credit and Debit Card Fee (per transaction)</u>	Convenience Fee (for debit or credit card payment)	Not to exceed 3% ^f
<u>Online Processing Fee (per transaction)</u>	Convenience fee to cover the cost of Utah Interactive processing fee.	not to exceed 3% ^f
<u>Live Scan Fee (per Unit)</u>	Assessed for services rendered for live scan fingerprints completed in state offices.	\$15.00 ^f
<i>Annual License</i>		
<u>Abortion Clinics New and Renewal fee</u>		\$1,800.00 ^f
<u>Health Facilities 1 Year New and Renewal Base Fee</u>	A base fee for health facilities plus the appropriate fee as indicated below applies to any new or renewal license.	\$371.92 ^f
<i>Direct Access Clearance System</i>		
<u>DACS Contractor Fee</u>		\$100.00 ^f
<i>Two Year Licensing Base</i>		
<i>Health Care Providers</i>		
<u>Health Facilities Change Fee</u>	Charged for making changes to existing licenses.	\$185.96 ^f
<i>Hospitals</i>		
<u>Hospital Per Licensed Bed New and Renewal Fee</u>		\$55.79 ^f
<u>Nursing Care Facilities, Small Health Care Facilities Per Licensed Bed New and Renewal Fee</u>		\$44.63 ^f
<u>End Stage Renal Disease Centers Per Licensed Station New and Renewal Fee</u>		\$260.34 ^f
<u>Freestanding Ambulatory Surgery Centers New and Renewal Fee (per facility)</u>		\$4,277.04 ^f
<u>Birthing Centers New and Renewal Fee (per licensed unit)</u>	This fee is assessed for Birthing Centers per licensed unit for new and renewals.	\$743.83 ^f
<u>Hospice Agencies New and Renewal Fee</u>		\$2,138.52 ^f
<u>Home Health Agencies New and Renewal Fee</u>		\$2,138.52 ^f
<u>Personal Care Agencies New and Renewal Fee</u>		\$1,430.45 ^f
<u>Mammography Screening Facilities New and Renewal Fee</u>		\$743.83 ^f
<i>Assisted Living Facilities</i>		
<u>Assisted Living Facilities Type I Per Licensed Bed New and Renewal Fee (per licensed bed)</u>		\$37.19 ^f
<u>Assisted Living Facilities Type II Per Licensed Bed New and Renewal Fee (per licensed bed)</u>		\$37.19 ^f
<u>New and Renewal fee for each satellite and branch office of current licensed facility</u>	Online reads: Each Satellite & Branch Office New and Renewal Fee	\$371.92 ^f
<i>Late Fee</i>		
<u>Health Facilities Late fee 1-14 days after expiration</u>		50% of scheduled fee ^f
<u>Health Facilities Late fee 15-30 days after expiration</u>		75% of scheduled fee ^f
<i>New Provider/Change in Ownership</i>		
<u>Applications for health care facilities</u>		\$1,069.26 ^f

Assessed for services rendered for providers seeking initial licensure or a change of ownership, covers cost of application processing, compliance history in the State licensing system, staff consultation, review of facility policies, initial inspection.	
<u>Assisted Living Limited Capacity and Small Health Care Type-N (nursing focus) New Provider and Change in Ownership</u>	\$464.90 ^f
Assessed for services rendered for providers seeking initial licensure or a change of ownership	

Plan Review and Inspection

Hospitals

Number of Beds

<u>Hospital Plan Review and Inspection Fee - 1-16 beds</u>	\$3,445.00 ^f
<u>Hospital Plan Review and Inspection Fee - 17-50 beds</u>	\$6,890.00 ^f
<u>Hospital Plan Review and Inspection Fee - 51-100 beds</u>	\$10,335.00 ^f
<u>Hospital Plan Review and Inspection Fee - 101-200 beds</u> This fee is assessed for architectural plan reviews for a hospital with 101-200 beds.	\$12,870.00 ^f
<u>Hospital Plan Review and Inspection Fee - 201-300 beds</u> This fee is assessed for architectural plan reviews for a hospital with 201-300 beds.	\$15,470.00 ^f
<u>Hospital Plan Review and Inspection Fee - 301-400 beds</u>	\$17,192.50 ^f
<u>Hospital Plan Review and Inspection Fee - Over 400 beds</u>	\$17,192.50 ^f
<u>Hospital Plan Review and Inspection Fee - each additional bed over 400</u>	\$37.50 ^f

Nursing Care Facilities and Small Health Care Facilities

Number of Beds

<u>Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 1-5 beds</u>	\$1,118.00 ^f
<u>Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 6-16 beds</u>	\$1,716.00 ^f
<u>Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 17-50 beds</u>	\$3,900.00 ^f
<u>Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 51-100 beds</u>	\$6,890.00 ^f
<u>Nursing Care Facilities and Small Health Care Facilities Number of Beds 101 to 200</u>	\$8,580.00 ^f

<u>Freestanding Ambulatory Surgical Facilities Plan Review and Inspection Fee (per operating room)</u>	\$1,722.50 ^f
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<u>Other Freestanding Ambulatory Facilities Plan Review and Inspection Fee (per service unit)</u> This fee is assess for Other Freestanding Ambulatory Facility architectural plan review and inspections, includes Birthing Centers, Abortion Clinics, and similar facilities.	\$442.00 ^f
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<u>End Stage Renal Disease Facilities Plan Review and Inspection Fee (per service unit)</u>	\$175.50 ^f
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Assisted Living Type I and Type II

Number of Beds

<u>Assisted Living Type I and Type II Plan Review and Inspection Fee - 1-5 beds</u>	\$598.00 ^f
<u>Assisted Living Type I and Type II Plan Review and Inspection Fee - 6-16 beds</u>	\$1,196.00 ^f
<u>Assisted Living Type I and Type II Number of Beds 17 to 50</u>	\$2,762.50 ^f
<u>Assisted Living Type I and Type II Plan Review and Inspection Fee - 51-100 beds</u>	\$5,167.50 ^f
<u>Assisted Living Type I and Type II Plan Review and Inspection Fee - 101-200 beds</u>	\$7,247.50 ^f

Remodels of Licensed Facilities

<u>Hospitals Remodel, Freestanding Surgery Facilities (per square foot)</u> This fee is assessed for architectural plan reviews for hospital remodel and freestanding surgery facilities.	\$0.29 ^f
<u>Remodel All Others Excluding Home Health Agencies (per square foot)</u>	

This fee is assessed for architectural plan reviews for remodels excluding Home Health Agencies (per square foot).	\$0.25 ^f
<u>Remodels of Licensed Facilities Each additional required on-site inspection</u> This fee is assessed for architectural plan reviews for remodels that require additional inspection.	\$559.00 ^f
<u>Health Care Facility Licensing Rules</u> Assessed to providers for mailing licensing rules (if needed)	Actual cost ^f
<i>Other Plan Review Fee Policies</i>	
<u>Plan Review Additional inspection fee</u> If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other info regarding compliance with applicable construction rules, then the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$559.00 per inspection, plus mileage reimbursement at the approved state rate.	See Notes ^f
<u>Previously Reviewed or Approved Plan Onsite Inspection (per Unit)</u> A facility that uses plans and specifications previously reviewed and approved by the Department. Cost: 60% of the scheduled plan review fee.	60% of sched. fee ^f
<u>Special Equipment Facility Addition or Remodel (per square foot)</u> For a facility making additions or remodels that house special equipment such as CAT (Computer Assisted Tomography) scanner or linear accelerator.	\$0.52 ^f
<i>Conditional Monitoring Inspections</i>	
<u>Child Care Center Conditional Monitoring Fee (per visit)</u> Charge is per each visit required due to non-compliance when a facility is on a conditional license.	\$253.00 ^f
<u>Child Care Home Conditional Monitoring Fee (per visit)</u> Charge is per each visit required due to non-compliance when a Facility is on a conditional license.	\$245.00 ^f
<u>Human Services Conditional Monitoring Fee (per Unit)</u> Charge is per each visit required due to non-compliance when a facility is on a conditional license.	\$393.37 ^f
<i>Annual License</i>	
<u>Child Care License/Certificate Fee</u> Assessed for services rendered for providers seeking initial licensure or a change of ownership, covers the cost of application processing, compliance history in the State licensing system, staff consultation, review of facility policies, initial inspection.	\$62.00 ^f
<u>Child Care Changes Fee</u> This fee is charged for any license or certificate changes exceeding two per year during the license period.	\$44.34 ^f
<u>Child Care Center Per Child Fee (per capacity)</u> Assessed for services rendered providers seeking initial licensure or a change of ownership.	\$1.75 ^f
<u>Child Care Late Fee</u> Within 1 - 30 days after expiration of license facility will be assessed 50% of scheduled fee. For centers, \$31 plus \$0.75 per child in the requested capacity. For homes, \$31.	Variable ^f
<i>New Provider/Change in Ownership</i>	
<u>Child Care Center New License Fee</u> This fee is assessed for Child Care Center New Licensing fee.	\$200.00 ^f

KMDAB

Medical

<u>Prisoner Various Prostheses Co-pay</u>	\$2.00 ^f
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Prostheses Health Care (DHHS / CHS Policy: ADM-17.00 Copay) Indigent inmates may qualify for a reduced fee.

Inmate Support Collections

10% Co-pay Deductible for Outside Health Care with FY maximum of \$2000 per patient. (Utah Code: 64-13-30) (DHHS / CHS Policy: ADM-17.00 Copay). Indigent inmates may qualify for a reduced fee.

Actual cost^f

KPAAB

Provider Enrollment

Medicaid application fee for prospective or re-enrolling

This fee is set by the federal government (Centers for Medicare and Medicaid Services) and is effective on January 1 of each year.

\$750.00^f

KPBBS

Alcoholic Beverage Server

On Premise and Off Premise Sales

To cover the cost of administering the alcohol sales and server training for Utah.

\$3.50^f

KPBBC

Use of Utah State Hospital Facilities

Photo Shoots (per 2 hours)

Fee for use of the Utah State Hospitals (USH) outdoor facilities for photographing. USH charges this minimal amount to cover additional traffic and facility use.

\$20.00^f

Groups Up To 50 People (per day)

Fee for use of the castle or other group gathering area at the Utah State Hospital (USH). This fee will be used for groups of 50 or less. USH charges this minimal amount to cover scheduling, additional traffic and facility use.

\$75.00^f

Groups Over 50 People (per day)

Fee for use of the castle or other group gathering area at the Utah State Hospital (USH). This fee will be used for groups of more than 50. USH charges this minimal amount to cover scheduling, additional traffic and facility use.

\$150.00^f

KTAAH

Match on Immunization Records in Database - unlimited records (per Year)

This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for unlimited records per fiscal year. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee.

\$20,000.00^f

<u>Match on Immunization Records in Database - 100,001-200,000 records (per Year)</u>	\$15,000.00 ^f
This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for up to 200,000 records per fiscal year. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee.	
<u>Match on Immunization Records in Database - up to 100,000 records (per Year)</u>	\$10,000.00 ^f
This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for up to 100,000 records per fiscal year. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee.	
<u>Match on Immunization Records in Database - unlimited records + customizations (per Year)</u>	\$150,000.00 ^f
This fee covers the immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. The service includes matching for unlimited records per fiscal year plus additional customizations for the health plans, including but not limited to custom Virtual Private Networks, custom Admission, Discharge, and Transfer data feeds, and other extenuating circumstances. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee.	
<i>Utah Statewide Immunization Information System</i>	
<i>Non-Financial Contributing Partners</i>	
<u>Match on Immunization Records in Database (per record)</u>	\$12.00 ^f
This fee covers the per record immunization record matching service provided to health plans for Healthcare Effectiveness Data and Information Set reporting. Querying and matching for clinical purposes, such as patient treatment, are not subject to a fee.	

KTBAB

<u>DCFS - Interstate Compact on the Placement of Children (ICPC) (per Request)</u>	\$40.00 ^f
Interstate Compact on the Placement of Children (ICPC) Administrative Fee. This fee does not apply to adoption ICPC requests.	
<u>Live Scan Testing</u>	\$10.00 ^f
DCFS charges a nominal fee to cover a portion of the costs needed to process the electronic fingerprint scanning fee for prospective foster and adoption parents of children in state custody and other adults in the home.	

KTBAM

<u>No show fee for families who miss three or more scheduled early intervention visits (per Unit)</u>	\$100.00 ^f
Fee assessed to families who miss three or more scheduled visits with their early intervention provider in order to discourage no shows and to compensate local early intervention agencies for lost time and wages due to no shows.	
<i>Baby Watch Early Intervention Monthly Participation Fee</i>	
<u>Household income 101% to 186% of Federal Poverty Level (per Unit)</u>	\$11.00 ^f
Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.	
<u>Household income 187% to 200% of Federal Poverty Level (per Unit)</u>	\$20.00 ^f

Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.

<p><u>Household income 201% to 250% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$33.00 ^f
<p><u>Household income 251% to 300% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$44.00 ^f
<p><u>Household income 301% to 400% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$55.00 ^f
<p><u>Household income 401% to 500% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$66.00 ^f
<p><u>Household income 501% to 600% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$88.00 ^f
<p><u>Household income 601% to 700% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$125.00 ^f
<p><u>Household income 701% to 800% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.</p>	\$150.00 ^f
<p><u>Household income 801% to 900% of Federal Poverty Level (per Unit)</u> Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early</p>	\$175.00 ^f

intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.

Household income above 900% of Federal Poverty Level (per Unit)

\$200.00^f

Baby Watch Early Intervention family fees are assessed to families who receive early intervention services and are based on a sliding fee schedule. Fee revenue collected by the Department of Health and Human Services is passed through to the local early intervention agency that provided the services and is used to supplement other funds passed through to the local early intervention agency.

KTCAC

Collections Processing

Administrative fee for payment processing; 6% of each payment amount not to exceed \$12 per month. Done automatically through Office of Recovery Services Information System.

\$12.00^f

Federal Offset

This fee of up to \$25.00 is charged when a federal tax intercept or other administrative offset is intercepted to pay child support. This fee helps to offset the costs of the intercept process.

\$25.00^f

Annual Collection

Annual fee of \$35 charged after \$550 collected on a "never-assistance" case. Done automatically through Office of Recovery Services Information System.

\$35.00^f