

Office of the
Legislative Fiscal Analyst

FY 2001 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Health Systems Improvement

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1.0 Department of Health – Health Systems Improvement

Summary

The mission of the Division of Health Systems Improvement is to facilitate, encourage, and coordinate continuous improvement in the Utah health care system. The mission is fulfilled through examination, analysis, and actions to improve areas of concern in terms of service availability, accessibility, acceptability, continuity, quality, and cost.

The Division includes the Director's office and four bureaus. These bureaus include the Bureau of Emergency Medical Services, Health Facility Licensure, Certification and Resident Assessment, and Primary Care and Rural Health.

	Analyst FY 2001 Base	Analyst FY 2001 Changes	Analyst FY 2001 Total
Financing			
General Fund	\$3,849,600		\$3,849,600
Federal Funds	2,887,400		2,887,400
Dedicated Credits Revenue	2,301,200		2,301,200
Federal Mineral Lease	600,000		600,000
Transfers	989,000		989,000
Beginning Non-lapsing	1,330,700		1,330,700
Closing Non-lapsing	(1,017,100)		(1,017,100)
Total	<u>\$10,940,800</u>	<u>\$0</u>	<u>\$10,940,800</u>
Programs			
H.S.I. Director's Office	\$323,700		\$323,700
Emergency Medical Services	3,825,200		3,825,200
Health Facility Licensure	2,744,000		2,744,000
Certification and Assessment	3,139,800		3,139,800
Primary Care and Rural Health Systems	908,100		908,100
Total	<u>\$10,940,800</u>	<u>\$0</u>	<u>\$10,940,800</u>
FTE	134.2		134.2

2.0 Issues: Department of Health – Health Systems Improvement

**2.1 Primary Care and Rural Health Systems – Primary Care Grants Program Funding
- UNFUNDED -**

The Legislature has approved one-time Mineral Lease funding to provide primary health care to medically underserved populations since FY 1997. Legislative intent language requests that the funding for the Primary Care Grant Program be ongoing funding in FY 2001. The Analyst recommends this funding switch as an unfunded budget increase.

3.0 Department of Health – Health Systems Improvement

3.1 Director’s Office

Recommendation The Analyst recommends a budget of \$323,700 for the Director's Office for FY 2001. A portion of the functions of this office qualify to be covered by Federal funds through federal indirect funds.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$232,000	\$243,200	\$243,400	\$200
General Fund, One-time		1,100		(1,100)
Federal Funds		80,000	80,300	300
Dedicated Credits Revenue	116			
Lapsing Balance	73,436			
Total	<u>\$305,552</u>	<u>\$324,300</u>	<u>\$323,700</u>	<u>(\$600)</u>
Expenditures				
Personal Services	\$262,349	\$299,200	\$296,000	(\$3,200)
In-State Travel	780	800	800	
Out of State Travel	1,910	2,600	2,600	
Current Expense	20,759	13,100	15,600	2,500
DP Current Expense	19,754	8,600	8,700	100
Total	<u>\$305,552</u>	<u>\$324,300</u>	<u>\$323,700</u>	<u>(\$600)</u>
FTE	5.0	4.5	4.5	

Purpose The administrative function of the Division of Health Systems Improvement includes planning and budget analysis, coordination of intradivisional activities, and division liaison with other public and private agencies and organizations.

The Director's Office is taking the lead in Quality Management efforts being conducted within the Division.

The Community Health Nursing (CHN) program is another function of the Director's Office. The CHN Coordinator is the focal point for nursing issues in the Department and in local health departments. The Coordinator also provides consultation and technical assistance to local health departments, facilitates training and continuing education programs for public nurses, and participates in public health and nursing resources planning and policy development activities.

3.2 Emergency Medical Services

Recommendation

The Analyst recommends a budget of \$3,825,200. Federal Funds are projected to continue to decrease due to the termination of some one-time funds and federal cutbacks. Of the total recommendation, more than half is from dedicated credits which are generated from a 25 percent surcharge levied on all criminal fines and forfeitures in the State. Emergency Medical Services (EMS) receives 14 percent of the total surcharge collections, with the majority of those funds used for contract grants and per capita grants for cities and counties in the State, in accordance with UCA 63-63a-3. EMS receives these funds as non-lapsing dedicated credits (see 26-8-2.5(1)(a)). In the past, the appropriated level of these dedicated credits has limited the amount available, even when the collections exceeded the appropriation. The Analyst's recommendations include an increased spending limit, allowing the Bureau to expend funds as they come in, but will still be limited to the lesser of total collections or the appropriation.

As in the past, this bureau is expected to receive two Revenue Transfers from Comprehensive Emergency Management (\$90,000) and the Utah Highway Safety Program Office (\$40,000). Both of these Revenue Transfers are received by the Department of Public Safety as Federal Funds.

The Analyst's recommendation includes beginning FY 2001 with a non-lapsing balance of \$736,600 and ending the year with a non-lapsing balance of \$366,600. Each year there are funds that are nonlapsing from the EMS Grants program. Since these funds are obligated for more than one year, the Legislature has authorized their non-lapsing status in statute.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$999,600	\$986,500	\$981,600	(\$4,900)
General Fund, One-time		2,800		(2,800)
Federal Funds	253,456	139,100	99,500	(39,600)
Dedicated Credits Revenue	1,818,918	2,238,500	2,244,100	5,600
Transfers	155,525	130,000	130,000	
Beginning Balance	650,453	1,105,500	736,600	(368,900)
Closing Balance	(1,105,520)	(736,600)	(366,600)	370,000
Lapsing Balance	77,773			
Total	\$2,850,205	\$3,865,800	\$3,825,200	(\$40,600)
Expenditures				
Personal Services	\$964,439	\$1,006,300	\$987,200	(\$19,100)
In-State Travel	37,504	64,100	57,300	(6,800)
Out of State Travel	18,327	10,000	10,000	
Current Expenses	802,244	939,300	935,800	(3,500)
DP Current Expenses	51,549	46,100	34,900	(11,200)
DP Capital Outlay	10,443			
Capital Outlay (except DP)	(3,595)			
Other Charges/Pass Through	969,294	1,800,000	1,800,000	
Total	\$2,850,205	\$3,865,800	\$3,825,200	(\$40,600)
FTE		25.7	24.7	(1.0)

Purpose

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

The Bureau implements this mission by:

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

7. Encouraging EMS involvement and coordination with existing and new injury prevention and health promotional activities.
8. Promoting and supporting programs and activities that address the physical and mental health and safety of EMS personnel.

EMS Surcharge

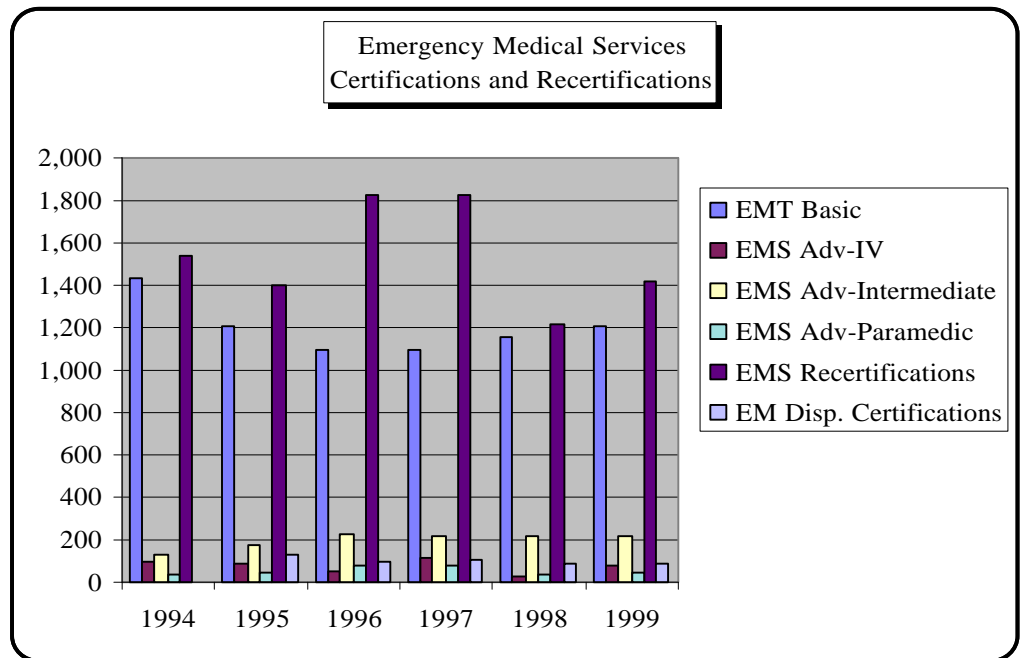
The portion of the surcharge that is allocated to EMS has restrictions on its usage established in the Utah Code. Of the total, the bureau may allocate a small amount for its administration (three percent), then allocates 15 percent of the remaining balance to emergency medical training programs developed for high school students. The balance is then divided between (a) block grants for emergency medical services at the county level, determined by population, and (b) competitive grants distributed to applicants based on the rules established by the Emergency Medical Services Committee.

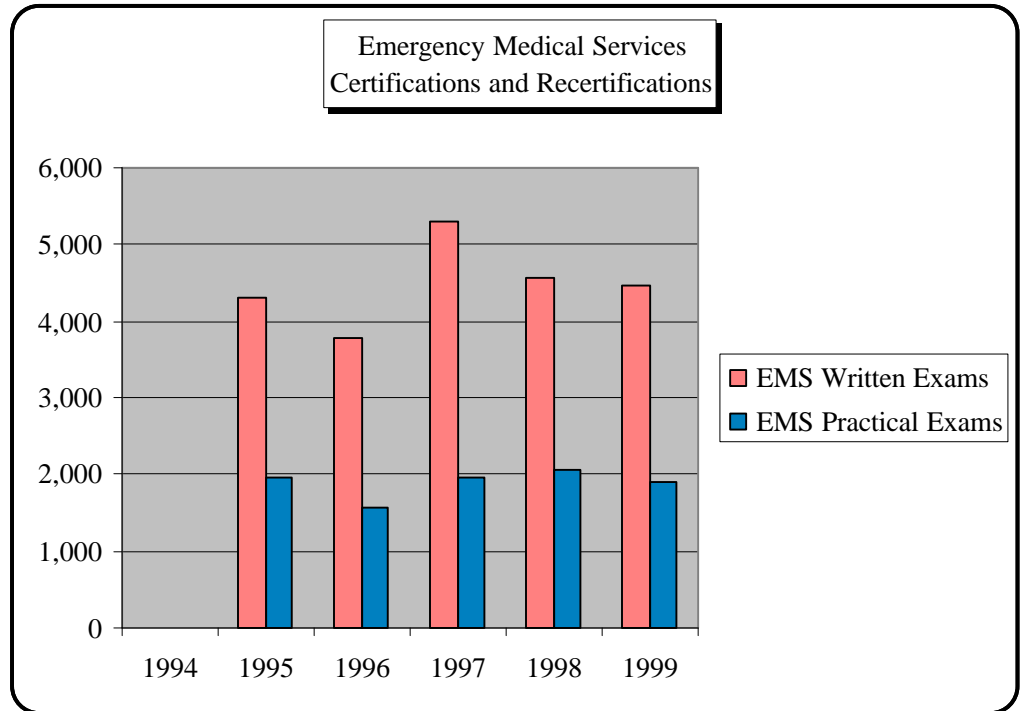
FY 2000 Budget Increase

Last year, the Legislature passed Senate Bill 54, “Emergency Medical Services”, which switched funding from the General Fund to Dedicated Credits, and increased the overall budget by \$45,000 and 1.5 FTE. This bill assists the Bureau in its administration of testing in rural areas of the State.

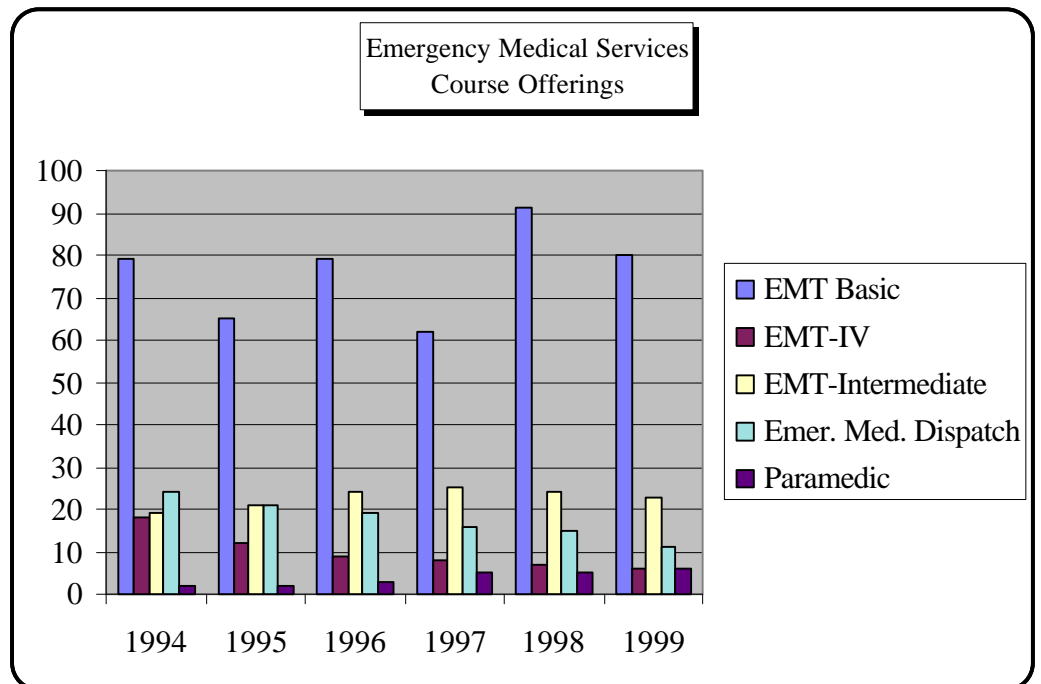
EMT Certification

Emergency Medical Technicians must be certified to meet a statewide standard for emergency service provision. The following two charts show the number of certifications and recertifications from 1994 to 1999.





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



3.3 Health Facility Licensure

Recommendation The Analyst recommends a budget of \$2,744,000 and maintaining the current staffing level of 50.8 FTE.

The Bureau is authorized to collect fees for conducting plan reviews and, through intent language, to retain those fees as non-lapsing dedicated credits. The Analyst expects those collections to be approximately \$57,100 in FY 2001.

The major portion of the \$859,000 listed as Revenue Transfer is funding for child care licensing monitoring which is transferred to this program from the Department of Workforce Services (\$763,000). The balance of \$96,000 is revenue from the Department of Public Safety for criminal identification through background checks.

	FY 1999	FY 2000	FY 2001	Est/Analyst
	Actual	Estimated	Analyst	Difference
Financing				
General Fund	\$1,717,900	\$1,822,600	\$1,813,200	(\$9,400)
General Fund, One-time		7,100		(7,100)
Dedicated Credits Revenue	100,850	57,300	57,100	(200)
Transfers	800,000	861,300	859,000	(2,300)
Beginning Non-lapsing	132,426	226,200	211,000	(15,200)
Closing Non-lapsing	(226,227)	(211,000)	(196,300)	14,700
Lapsing Balance	(90,998)			
Total	<u>\$2,433,951</u>	<u>\$2,763,500</u>	<u>\$2,744,000</u>	<u>(\$19,500)</u>
Expenditures				
Personal Services	\$2,104,316	\$2,315,600	\$2,291,800	(\$23,800)
In-State Travel	42,666	43,100	41,100	(2,000)
Out of State Travel	10,368	16,300	16,300	
Current Expense	220,214	236,300	233,500	(2,800)
DP Current Expense	50,522	56,200	65,300	9,100
Capital Outlay	5,865			
Other Charges/Pass Thru		96,000	96,000	
Total	<u>\$2,433,951</u>	<u>\$2,763,500</u>	<u>\$2,744,000</u>	<u>(\$19,500)</u>
FTE	49.8	50.8	50.8	

Purpose

The Bureau of Health Facility Licensure is responsible for ensuring that health facilities and agencies which are involved in 13 major areas of health care provision adhere to the legislatively mandated functions through licensure and regulation. The categories with the largest numbers of facilities include Assisted Living Facilities - Type I (139), Home Health Agencies (80), and Nursing Care Facilities (113). Other categories with significant numbers include Hospitals (62), Assisted Living Facilities - Type II (57), and Mammography Facilities (41). The quality of health care is regulated through the enforcement of administrative rules, pre-license activities for new providers, approval of construction and remodeling of existing facilities, as well as suppression of illegal operations.

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

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

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

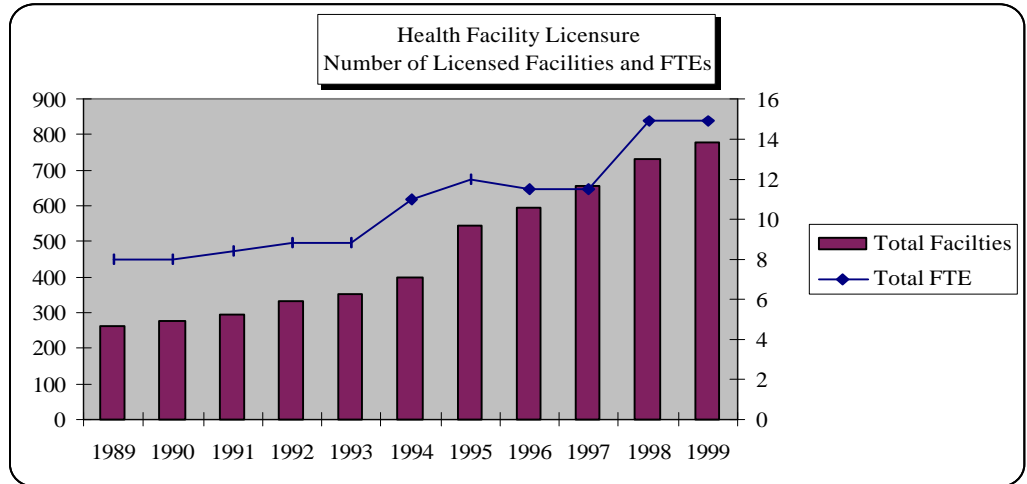
As a result of legislation passed during the 1997 Legislative Session, the responsibility of licensing child care providers was added to this bureau. In addition, the bureau also was given the responsibility of licensing hourly care providers. To accommodate this additional responsibility, the bureau has updated the state rules with input from the Child Care Licensing Advisory Committee, and has added the central child care center licensing function and redistributed personnel to address case load equity.

Previous Budget Increases

In the 1998 Session, Senate Bill 64, "Background Check of Home Health Professionals", passed, which requires the Bureau to complete background checks on health care providers. Last year, the Legislature passed Senate Bill 74, Child Care Provider Criminal Background. This bill added \$133,500 and 1 FTE position. Currently, the Bureau is processing 22,000 health care and child care employees annually through the Bureau of Criminal Investigation (BCI) and child/adult abuse data bases. It is estimated that 48,800 clearances will be run on an annual basis. Currently, the Bureau disqualifies 0.05 percent of child care employees and 13 percent of health care employees for failure to clear the process.

**Historical Growth
Facilities and FTEs**

Growth in facilities to be licensed has averaged approximately 12 percent per year for the time period shown. Staffing has increased approximately 5 percent over the same time frame. (Note: Beginning in FY 1995, satellite facilities were also licensed, which do not show on the chart in previous years.)



3.4 Program Certification and Resident Assessment

Recommendation The Analyst recommends a budget of \$3,139,800. Over 80 percent of the bureau's funding comes from federal funds due to its services in determining Medicare and Medicaid compliance.

	FY 1999	FY 2000	FY 2001	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	\$557,300	\$578,400	\$568,000	(\$10,400)
General Fund, One-time		1,900		(1,900)
Federal Funds	2,330,336	2,587,000	2,571,800	(15,200)
Lapsing Balance	(70,738)			
Total	\$2,816,898	\$3,167,300	\$3,139,800	(\$27,500)
Expenditures				
Personal Services	\$2,410,878	\$2,571,300	\$2,557,200	(\$14,100)
In-State Travel	65,590	67,000	66,000	(1,000)
Out of State Travel	24,523	59,700	59,700	
Current Expense	210,343	346,700	339,600	(7,100)
DP Current Expense	93,709	122,600	117,300	(5,300)
DP Capital Outlay	5,000			
Capital Outlay	6,855			
Total	\$2,816,898	\$3,167,300	\$3,139,800	(\$27,500)
FTE	52.8	49.0	49.0	

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

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

3.5 Primary Care and Rural Health Systems

Recommendation

The Analyst recommends a budget of \$908,100 for FY 2001. The recommendation includes over \$383,000 of non-lapsing funding which the Analyst is showing as carrying forward into FY 2001. These non-lapsing funds are for scholarship and loan funds which are committed, but not yet expended. The Analyst's recommendation includes \$600,000 from Mineral Lease funds, continuing previous years' funding for Primary Health Care Service grants (\$500,000) and rural telemedicine (\$100,000).

	FY 1999	FY 2000	FY 2001	Est/Analyst
Financing	Actual	Estimated	Analyst	Difference
General Fund	\$309,900	\$245,300	\$243,400	(\$1,900)
General Fund, One-time		900		(900)
Federal Funds	93,188	335,700	135,800	(199,900)
Federal Mineral Lease	600,000	600,000	600,000	
Beginning Non-lapsing	105,881	312,200	383,100	70,900
Closing Non-lapsing	(312,159)	(383,100)	(454,200)	(71,100)
Lapsing Balance	(44,905)			
Total	\$751,905	\$1,111,000	\$908,100	(\$202,900)
Expenditures				
Personal Services	\$222,283	\$317,500	\$256,600	(\$60,900)
In-State Travel	2,141	15,200	13,400	(1,800)
Out of State Travel	6,787	9,600	9,200	(400)
Current Expense	378,697	659,600	519,100	(140,500)
DP Current Expense	15,820	9,100	9,800	700
Other Charges/Pass Thru	126,177	100,000	100,000	
Total	\$751,905	\$1,111,000	\$908,100	(\$202,900)
FTE	8.0	6.4	5.3	(1.2)

Purpose

The mission of the Bureau of Primary Care and Rural Health Systems is to improve access to quality, affordable health care for underserved populations within the State. The Bureau focuses on a systems perspective to promote primary health care and other essential health care services for underserved populations. It also serves as the State's Office of Rural Health, as well as the Department of Health's lead unit with respect to the Primary Care Office Cooperative Agreement, which involves a partnership with the Association for Utah Community Health, and the U.S. Public Health Service. The Bureau performs the functions of health professionals recruitment and retention, health policy development, data analysis, information/resource development center (including technical assistance), coordination, public information, and internal bureau organization and management. In the past, the Physicians and Physician Assistants Grant and Scholarship Program, the Special Populations Health Care Provider Financial Assistance and Retention Program, and the State Primary Care Grants Program for medically underserved populations have been included in this bureau's budget. Utah Code establishes these three programs as separate line items, and so the Analyst is showing these three programs separately later in this budget analysis book.

The 1996 Legislature approved \$150,000 in one-time funds for rural telemedicine. The 1997, 1998, and 1999 Legislatures funded the program at \$100,000 annually from Mineral Lease funds. This program is designed to establish a network between eight rural health care delivery sites throughout the state. These funds have been utilized to maintain and upgrade the hub site at the University of Utah and at the Milford site; to install a teleconferencing system in Moab; and to connect data sites in the following five sites: Beaver, Nephi, Gunnison, Cedar City, and Price. The Analyst recommends the continuation of the \$100,000 from Mineral Lease funds for FY 2000.

The 1996 and 1997 Legislatures approved \$350,000 from the Mineral Lease Account for a Primary Care Grant Program to serve medically underserved populations. The program targets Utah's low-income families, who have no health insurance, or whose health insurance does not cover primary health care services and who cannot qualify for Medicare, Medicaid, CHIP, or other government insurance programs. The scope of this project includes all populations in medically underserved areas, including the working poor, individuals with chronic diseases, children of low income families, the homeless, Native Americans, seasonal and migrant farm workers, and other disadvantaged groups. Intent language designates these funds as non-lapsing.

Eight organizations were awarded funding from the FY 1997 appropriation, and nine organizations were awarded portions of the funding in both FY 1998 and FY 1999. Approximately 2,900 individuals received services in 8,900 encounters in FY 1997. In FY 1998, there were 2,658 individuals served, with 6,916 encounters. In FY 1999, 4,213 individuals were served in 9,942 encounters.

The 1998 Legislature increased the funding to \$500,000. This amount was also appropriated in 1999 for FY 2000.

Grant Program
Intent Language

Intent language in the FY 2000 Appropriations Act regarding the Primary Grant Program is as follows:

It is the intent of the Legislature that the Primary Care Grant Program be funded with ongoing funds in FY 2001.

Based on the need and the success of the Primary Care Grant program during the past several years, the Analyst recommends that the funding continue. However, due to the extremely limited allotment of funding allocated for subcommittee use, the Analyst was unable to comply with the intent language requesting ongoing funding, but has continued the \$500,000 appropriation from Mineral Lease funds and has included the funding switch as an unfunded budget increase.

4.0 Additional Information: Health Systems Improvement

4.1 Funding History

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Financing	Actual	Actual	Actual	Estimated	Analyst
General Fund	\$3,367,200	\$4,006,100	\$3,816,700	\$3,876,000	\$3,849,600
General Fund, One-time				13,800	
Federal Funds	2,561,649	2,844,217	2,676,980	3,141,800	2,887,400
Dedicated Credits Revenue	1,583,443	1,756,189	1,919,884	2,295,800	2,301,200
Federal Mineral Lease	350,000	551,371	600,000	600,000	600,000
Transfers	184,233	841,219	955,525	991,300	989,000
Beginning Non-lapsing	1,416,532	1,830,702	888,760	1,643,900	1,330,700
Closing Non-lapsing	(1,830,730)	(1,879,683)	(1,643,906)	(1,330,700)	(1,017,100)
Lapsing Balance	(14,398)	(10,872)	(55,432)		
Total	\$7,617,929	\$9,939,243	\$9,158,511	\$11,231,900	\$10,940,800
% Change		30.5%	-7.9%	22.6%	-2.6%
Programs					
H.S.I. Director's Office	\$545,428	\$552,597	\$305,552	\$324,300	\$323,700
Emergency Medical Services	2,575,183	3,222,177	2,850,205	3,865,800	3,825,200
Health Facility Licensure	726,673	2,237,061	2,433,951	2,763,500	2,744,000
Certification and Assessment	2,528,078	2,758,756	2,816,898	3,167,300	3,139,800
Primary Care and Rural Health Systems	1,242,567	1,168,652	751,905	1,111,000	908,100
Total	\$7,617,929	\$9,939,243	\$9,158,511	\$11,231,900	\$10,940,800
Expenditures					
Personal Services	\$4,301,440	\$5,666,683	\$5,964,265	\$6,509,900	\$6,388,800
In-State Travel	113,734	158,738	148,681	190,200	178,600
Out of State Travel	48,194	54,743	61,915	98,200	97,800
Current Expense	1,724,886	2,097,773	1,632,257	2,195,000	2,043,600
DP Current Expense	185,603	392,443	231,354	242,600	236,000
DP Capital Outlay	46,619	32,835	15,443		
Capital Outlay			9,125		
Other Charges/Pass Thru	1,197,453	1,536,028	1,095,471	1,996,000	1,996,000
Total	\$7,617,929	\$9,939,243	\$9,158,511	\$11,231,900	\$10,940,800
FTE	96.0	122.9	141.3	136.3	134.2

4.2 Federal Funds

Program		FY 1999 Actual	FY 2000 Estimated	FY 2001 Analyst
Director's Office	Federal	\$0	\$80,000	\$80,300
Federal Indirect	Required State Match	0	0	0
	Total	0	80,000	80,300
Emergency Medical Services	Federal	70,423	39,100	0
Preventative Block Grant	Required State Match	0	0	0
	Total	70,423	39,100	0
Emergency Medical Services	Federal	183,033	100,000	99,500
PHS Local Federal Grant	Required State Match	0	0	0
	Total	183,033	100,000	99,500
Program Certification and Resident Assess	Federal	25,567	0	0
PHS Local Federal Grant	Required State Match	20,529	0	0
	Total	46,096	0	0
Program Certification and Resident Assess	Federal	1,581,238	1,062,000	1,062,000
HIB Title 18	Required State Match	175,221	191,650	191,650
	Total	1,756,459	1,253,650	1,253,650
Program Certification and Resident Assess	Federal	0	1,120,000	1,104,800
Title XIX Medicaid	Required State Match	0	1,120,000	1,104,800
	Total	0	2,240,000	2,209,600
Program Certification and Resident Assess	Federal	723,530	405,000	405,000
Medicaid Administration	Required State Match	361,550	405,000	405,000
	Total	1,085,080	810,000	810,000
Primary Care and Rural Health	Federal	93,188	0	0
PHS Local Federal Grant	Required State Match	0	0	0
	Total	93,188	0	0
Primary Care and Rural Health	Federal	0	89,700	89,500
Rural Health HCDA	Required State Match	0	269,100	269,100
	Total	0	358,800	358,600
Primary Care and Rural Health	Federal	0	246,000	46,300
Rural Health SORH	Required State Match	0	246,000	46,300
	Total	0	492,000	92,600
	Federal	2,676,979	3,141,800	2,887,400
	Required State Match	557,300	2,231,750	2,016,850
	Total	\$3,234,279	\$5,373,550	\$4,904,250

4.3 Fees

	<u>Current FY 1999-00</u>	<u>Proposed FY 2000-01</u>	<u>Difference</u>	<u>Projected Revenue</u>
HEALTH SYSTEM IMPROVEMENT				
Bureau of Emergency Medical Services				
Registration, Certification and Testing				
Certification Fee				
Initial EMT-Basic	30.00	30.00	0.00	54,000
All other certifications	10.00	10.00	0.00	5,500
Instructor Certification Fee	25.00	0.00	(25.00)	
Recertification Fee	10.00	10.00	0.00	5,600
Lapsed Certification Fee	15.00	15.00	0.00	1,500
Written Test Fee				
Basic EMT Certification Written Test/Re-test Fee	15.00	15.00	0.00	29,250
All other written tests, <u>re-tests</u>	12.00	12.00	0.00	13,200
Practical Test Fees				
EMT - Basic Certification Practical Test/Re-test	30.00	30.00	0.00	58,500
EMT - Basic Recertification Practical Test	80.00	80.00	0.00	4,000
<u>Medical Scenario Practical re-test</u>		<u>20.00</u>	20.00	400
<u>Trauma Scenario Practical re-test</u>		<u>40.00</u>	40.00	800
EMT - Basic Practical retest per station	10.00	0.00	(10.00)	
Paramedic Practical Test	90.00	90.00	0.00	2,430
Paramedic Practical retest per station	30.00	30.00	0.00	60
The fees listed above apply to the following certification levels:				
Emergency Medical Technician (EMT) - Basic				
Emergency Medical Technician IV				
Emergency Medical Technician Intermediate				
Emergency Medical Technician Paramedic				
Emergency Medical Technician Instructor				
Emergency Medical Dispatcher (EMD)				
Emergency Medical Dispatcher Instructor				
Original Quality Assurance Review Application Fee	1,000.00	0.00	(1,000.00)	
Relicensure or redesignation fee				
Annual Quality Assurance Review Fee				
Each EMS vehicle operated by licensed provider	100.00	0.00	(100.00)	
Fleet of EMS vehicles operated by provider	3,000.00	<u>0.00</u>	(3,000.00)	
Original Designation Fee	100.00	0.00	(100.00)	
Designation annual Quality Assurance Review	50.00	0.00	(50.00)	
Administrative penalty against a licensed or designated EMS provider who violates the Utah EMS Systems Act or a rule or order issued by the Act				
	250.00	0.00	(250.00)	
Upgrade in level of service				
Basic EMT (manual or semi-automatic defibrillator)	100.00	0.00	(100.00)	
Basic EMT IV	100.00	0.00	(100.00)	
Intermediate	100.00	0.00	(100.00)	
<u>Annual Quality Assurance Review Fee, per vehicle</u>				
<u>Ground Ambulance, Basic</u>		50.00	50.00	400
<u>Ground Ambulance, IV</u>		50.00	50.00	900
<u>Ground Ambulance, Intermediate</u>		75.00	75.00	3,900
<u>Interfacility Transfer Ambulance, Basic</u>		50.00	50.00	100
<u>Interfacility Transfer Ambulance, IV</u>		50.00	50.00	100

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<u>Interfacility Transfer Ambulance, Intermediate</u>	75.00	75.00	150
<u>Paramedic Rescue</u>	100.00	100.00	500
<u>Paramedic Tactical Response</u>	100.00	100.00	100
<u>Paramedic Ambulance</u>	100.00	100.00	1,100
<u>Paramedic Interfacility Transfer Service</u>	100.00	100.00	200
<u>Quick Response Unit, Basic</u>	50.00	50.00	600
<u>Quick Response Unit, IV</u>	50.00	50.00	100
<u>Quick Response Unit, Intermediate</u>	75.00	75.00	300
<u>Advanced Air Ambulance</u>	75.00	75.00	150
<u>Specialized Air Ambulance</u>	100.00	100.00	200
<u>Emergency Medical Dispatch Center, per center</u>	50.00	50.00	2,000
<u>Resource Hospital, per hospital</u>	50.00	50.00	2,000
<u>Quality Assurance Application Reviews</u>			
<u>Original Ground Ambulance/Paramedic License Negotiated</u>	500.00	500.00	1,000
<u>Original Ambulance/Paramedic License Contested</u>		up to actual	
	cost, or		
	5,000.00		5,000
<u>Original Designation</u>	100.00	100.00	300
<u>Renewal Ambulance/Paramedic/Air License</u>	100.00	100.00	2,000
<u>Renewal Designation</u>	100.00	100.00	2,000
<u>Upgrade in Ambulance Service Level</u>	100.00	100.00	500
<u>Original Air Ambulance License</u>	500.00	500.00	500
Trauma Centers - Level I and II			
Initial Designation/Redesignation <u>Quality Assurance</u>			
<u>Review Fee</u>	500.00	500.00	0.00
	plus all	plus all	2,000
	costs	costs	
	associated	associated	
	with	with	
	American	American	
	College of	College of	
	Surgeons	Surgeons	
	visit	visit	
Annual Verification <u>Quality Assurance Review Fee</u>	500.00	500.00	0.00
Trauma Centers - Level III			0
Initial Designation/Redesignation <u>Quality Assurance</u>			
<u>Review Fee</u>	3,000.00	3,000.00	0.00
	Includes	Includes	3,000
	in-state site	in-state site	
	visit	visit	
Annual Verification <u>Quality Assurance Review Fee</u>	500.00	500.00	0.00
Trauma Centers - Level IV and V			0
Initial Designation/Redesignation <u>Quality Assurance</u>			
<u>Review Fee</u>	1,500.00	1,500.00	0.00
	Includes	Includes	1,500
	in-state site	in-state site	
	visit	visit	
Annual Verification <u>Quality Assurance Review Fee</u>	250.00	250.00	0.00
Course Administration <u>Quality Assurance Review Fee</u>			
Basic EMT Course	100.00	100.00	0.00
Paramedic Course	100.00	100.00	0.00
Basic EMT-IV	25.00	25.00	0.00
EMT-Intermediate	25.00	25.00	0.00

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Emergency Medical Dispatch	25.00	25.00	0.00	200
Training Equipment Rental Fees				
16 MM Films	12.00	0.00	(12.00)	0
16 MM Projector	17.50	0.00	(17.50)	0
35 MM Slide Projector	24.50	24.50	0.00	123
35 MM Slide Trays	0.50	0.50	0.00	1
35 MM Slide Sets	24.50	24.50	0.00	74
<u>Adult Arm</u>		<u>14.60</u>	14.60	58
Air Chisel Rescue Tool Kit	30.00	30.00	0.00	30
<u>Air splints - set</u>		<u>10.00</u>	10.00	10
Airway Kits	2.50	2.50	0.00	3
All level Ambulance Cot	12.50	12.50	0.00	13
Anatomical Model	24.50	24.50	0.00	25
Automatic Defibrillator Trainer	52.00	52.00	0.00	52
Army Stretchers	2.00	2.00	0.00	2
Backboard Straps and Neckroll	7.00	7.00	0.00	7
Bag Mask Resuscitators	10.50	10.50	0.00	11
Bio-Com Rental	12.00	12.00	0.00	12
Blankets	6.00	6.00	0.00	6
<u>Bolus infusion set up</u>		<u>10.50</u>	10.50	11
Cardboard Splints	0.50	0.50	0.00	1
Cardiac Monitor and Defibrillator	52.00	52.00	0.00	52
Defibrillator late charge	52.00	52.00	0.00	52
CardioPulsar	2.00	2.00	0.00	2
Compressed Air Cylinder	10.50	10.50	0.00	11
Construction Knives	1.50	1.50	0.00	2
Dual Stethoscope	2.50	2.50	0.00	3
Durawax	1.00	1.00	0.00	1
Complete set, per course	350.00	350.00	0.00	700
EOA Kits	15.00	15.00	0.00	75
<u>Epi pen trainer</u>		<u>7.50</u>	7.50	150
ET Tubes	4.00	4.00	0.00	4
Emergency Vehicle Operations (EVO) Course Kit	25.00	<u>50.00</u>	25.00	350
<u>Emergency Vehicle Operations (EVO) Slide</u>		<u>65.00</u>	65.00	260
<u>Emergency Vehicle Operations (EVO) Video</u>		<u>24.00</u>	24.00	24
Extrication Kit	30.00	30.00	0.00	30
Femur Traction Splint (no Ratchet)	7.50	7.50	0.00	8
Femur Traction Splint (Ratchet)	9.00	9.00	0.00	9
Flip Card File	3.00	3.00	0.00	45
Foam Cervical Collars	1.50	1.50	0.00	2
Folding Blackboard (Metal)	3.50	3.50	0.00	4
Heart Simulator	22.50	22.50	0.00	23
Henrie Knee-Trac	0.50	0.50	0.00	1
Infusion Trainer	6.00	6.00	0.00	6
<u>Inhaler</u>		<u>5.00</u>	5.00	100
Intermediate Course Kit	50.00	50.00	0.00	50
<u>Intraosseous Needle</u>		<u>18.00</u>	18.00	18
Intubation Kit	30.00	30.00	0.00	90
Intubation Manikin	20.00	20.00	0.00	140
IV Course Kit	50.00	50.00	0.00	50
<u>IV Hand & Arm</u>		<u>15.00</u>	15.00	45
K-Bar Rescue Tool	6.00	6.00	0.00	6
K.E.D. Splint	3.00	3.00	0.00	3

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Laryngoscopes	5.00	5.00	0.00	45
Life Pak 5	52.00	52.00	0.00	52
Long Backboard (Wood)	3.50	3.50	0.00	4
Long Board Leg Splints	1.00	1.00	0.00	1
MAST Trousers	7.50	7.50	0.00	8
Moulage Kit	20.50	20.50	0.00	82
<u>Moulage Kit Singles</u>		<u>3.00</u>	3.00	15
Mr. Hurt	30.00	30.00	0.00	30
OB Kit	8.50	8.50	0.00	9
Obstetrical Manikin	37.50	37.50	0.00	450
Orthopedic Backboard	4.00	4.00	0.00	4
Oxygen Cylinders	15.00	15.00	0.00	15
Oxygen Flowmeter Kit	11.00	11.00	0.00	11
Oxygen Powered Suction Unit	11.00	11.00	0.00	11
Oxygen Powered Demand Valve	20.50	20.50	0.00	21
Patient Assisted Medications Set	10.00	10.00	0.00	10
Pediatric Vascular Access (PVA) Kit	30.00	30.00	0.00	1,200
Philadelphia Cervical Collars	1.50	1.50	0.00	2
Phones, Sound Powered	1.50	1.50	0.00	2
Pillow and pillowcases	1.50	1.50	0.00	2
<u>Portable Suction Unit</u>		<u>10.00</u>	10.00	10
Recording Resusci Anne	24.00	24.00	0.00	24
Resusci Anne	17.50	17.50	0.00	420
Resusci Baby	6.00	6.00	0.00	72
<u>Resusci Junior</u>		<u>14.60</u>	14.60	58
Safety Goggles	1.50	1.50	0.00	2
Short Backboard (Metal)	4.00	4.00	0.00	4
Short Backboard (Wood)	3.00	3.00	0.00	3
Skeleton	10.50	10.50	0.00	11
Sphygmomanometer	4.00	4.00	0.00	80
Spray Bottles	0.50	0.50	0.00	1
Stethoscopes	2.50	2.50	0.00	3
Student Bandage Pack		5.00	5.00	350
Thomas Half Ring	3.00	3.00	0.00	3
Vacuform splints		10.00	10.00	10
Video Tapes	4.50	4.50	0.00	158
New Instructor Course Registration	125.00	125.00	0.00	10,000
Course Coordinator Course Registration	25.00	25.00	0.00	2,250
Instructor Course Registration	125.00	125.00	0.00	33,750
Instructor Conference Vendor Fee		165.00	165.00	1,650
Training Officer Course Registration	25.00	25.00	0.00	4,000
EVO Instructor Course		40.00	40.00	2,200
EMSC Video	20.00	20.00	0.00	100
EMSC Pediatric Prehospital Care Course	65.00	65.00	0.00	1,170
PALS Instructor Course	25.00	25.00	0.00	350
EMSC Video - Basic Assessment	25.00	25.00	0.00	125
EMSC Video - Respiratory	30.00	30.00	0.00	150
EMSC Video - Shock and Shock Management	30.00	30.00	0.00	150
EMSC Video - Child Abuse and SIDS	50.00	50.00	0.00	250
Equipment delivery fee				
Salt Lake County	25.00	25.00	0.00	50
Davis, Utah, and Weber Counties	50.00	50.00	0.00	200
Late Fee - the department may assess a late fee for equipment				

at the daily fee plus 50% of the daily fee for every day the equipment is late.				200
Training Supplies and Accessories				
Charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah.				31,915
				66,600
Bureau of Health Facility Licensure				
Annual License Fees				
A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.	100.00	100.00	0.00	65,900
Child Care Facilities base fee	35.00	35.00	0.00	94,500
Change Fee				
A fee of \$75.00 is charged to health care providers making changes to their existing license.	75.00	75.00	0.00	30,750
Child Care Center Facilities				
Per Child fee	1.50	1.50	0.00	34,500
Hospitals:				
Fee per Licensed Bed - accredited beds	11.00	11.00	0.00	59,114
Non-accredited beds	14.00	14.00	0.00	10,976
Nursing Care Facilities, and Small Health Care Facilities				
Licensed Bed	10.00	10.00	0.00	88,260
Residential Treatment Facilities				
Licensed Bed	8.00	8.00	0.00	800
End Stage Renal Disease Centers (ESRDs)				
Licensed Station	60.00	60.00	0.00	12,180
Freestanding Ambulatory Surgery Centers (per facility)	1,000.00	1,000.00	0.00	67,000
Birthing Centers, and Abortion Clinics: (per licensed unit)	200.00	200.00	0.00	1,800
Hospice Agencies	500.00	500.00	0.00	10,000
Home Health Agencies	500.00	500.00	0.00	37,000
Mammography Screening Facilities	200.00	200.00	0.00	8,200
Assisted Living Facilities Type I				
Licensed Bed	9.00	9.00	0.00	18,495
Assisted Living Facilities Type II				
Licensed Bed	9.00	9.00	0.00	20,871
The fee for each satellite and branch office of current licensed Facility	75.00	75.00	0.00	13,050
Late Fee				
Licensed health facility providers are responsible for Submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.				
Within 14 days of expiration of license	30%			480
	scheduled			
	fee			
Within 30 days of expiration of license	60%			0
	scheduled			
	fee			

New Provider/Change in Ownership Applications for health care facilities	500.00	500.00	0.00	31,000
<p>A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.</p>				
Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications:	250.00	250.00	0.00	2,500
<p>A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.</p>				
New Provider/Change in Ownership Applications for Child Care facilities	200.00	200.00	0.00	2,000
<p>A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection, etc. This fee will be due at the time of application.</p>				
<p>If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:</p> <p style="padding-left: 40px;">Policy and Procedure Review-50% of total fee. Onsite inspections-90% of the total fee.</p>				
<p>Child care program application fees of \$35.00 are not refundable</p>				
<p>Plan Review and Inspection Fees</p>				
<p>Hospitals:</p>				
<p>Number of Beds</p>				
Up to 16	1,500.00	1,500.00	0.00	1,500
17 to 50	3,500.00	3,500.00	0.00	7,000
51 to 100	5,000.00	5,000.00	0.00	5,000
101 to 200	6,000.00	6,000.00	0.00	0
201 to 300	7,000.00	7,000.00	0.00	0
301 to 400	8,000.00	8,000.00	0.00	8,000
Over 400, base fee	8,000.00	8,000.00	0.00	0
Over 400, each additional bed	50.00	50.00	0.00	0
<p>In the case of complex or unusual hospital plans, the Bureau of Health Facility Licensure will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.</p>				
<p>Nursing Care Facilities and Small Health Care Facilities</p>				
<p>Number of Beds</p>				
Up to 5	650.00	650.00	0.00	0
6 to 16	1,000.00	1,000.00	0.00	0
17 to 50	2,250.00	2,250.00	0.00	2,250

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51 to 100	4,000.00	4,000.00	0.00	0
101 to 200	5,000.00	5,000.00	0.00	5,000
Freestanding Ambulatory Surgical Facilities, per operating room	750.00	750.00	0.00	0
Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00	250.00	0.00	0
End Stage Renal Disease Facilities, per service unit	100.00	100.00	0.00	100
Assisted Living Type I and Type II				
Number of Beds				
Up to 5	350.00	350.00	0.00	350
6 to 16	700.00	700.00	0.00	2,100
17 to 50	1,600.00	1,600.00	0.00	1,600
51 to 100	3,000.00	3,000.00	0.00	6,000
101 to 200	4,200.00	4,200.00	0.00	4,200

Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative
Plan Review and Inspection Fees for Remodels of Licensed Facilities

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

Hospitals, Freestanding Surgery Facilities, per square foot	0.16	0.16	0.00	8,646
All others excluding Home Health Agencies, per square foot	0.14	0.14	0.00	1,004
Each required on-site inspection, base fee	100.00	100.00	0.00	3,600
Each required on-site inspection, per mile traveled according to approved state travel rates.				

Other Plan-Review Fee Policies

If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows:

- Preliminary drawing review-25% of the total fee.
- Working drawings and specifications review-80% of the total fee. If the project is delayed beyond

12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.

Health Care Facility Licensing Rules.

Cost plus mailing Cost plus mailing

Child Care Licensing Rules

Cost plus mailing Cost plus mailing

(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)

Certificate of Authority -

Health Maintenance Organization Review of

Application

500.00

500.00

0.00

0