

Office of the
Legislative Fiscal Analyst

FY 2003 Budget Recommendations

Joint Appropriations Subcommittee for
Health and Human Services

Utah Department of Health
Health Systems Improvement

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1.0 Department of Health – Health Systems Improvement

Summary

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

The Division includes the Director's office and four bureaus. These bureaus include Emergency Medical Services; Licensing; Program Certification and Resident Assessment; and Primary Care, Rural, and Ethnic Health. Through these four bureaus, Health Systems Improvement directs the regulation and oversight of the health and child care industries. Improvement strategies include training, certification, licensing, inspection, pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care, and promoting primary care services to underserved populations.

| | Analyst FY 2003 Base | Analyst FY 2003 Changes | Analyst FY 2003 Total |
|--|-------------------------------------|--|--------------------------------------|
| Financing | | | |
| General Fund | 4,553,000 | (92,000) | 4,461,000 |
| Federal Funds | 3,076,500 | (146,400) | 2,930,100 |
| Dedicated Credits Revenue | 2,992,600 | | 2,992,600 |
| Transfers | 1,103,300 | | 1,103,300 |
| Beginning Nonlapsing | 447,400 | | 447,400 |
| Closing Nonlapsing | (143,800) | | (143,800) |
| Total | \$12,029,000 | (\$238,400) | \$11,790,600 |
| Programs | | | |
| Director's Office | 207,200 | 71,600 | 278,800 |
| Emergency Medical Services | 4,565,300 | (52,600) | 4,512,700 |
| Licensing | 2,906,800 | (17,800) | 2,889,000 |
| Program Certification and Resident Asses | 3,243,700 | (210,600) | 3,033,100 |
| Primary Care and Rural, Ethnic Health | 1,106,000 | (29,000) | 1,077,000 |
| Total | \$12,029,000 | (\$238,400) | \$11,790,600 |
| FTE/Other | | | |
| Total FTE | 138.15 | (5.65) | 132.50 |

2.0 Issues: Health Systems Improvement

2.01 Across-the-Board Reductions

The Analyst has included 10 percent across the board decreases in the General Fund in the following expense categories: Conventions / Workshops, Data Processing, Entertainment / Receptions, Office supplies / Equipment, and Travel. For the Division, these reflect an increase in the General Fund in the amount of \$37,000. The reason this is an increase is because the Division expressed the desire of taking larger reductions in the area of personal services.

General Fund **\$37,000**

2.02 Program Eliminations/Reductions

The Analyst has identified the a small portion of the Primary Care Grants that, while worthy and useful, could be reduced, with less of an impact on the operations of the Department. The FY 2003 General Fund associated with this is \$20,000, but is also offset by increases in the Director's Office and Program Certification. Again, these increases are available because the Division has eliminated some additional personal services costs.

General Fund **\$32,000**

2.03 FTE Position Eliminations

The Analyst has identified a total of 5.6 FTE positions with funded vacancies that could be eliminated. These General Fund reductions would result in savings of \$131,000. This figure is higher than otherwise might be, but allows the Division to have operating costs without additional personal services.

General Fund **(\$131,000)**

2.04 Internal General Fund Transfers

The Analyst recommends transferring \$30,000 from the Division of Health Systems Improvement to the Executive Director's budget for the centralization of Information Technology. The Department is consolidating Information Technology (IT) functions and personnel into the Program Operations budget. This transfer is taking place in the current fiscal year and is included in the FY 2002 Supplemental Recommendations.

General Fund **(\$30,000)**

2.10 Administrative Cost Intent Language

The 2001 Legislature approved the following intent language to be implemented by this division:

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

Last year, when costs were allocated either as administrative or service-related, this line item was one that caused significant confusion. While many of the functions are not directly providing an individual service, neither are they strictly administrative. Most of the functions of this line item are performing indirect services which assist in making health services in the State safe for the citizens directly affected.

The Department reports that the Health Systems Improvement line item is 10 percent administrative, 82 percent indirect services, and 8 percent direct services. The following table shows the allocation of costs between administrative, indirect services, and direct services. In those budgets that have direct services, the number of citizens served and the types of service will be discussed.

| HEALTH SYSTEMS IMPROVEMENT | | | | |
|----------------------------------|---------------------|----------------------|--------------------|-------------------|
| ADMINISTRATIVE and SERVICE COSTS | | | | |
| FY 2001 Authorized Costs | | | | |
| | Admin- istration | Indirect Services | Direct Services | Total |
| Director | 263,672 | 87,891 | 0 | 351,563 |
| | 75.0% | 25.0% | 0.0% | |
| Emergency Medical Services | 283,187 | 3,238,814 | 445,199 | 3,967,200 |
| | 7.1% | 81.6% | 11.2% | |
| Health Facility Licensure | 151,127 | 2,456,647 | 381,626 | 2,989,400 |
| | 5.1% | 82.2% | 12.8% | |
| Program Certification | 219,189 | 2,823,058 | 41,854 | 3,084,101 |
| | 7.1% | 91.5% | 1.4% | |
| Primary Care and Rural Health | 241,389 | 734,937 | 0 | 976,326 |
| | 24.7% | 75.3% | 0.0% | |
| Total | 1,158,564 | 9,341,347 | 868,679 | 11,368,590 |
| | 10.2% | 82.2% | 7.6% | |

Source: Department of Health

2.11 Health Systems Improvement Intent Language

The 2001 Legislature approved several items of intent language to be implemented by this division. The intent language is listed, followed by the Department's response.

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

The Bureau expects approximately \$64,000 in plan review fees at the end of FY 2002.

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

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

Funds for the Primary Care Grant program were not used for any inter-departmental projects. The Bureau expects \$62,700 in nonlapsing Primary Care Grant funds at the conclusion of FY 2002.

It is the intent of the Legislature that \$435,000 be used to support the Utah Telehealth Network's telemedicine and telepharmacy programs.

The Department utilized the funding as established in the bill authorizing the funding.

The 2001 Legislature approved the following supplemental intent language to be implemented by this division for FY 2001:

*Nonlapsing authorization – Computer equipment \$10,000,
Employee training - \$40,000, Special projects - \$30,000.*

The Division finished FY 2001 with approximately \$80,000 of unspent funds. The \$10,000 designated for computer equipment was given up as part of the FY 2002 holdbacks. A portion of the funds designated for employee training have been used for the software training. The Division is planning on using the balance of the nonlapsing funds on a data modeling project.

3.1 Health Systems Improvement - Director's Office

Recommendation

The Analyst recommends a budget of \$278,800 for the Director's Office for FY 2003. This recommendation reflects the small decrease of General Funds. A portion of the functions of this office qualify to be covered by Federal funds through federal indirect funds. The Office received an award from the State Chief Information Officer for technology purposes. These funds were carried forward from FY 2001 as nonlapsing balances.

| | 2001 | 2002 | 2003 | Est/Analyst |
|---------------------------|------------------|------------------|------------------|-------------------|
| | Actual | Estimated | Analyst | Difference |
| Financing | | | | |
| General Fund | 240,400 | 245,100 | 220,600 | (24,500) |
| General Fund, One-time | 100 | (96,800) | | 96,800 |
| Federal Funds | | 58,000 | 58,200 | 200 |
| Dedicated Credits Revenue | 113 | | | |
| Beginning Nonlapsing | | 121,200 | | (121,200) |
| Closing Nonlapsing | (121,240) | | | |
| Lapsing Balance | 232,190 | | | |
| Total | \$351,563 | \$327,500 | \$278,800 | (\$48,700) |
| Expenditures | | | | |
| Personal Services | 252,706 | 166,800 | 234,200 | 67,400 |
| In-State Travel | 321 | 1,300 | 1,400 | 100 |
| Out of State Travel | 2,834 | (4,600) | (4,500) | 100 |
| Current Expense | 27,364 | 86,500 | 14,700 | (71,800) |
| DP Current Expense | 41,882 | 77,500 | 33,000 | (44,500) |
| Other Charges/Pass Thru | 26,456 | | | |
| Total | \$351,563 | \$327,500 | \$278,800 | (\$48,700) |
| FTE/Other | | | | |
| Total FTE | 4.00 | 2.00 | 3.00 | 1.00 |

Purpose

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

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

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

The Department reports that this budget is 75 percent administration and 25 percent indirect services.

3.2 Health Systems Improvement - Emergency Medical Services

Recommendation

The Analyst recommends a budget of \$4,512,700 for Emergency Medical Services (EMS) for FY 2003. 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 receives 14 percent of the total surcharge collections, with the majority of those funds used for contract grants and per capita grants to cities and counties in the State to improve the provision of EMS throughout the State, in accordance with UCA 63-63a-3. EMS receives these funds as non-lapsing dedicated credits (see 26-8-2.5(1)(a)).

As in the past, this bureau is expected to receive two Revenue Transfers from Comprehensive Emergency Management (\$100,000) and the Utah Highway Safety Program Office (\$50,000). Both of these Revenue Transfers are received by the Department of Public Safety in the form of Federal Funds.

The Analyst's recommendation includes beginning FY 2003 with a non-lapsing balance of \$320,700 and ending the year with a non-lapsing balance of \$100,800. 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.

| | 2001 | 2002 | 2003 | Est/Analyst |
|---------------------------|--------------------|--------------------|--------------------|--------------------|
| | Actual | Estimated | Analyst | Difference |
| Financing | | | | |
| General Fund | 1,240,000 | 1,279,000 | 1,155,600 | (123,400) |
| General Fund, One-time | 24,000 | (82,200) | | 82,200 |
| Federal Funds | 130,874 | 74,900 | 75,100 | 200 |
| Dedicated Credits Revenue | 2,358,238 | 2,799,400 | 2,911,900 | 112,500 |
| Transfers | 240,987 | 235,600 | 150,200 | (85,400) |
| Beginning Nonlapsing | 1,120,034 | 1,105,000 | 320,700 | (784,300) |
| Closing Nonlapsing | (1,104,931) | (320,700) | (100,800) | 219,900 |
| Lapsing Balance | (41,688) | | | |
| Total | \$3,967,514 | \$5,091,000 | \$4,512,700 | (\$578,300) |
| Expenditures | | | | |
| Personal Services | 1,208,373 | 1,285,900 | 1,303,300 | 17,400 |
| In-State Travel | 59,380 | 67,500 | 57,800 | (9,700) |
| Out of State Travel | 25,798 | 7,800 | 9,500 | 1,700 |
| Current Expense | 918,062 | 1,305,300 | 1,128,000 | (177,300) |
| DP Current Expense | 58,475 | 52,500 | 42,100 | (10,400) |
| DP Capital Outlay | 11,032 | | | |
| Other Charges/Pass Thru | 1,686,394 | 2,372,000 | 1,972,000 | (400,000) |
| Total | \$3,967,514 | \$5,091,000 | \$4,512,700 | (\$578,300) |
| FTE/Other | | | | |
| Total FTE | 29.42 | 28.57 | 28.15 | (0.42) |

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:

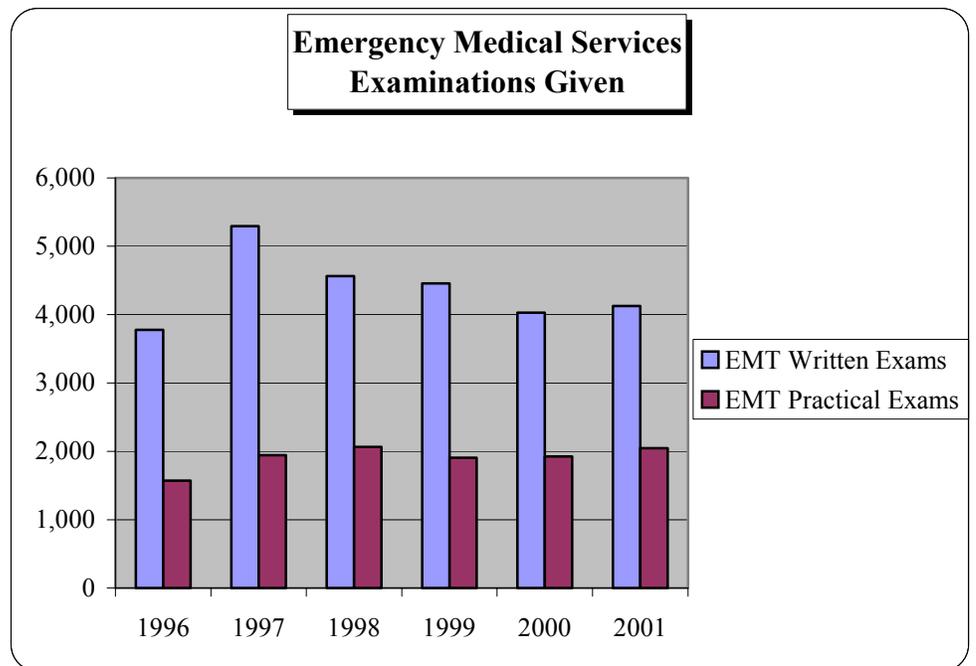
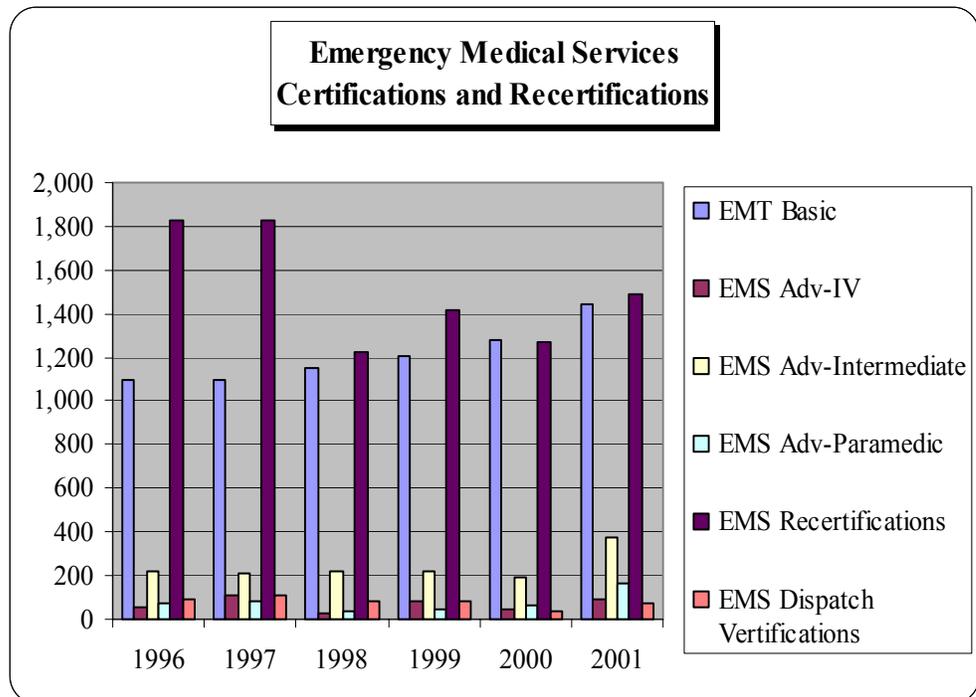
1. Listening to its constituents and helping them meet their needs.
2. Providing information, technical assistance and consultation to providers of emergency medical services to enhance the provision of quality emergency care.
3. Assuring compliance by emergency medical providers to rules and regulations 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

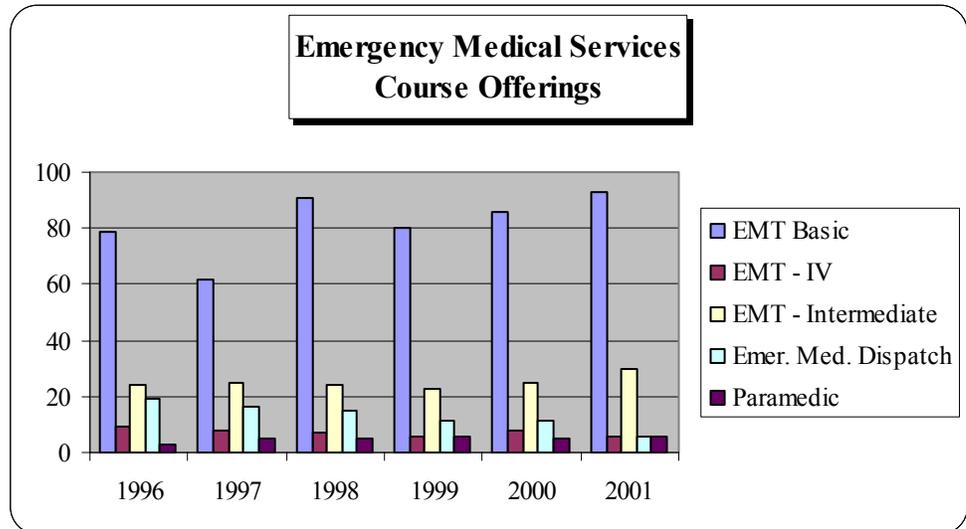
The portion of the surcharge that is allocated to EMS has restrictions on its usage established in the Utah Code. Of the total, the bureau may allocate a small amount (six percent) for its administration, then it allocates 15 percent of the remaining balance to emergency medical training programs developed for high school students. The resulting 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.

EMT Certification

Emergency Medical Technicians must be certified to meet a statewide standard for emergency service provision. The following two charts show the number of certifications and re-certifications and examinations given from 1996 to 2001.



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



**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

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

The Department reports that this budget is 7 percent administration, 82 percent indirect services, and 11 percent direct services. The Department identified three services performed by this bureau and the associated costs. In FY 2001, EMS had 4,124 certification exams at a total cost of \$406,412 or approximately \$99 each. Fees were collected to offset the cost of these exams, totaling \$353,089 or \$86 per exam. Also in FY 2001, EMS issued 173 licenses at a total cost of \$143,457 (average cost per license- \$829). Fees collected were \$33,031 (average fees per license - \$191). EMS had 693 attendees at seminars which were provided. The cost of those seminars was estimated at \$128,646 or \$186 per attendee. Fees collected averaged \$71 per attendee.

3.3 Health Systems Improvement - Licensing

Recommendation The Analyst recommends a budget of \$2,889,000 and a staffing level of 51.25 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 \$64,000 in FY 2003.

The major portion of the \$953,100 listed as Revenue Transfer is funding for child care licensing monitoring which is transferred to this program from the Department of Workforce Services.

| | 2001 | 2002 | 2003 | Est/Analyst |
|---------------------------|--------------------|--------------------|--------------------|-------------------|
| | Actual | Estimated | Analyst | Difference |
| Financing | | | | |
| General Fund | 1,791,600 | 1,841,300 | 1,791,200 | (50,100) |
| General Fund, One-time | (2,600) | (58,800) | | 58,800 |
| Dedicated Credits Revenue | 105,402 | 58,700 | 80,700 | 22,000 |
| Transfers | 984,986 | 968,500 | 953,100 | (15,400) |
| Beginning Nonlapsing | 218,519 | 160,400 | 64,000 | (96,400) |
| Closing Nonlapsing | (160,439) | (64,000) | | 64,000 |
| Lapsing Balance | (8,314) | | | |
| Total | <u>\$2,929,154</u> | <u>\$2,906,100</u> | <u>\$2,889,000</u> | <u>(\$17,100)</u> |
| Expenditures | | | | |
| Personal Services | 2,551,620 | 2,640,800 | 2,614,500 | (26,300) |
| In-State Travel | 43,039 | 32,600 | 31,100 | (1,500) |
| Out of State Travel | 5,946 | 6,200 | 9,300 | 3,100 |
| Current Expense | 279,353 | 209,800 | 216,400 | 6,600 |
| DP Current Expense | 49,196 | 16,700 | 17,700 | 1,000 |
| Total | <u>\$2,929,154</u> | <u>\$2,906,100</u> | <u>\$2,889,000</u> | <u>(\$17,100)</u> |
| FTE/Other | | | | |
| Total FTE | 52.77 | 52.90 | 51.25 | (1.65) |

Purpose

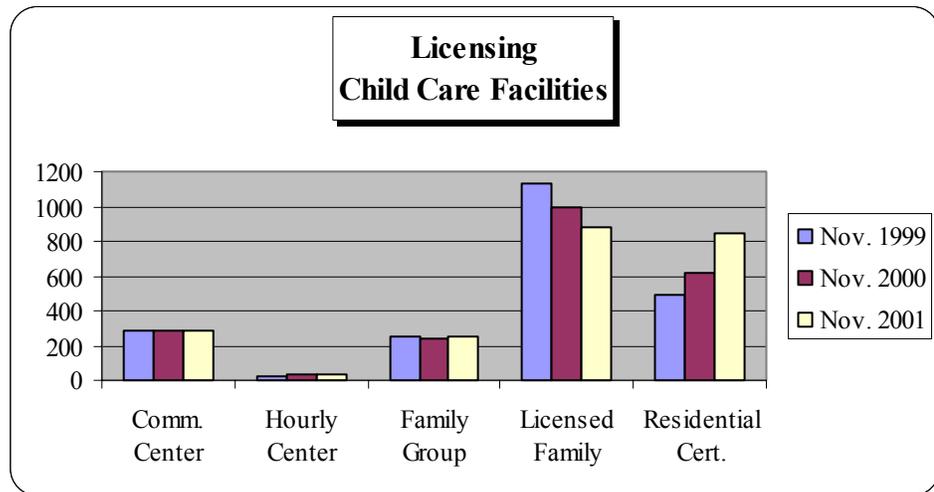
The Bureau of Licensing is responsible for ensuring that health facilities and agencies which are involved in 13 major areas of health care provision adhere to the legislatively mandated functions through licensure and regulation. The categories with the largest numbers of facilities include Assisted Living Facilities - Type I (112), Home Health Agencies (78), and Nursing Care Facilities (103). Other categories with significant numbers include Hospitals (55), Assisted Living Facilities - Type II (50), and Mammography Facilities (45). 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 deficiency if it is found to be in violation of state rules. Enforcement activities and sanctions follow adjudicative proceedings. A major activity of rule writing and rule revision is completed under the direction of the Health Facility Committee, which has legislative authority.

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

As a result of legislation passed during the 1997 Legislative Session, the responsibility of licensing child care providers was added to this bureau. In addition, the bureau also was given the responsibility of licensing hourly care providers. To accommodate this additional responsibility, the bureau has updated the state rules with input from the Child Care Licensing Advisory Committee, and has added the central child care center licensing function and redistributed personnel to address case load equity. The following chart shows the number and types of child care facilities. It should be noted that a significant driver of the workload in the child care licensing area is the turnover. Over the course of 2001, there were 557 facilities which closed, while another 522 new facilities were opened.

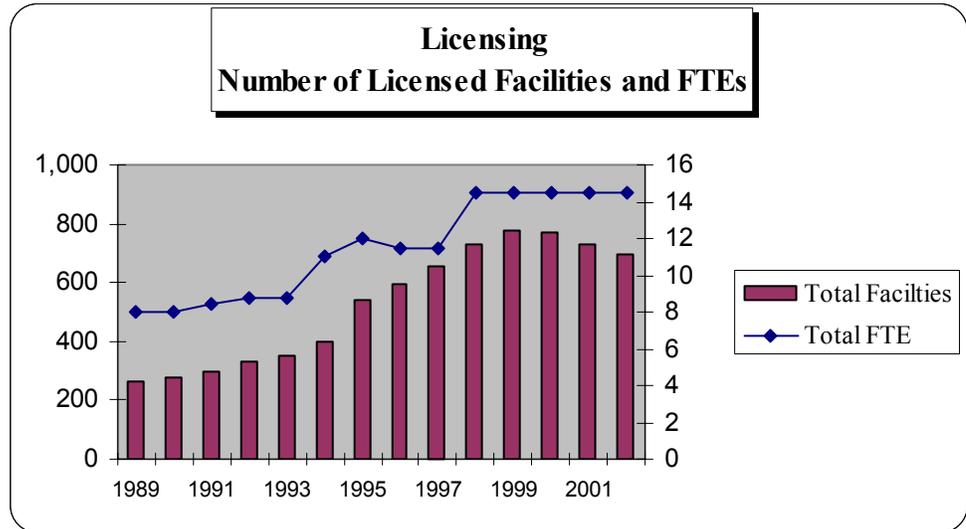


Previous Budget Increases

In the 1998 Session, Senate Bill 64, "Background Check of Healthcare Providers", passed, which requires the Bureau to complete background checks on health care providers. In 1999, the Legislature passed Senate Bill 74, "Child Care Provider Criminal Background". This bill added \$133,500 and 1 FTE position. Currently, the Bureau is processing 22,000 health care and 13,000 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**

Through FY 2000, the growth in the number licensed facilities averaged approximately 12 percent per year. However, during the past two years, the actual number has decreased about 10 percent from the high. Staffing generally increased during the years when the number of facilities was increasing; it has been level for the past five years. (Note: Beginning in FY 1995, satellite facilities were also licensed, which do not show on the chart in previous years.)



**Administration/
Service Cost
Breakdown Intent
Language**

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The Department reports that this budget is 5 percent administration, 82 percent indirect services, and 13 percent direct services. Licensing of hospitals, nursing facilities, child care providers, etc. were determined to be an indirect service. In FY 2001, 609 facilities were licensed throughout the State at a cost of \$809,057. Fees paid by the applicants totaled \$361,818. The average cost of licensing a facility was \$1,530; the average licensee fee was \$594. Also in FY 2001, 2,395 day care facilities were licensed throughout the State at a cost of \$1,749,142. Fees paid by the applicants totaled \$134,674. The average cost of licensing a facility was \$730; the average licensee fee was \$56.

3.4 Health Systems Improvement - Program Certification and Resident Assessment

Recommendation The Analyst recommends a budget of \$3,033,100. Over 80 percent of the bureau's funding comes from federal funds due to its services in determining Medicare and Medicaid compliance. The recommended FY 2003 budget reflects a decrease of 4.4 FTE positions.

| | 2001 | 2002 | 2003 | Est/Analyst |
|---------------------------|--------------------|--------------------|--------------------|--------------------|
| | Actual | Estimated | Analyst | Difference |
| Financing | | | | |
| General Fund | 588,500 | 604,000 | 528,500 | (75,500) |
| General Fund, One-time | (500) | (69,000) | | 69,000 |
| Federal Funds | 2,449,462 | 2,635,200 | 2,504,600 | (130,600) |
| Dedicated Credits Revenue | 9,537 | | | |
| Transfers | | 1,600 | | (1,600) |
| Beginning Nonlapsing | | 9,500 | | (9,500) |
| Closing Nonlapsing | (9,537) | | | |
| Lapsing Balance | (110,601) | | | |
| Total | \$2,926,861 | \$3,181,300 | \$3,033,100 | (\$148,200) |
| Expenditures | | | | |
| Personal Services | 2,527,055 | 2,632,600 | 2,484,800 | (147,800) |
| In-State Travel | 64,356 | 75,100 | 73,900 | (1,200) |
| Out of State Travel | 21,298 | 78,400 | 79,500 | 1,100 |
| Current Expense | 230,299 | 288,600 | 288,000 | (600) |
| DP Current Expense | 83,853 | 106,600 | 106,900 | 300 |
| Total | \$2,926,861 | \$3,181,300 | \$3,033,100 | (\$148,200) |
| FTE/Other | | | | |
| Total FTE | 49.00 | 48.00 | 43.60 | (4.40) |

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.

**Administration/
Service Cost
Breakdown Intent
Language**

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The Department reports that this budget is 7 percent administration, 92 percent indirect services, and 1 percent direct services. Inspections of hospitals, nursing facilities, home health agencies, etc. were determined to be an indirect service.

3.5 Health Systems Improvement - Primary Care, Rural, and Ethnic Health

Recommendation The Analyst recommends a budget of \$1,077,000 for FY 2003. This recommendation reflects the reduction of \$20,000 from the Primary Care Grants funding.

The recommendation includes over \$62,700 of non-lapsing funding which the Analyst is showing as carrying forward into FY 2003. These non-lapsing funds are for the Primary Care Grants.

| | 2001 | 2002 | 2003 | Est/Analyst |
|---------------------------|--------------------|--------------------|--------------------|--------------------|
| | Actual | Estimated | Analyst | Difference |
| Financing | | | | |
| General Fund | 242,700 | 807,700 | 765,100 | (42,600) |
| General Fund, One-time | (200) | 528,500 | | (528,500) |
| Federal Funds | 275,331 | 291,800 | 292,200 | 400 |
| Dedicated Credits Revenue | 7,721 | | | |
| GFR - Medicaid Restricted | 499,800 | 5,600 | | (5,600) |
| Transfers | 4,255 | 1,400 | | (1,400) |
| Beginning Nonlapsing | 166,965 | 111,800 | 62,700 | (49,100) |
| Closing Nonlapsing | (111,806) | (62,700) | (43,000) | 19,700 |
| Lapsing Balance | (26,370) | | | |
| Total | <u>\$1,058,396</u> | <u>\$1,684,100</u> | <u>\$1,077,000</u> | <u>(\$607,100)</u> |
| Expenditures | | | | |
| Personal Services | 303,854 | 399,000 | 380,600 | (18,400) |
| In-State Travel | 8,275 | 28,000 | 28,100 | 100 |
| Out of State Travel | 4,784 | 20,300 | 22,100 | 1,800 |
| Current Expense | 584,708 | 575,100 | 520,300 | (54,800) |
| DP Current Expense | 27,831 | 14,900 | 14,900 | |
| Other Charges/Pass Thru | 128,944 | 646,800 | 111,000 | (535,800) |
| Total | <u>\$1,058,396</u> | <u>\$1,684,100</u> | <u>\$1,077,000</u> | <u>(\$607,100)</u> |
| FTE/Other | | | | |
| Total FTE | 7.00 | 7.50 | 6.50 | (1.00) |

Purpose The Bureau of Primary Care, Rural, and Ethnic Health is a resource for Utah’s rural, multi-cultural, and underserved communities. The Bureau coordinates federal, state, and local efforts aimed at improving the health of Utah’s rural, underserved, and multi-cultural residents. The Bureau works with communities that need assistance conducting needs assessments, recruiting health care professionals, grant writing, identifying sources of funding, and implementing other projects related to decreasing disparity and increasing access to primary health care. The Bureau also serves as the State's Office of Rural Health, as well as the Department's lead unit with respect to the federally designated Primary Care Office activities, 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 professional recruitment and retention, planning and policy development, (capacity building), information clearinghouse (technical assistance), and assistance to Utah’s communities (community development).

With the merger of the Office of Ethnic Health into this bureau in July of 2001, the Bureau has placed more emphasis on strategic planning to implement and achieve the Department's Healthy People 2010 goals and objectives; policy analysis on public health issues related to Utah's diverse populations; communication and liaison with internal and external groups; training and technical assistance; and identification and assistance in obtaining funds for related public health issues.

Community Health Nursing activities and the position of State Director of Community Health Nursing (CHN) was reassigned to the Bureau in September 2000. The State Director of CHN is the focal point for nursing issues in the Department and with the local health departments. The State Director of CHN also provides consultation and technical assistance to local health departments, facilitates training and continuing education programs for public health nurses, and participates in public health and nursing resources planning and policy development.

Rural Telemedicine

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. Because there were no more discretionary Mineral Lease funds last year for the Legislature to appropriate, no additional funding was approved for FY 2001. However, last year, the Legislature approved \$535,000 in one-time funding for telehealth expenses. Of this total, \$100,000 was for a pharmacy dispensing unit and on-line telephone services in San Juan County. The remaining \$435,000 was for other capital expenditures related to telehealth.

State Primary Care Grants Program

The 1996 and 1997 Legislatures approved \$350,000 from Mineral Lease Funds for a Primary Care Grants 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 has been included each year with the funding, designating it as nonlapsing.

The 1998 Legislature increased the funding to \$500,000. This amount was also appropriated in 1999 for FY 2000 and FY 2001, but the source of the funding switched in FY 2001 to the Medicaid Restricted Account. Last year, the Legislature approved the funding for the Primary Care Grants program from the General Fund.

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

| PRIMARY CARE GRANTS HISTORY | | | | | |
|-----------------------------|----------------|----------------|----------------|----------------|----------------|
| | <u>FY 1998</u> | <u>FY 1999</u> | <u>FY 2000</u> | <u>FY 2001</u> | <u>FY 2002</u> |
| Appropriation | \$350,000 | \$500,000 | \$500,000 | \$500,000 | \$500,000 |
| Organizations | | | | | |
| Awarded | 9 | 9 | 10 | 12 | 13 |
| Service Encounters | 6,916 | 9,942 | 9,573 | 13,167 | |
| Individuals Served | 2,445 | 4,213 | 4,816 | 6,391 | 3,700 |

Intent language for FY 2002 prohibited the usage of the grant funds for inter-departmental projects, except for Community Partnered Mobile Dental Services. None of the funds were awarded for interdepartmental projects.

**Administration/
Service Cost
Breakdown Intent
Language**

The 2001 Legislature approved this item of intent language:

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

The Department reports that this budget is 25 percent administration and 75 percent indirect services.

4.0 Additional Information: Health Systems Improvement

4.1 Funding History

| | 1999 | 2000 | 2001 | 2002 | 2003 |
|--|--------------------|---------------------|---------------------|---------------------|---------------------|
| Financing | Actual | Actual | Actual | Estimated | Analyst |
| General Fund | 3,816,700 | 3,876,000 | 4,103,200 | 4,777,100 | 4,461,000 |
| General Fund, One-time | | 13,800 | 20,800 | 221,700 | |
| Federal Funds | 2,676,980 | 2,744,559 | 2,855,667 | 3,059,900 | 2,930,100 |
| Dedicated Credits Revenue | 1,919,884 | 2,340,639 | 2,481,011 | 2,858,100 | 2,992,600 |
| Federal Mineral Lease | 600,000 | 600,000 | | | |
| GFR - Medicaid Restricted | | | 499,800 | 5,600 | |
| Transfers | 955,525 | 933,385 | 1,230,228 | 1,207,100 | 1,103,300 |
| Beginning Nonlapsing | 888,760 | 1,562,863 | 1,505,518 | 1,507,900 | 447,400 |
| Closing Nonlapsing | (1,643,906) | (1,505,520) | (1,507,953) | (447,400) | (143,800) |
| Lapsing Balance | (55,432) | (17,282) | 45,217 | | |
| Total | \$9,158,511 | \$10,548,444 | \$11,233,488 | \$13,190,000 | \$11,790,600 |
| Programs | | | | | |
| Director's Office | 305,552 | 356,077 | 351,563 | 327,500 | 278,800 |
| Emergency Medical Services | 2,850,205 | 3,543,251 | 3,967,514 | 5,091,000 | 4,512,700 |
| Licensing | 2,433,951 | 2,699,990 | 2,929,154 | 2,906,100 | 2,889,000 |
| Program Certification and Resident Asses | 2,816,898 | 2,776,716 | 2,926,861 | 3,181,300 | 3,033,100 |
| Primary Care and Rural, Ethnic Health | 751,905 | 1,172,410 | 1,058,396 | 1,684,100 | 1,077,000 |
| Total | \$9,158,511 | \$10,548,444 | \$11,233,488 | \$13,190,000 | \$11,790,600 |
| Expenditures | | | | | |
| Personal Services | 5,964,265 | 6,392,493 | 6,843,608 | 7,125,100 | 7,017,400 |
| In-State Travel | 148,681 | 170,857 | 175,371 | 204,500 | 192,300 |
| Out of State Travel | 61,915 | 70,451 | 60,660 | 108,100 | 115,900 |
| Current Expense | 1,632,257 | 1,930,902 | 2,039,786 | 2,465,300 | 2,167,400 |
| DP Current Expense | 231,354 | 263,992 | 261,237 | 268,200 | 214,600 |
| DP Capital Outlay | 15,443 | | 11,032 | | |
| Capital Outlay | 9,125 | 33,271 | | | |
| Other Charges/Pass Thru | 1,095,471 | 1,686,478 | 1,841,794 | 3,018,800 | 2,083,000 |
| Total | \$9,158,511 | \$10,548,444 | \$11,233,488 | \$13,190,000 | \$11,790,600 |
| FTE/Other | | | | | |
| Total FTE | 141.26 | 136.70 | 142.19 | 138.97 | 132.50 |

4.2 Federal Funds

| Program | | FY 2001 Actual | FY 2002 Estimated | FY 2003 Analyst |
|---|-----------------------------|---------------------------|------------------------------|----------------------------|
| Director's Office | Federal | | \$58,000 | \$58,200 |
| Federal Indirect | Required State Match | | 70,900 | 70,900 |
| | Total | 0 | 128,900 | 129,100 |
| Emergency Medical Services | Federal | 27,216 | 24,900 | 25,100 |
| Preventative Block Grant | Required State Match | 0 | 0 | 0 |
| | Total | 27,216 | 24,900 | 25,100 |
| Emergency Medical Services | Federal | 103,658 | 50,000 | 50,000 |
| PHS Local Federal Grant | Required State Match | 0 | 0 | 0 |
| | Total | 103,658 | 50,000 | 50,000 |
| Program Certification and Resident Assess | Federal | 1,769,899 | 1,768,600 | 1,619,900 |
| PHS Local Federal Grant | Required State Match | 269,900 | 186,500 | 169,200 |
| | Total | 2,039,799 | 1,955,100 | 1,789,100 |
| Program Certification and Resident Assess | Federal | 679,563 | 866,600 | 884,700 |
| Title XIX Medicaid | Required State Match | 318,600 | 417,500 | 436,300 |
| | Total | 998,163 | 1,284,100 | 1,321,000 |
| Primary Care, Rural, and Ethnic Health | Federal | 269,331 | 291,800 | 292,200 |
| Rural Health HCDA | Required State Match | 160,500 | 220,500 | 220,500 |
| | Total | 429,831 | 512,300 | 512,700 |
| Primary Care, Rural, and Ethnic Health | Federal | 6,000 | | |
| Other Grants | Required State Match | 0 | 0 | 0 |
| | Total | 6,000 | 0 | 0 |
| | Federal | 2,855,667 | 3,059,900 | 2,930,100 |
| | Required State Match | 749,000 | 895,400 | 896,900 |
| | Total | \$3,604,667 | \$3,955,300 | \$3,827,000 |

4.3 Fees

| | <u>Current</u> FY 2001-02 | <u>Proposed</u> FY 2002-03 | <u>Difference</u> | <u>Projected</u> <u>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 | 57,000 |
| All other certifications | 10.00 | 10.00 | 0.00 | 9,000 |
| Recertification Fee | 10.00 | 10.00 | 0.00 | 15,000 |
| Lapsed Certification Fee | 15.00 | | | |
| Written Test Fee | | | | |
| Basic EMT Certification Written Test/Re-test Fee | 15.00 | 15.00 | 0.00 | 30,000 |
| All other written tests, re-tests | 12.00 | 12.00 | 0.00 | 30,000 |
| Practical Test Fees | | | | |
| EMT | | | | |
| Basic Certification Practical Test/Re-test | 30.00 | <u>45.00</u> | 15.00 | 90,000 |
| Basic Recertification/ <u>Reciprocity</u> Practical Test | 80.00 | <u>100.00</u> | 20.00 | 7,500 |
| Medical Scenario Practical re-test | 20.00 | <u>25.00</u> | 5.00 | 250 |
| Trauma Scenario Practical re-test | 40.00 | <u>50.00</u> | 10.00 | 500 |
| <u>Intermediate Practical Test Fee</u> | | <u>50.00</u> | 50.00 | 2,500 |
| <u>Intermediate Re-test Fee per station</u> | | <u>25.00</u> | 25.00 | 125 |
| Paramedic Practical Test | 90.00 | 90.00 | 0.00 | 6,480 |
| Paramedic Practical retest per station | 30.00 | 30.00 | 0.00 | 750 |
| The fees listed above apply to the following certification levels: | | | | |
| Emergency Medical Technician (EMT) - Basic | | | | |
| Emergency Medical Technician IV | | | | |
| Emergency Medical Technician Intermediate | | | | |
| Emergency Medical Technician Paramedic | | | | |
| Emergency Medical Technician Instructor | | | | |
| Emergency Medical Dispatcher (EMD) | | | | |
| Emergency Medical Dispatcher Instructor | | | | |
| Annual Quality Assurance Review Fee, per vehicle | | | | |
| Ground Ambulance, Basic | 50.00 | 50.00 | 0.00 | 4,000 |
| Ground Ambulance, IV | 50.00 | 50.00 | 0.00 | 500 |
| Ground Ambulance, Intermediate | 75.00 | 75.00 | 0.00 | 4,125 |
| Interfacility Transfer Ambulance, Basic | 50.00 | 50.00 | 0.00 | 1,000 |
| Interfacility Transfer Ambulance, IV | 50.00 | 50.00 | 0.00 | 1,000 |
| Interfacility Transfer Ambulance, Intermediate | 75.00 | 75.00 | 0.00 | 1,125 |
| Paramedic Rescue | 100.00 | 100.00 | 0.00 | 1,200 |
| Paramedic Tactical Response | 100.00 | 100.00 | 0.00 | 100 |
| Paramedic Ambulance | 100.00 | 100.00 | 0.00 | 1,100 |
| Paramedic Interfacility Transfer Service | 100.00 | 100.00 | 0.00 | 200 |
| <u>Fleet fee (agency with 20 or more vehicles)</u> | | <u>2,000.00</u> | 2,000.00 | 6,000 |
| Quick Response Unit, Basic | 50.00 | 50.00 | 0.00 | 500 |
| Quick Response Unit, IV | 50.00 | 50.00 | 0.00 | 100 |
| Quick Response Unit, Intermediate | 50.00 | 50.00 | 0.00 | 200 |
| Advanced Air Ambulance | 75.00 | 75.00 | 0.00 | 150 |
| Specialized Air Ambulance | 100.00 | 100.00 | 0.00 | 200 |
| Emergency Medical Dispatch Center, per center | 50.00 | 50.00 | 0.00 | 1,500 |
| Resource Hospital, per hospital | 50.00 | 50.00 | 0.00 | 1,500 |
| Quality Assurance Application Reviews | | | | |

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|--|-------------------|---|--------|--------|
| Original Ground Ambulance/Paramedic License Negotiated | 500.00 | 500.00 | 0.00 | 2,000 |
| Original Ambulance/Paramedic License Contested | up to actual cost | up to actual cost | | |
| Original Designation | 100.00 | 100.00 | 0.00 | 500 |
| Renewal Ambulance/Paramedic/Air License | 100.00 | 100.00 | 0.00 | 500 |
| Renewal Designation | 100.00 | 100.00 | 0.00 | 500 |
| Upgrade in Ambulance Service Level | 100.00 | 100.00 | 0.00 | 500 |
| Original Air Ambulance License | 500.00 | 500.00 | 0.00 | 500 |
| Change is ownership/operator, non-contested | 500.00 | 500.00 | 0.00 | 1,500 |
| Change is ownership/operator, contested | up to actual cost | up to actual cost | | 2,000 |
| Change is geographic service area, non-contested | | 500.00 | 500.00 | 2,000 |
| Change is geographic service area, contested | up to actual cost | up to actual cost | | 3,000 |
| Trauma Centers - Level I and II | | | | |
| Quality Assurance Application Review | 500.00 | 500.00 | 0.00 | 0 |
| | | plus all costs associated with American College of Surgeons visit | | |
| Site Team Verification/Quality Assurance Review | 8,000.00 | 8,000.00 | 0.00 | 0 |
| Annual Verification Quality Assurance Review Fee | 500.00 | 500.00 | 0.00 | 500 |
| Trauma Centers - Level III | | | | |
| Quality Assurance Application Review | | Includes in-state site visit | | 0 |
| Site Team Verification/Quality Assurance Review | 3,000.00 | 3,000.00 | 0.00 | 0 |
| <u>Annual Verification Quality Assurance Review Fee</u> | <u>500.00</u> | 500.00 | 0.00 | 500 |
| Trauma Centers - Level IV and V | | | | |
| Quality Assurance Application Review | | 1,500.00 | | 0 |
| | | Includes in-state site visit | | |
| <u>Quality Assurance Application Pre-Designation Fee</u> | | <u>500.00</u> | 500.00 | 500 |
| Site Team Verification/Quality Assurance Review | 2,000.00 | 2,000.00 | 0.00 | 0 |
| Annual Verification Quality Assurance Review Fee | 250.00 | 250.00 | 0.00 | 0 |
| Course Quality Assurance Review Fee | | | | |
| Basic EMT Course | 100.00 | 100.00 | 0.00 | 8,000 |
| Paramedic Course | 100.00 | 100.00 | 0.00 | 500 |
| Basic EMT-IV | 25.00 | 25.00 | 0.00 | 175 |
| EMT-Intermediate | 25.00 | 25.00 | 0.00 | 500 |
| Emergency Medical Dispatch | 25.00 | 25.00 | 0.00 | 200 |
| <u>EMT-Intermediate Instructor Transition</u> | | <u>80.00</u> | 80.00 | 19,200 |
| New Instructor Course Registration | 125.00 | 125.00 | 0.00 | 11,250 |
| Course Coordinator Seminar Registration | 25.00 | <u>40.00</u> | 15.00 | 2,000 |
| Course Coordinator Course Registration | 25.00 | <u>40.00</u> | 15.00 | 3,200 |
| Paramedic Seminar | 100.00 | 100.00 | 0.00 | 0 |
| Instructor Seminar Registration | 125.00 | 125.00 | 0.00 | 18,750 |

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|--|------------------|--------------|-------|--------|
| Instructor Conference Vendor Fee | 165.00 | 165.00 | 0.00 | 1,650 |
| New Training Officer Course Registration | 25.00 | <u>40.00</u> | 15.00 | 2,000 |
| Training Officer Seminar Registration | 25.00 | <u>40.00</u> | 15.00 | 2,000 |
| EVO Instructor Course | 40.00 | 40.00 | 0.00 | 3,000 |
| EMSC Pediatric Prehospital Care Course | 65.00 | 65.00 | 0.00 | 1,300 |
| Medical Director's Course | 50.00 | 50.00 | 0.00 | 1,000 |
| PALS Instructor Course | 25.00 | 25.00 | 0.00 | 150 |
| PALS Course | 65.00 | 65.00 | 0.00 | 1,300 |
| PEPP Course | 65.00 | 65.00 | 0.00 | 1,300 |
| <u>Management Seminar</u> | | <u>35.00</u> | 35.00 | 2,275 |
| Equipment delivery fee | | | | 51,175 |
| 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. | | | | |
| Training Supplies, rental of equipment, 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 | | | | 19,020 |
| <u>Invoice Fee</u> | | <u>10.00</u> | 10.00 | 0 |
| Background checks (name only) | 10.00 | 10.00 | 0.00 | 40,000 |
| Fingerprint checks in Utah only | 15.00 | 15.00 | 0.00 | 2,250 |
| Fingerprint checks to the FBI | 24.00 | 24.00 | 0.00 | 3,600 |
| Bureau of Licensing | | | | |
| 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 | 62,400 |
| Child Care Facilities base fee | 35.00 | 35.00 | 0.00 | 77,525 |
| 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 | 15,000 |
| Child Care Center Facilities | | | | |
| Per Child fee | 1.50 | 1.50 | 0.00 | 34,970 |
| Hospitals: | | | | |
| Fee per Licensed Bed - accredited beds | 11.00 | 11.00 | 0.00 | 57,508 |
| Non-accredited beds | 14.00 | 14.00 | 0.00 | 6,678 |
| Nursing Care Facilities, and Small Health Care Facilities | | | | |
| Licensed Bed | 10.00 | 10.00 | 0.00 | 89,640 |
| 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 | 13,980 |
| Freestanding Ambulatory Surgery Centers (per facility) | 1,000.00 | 1,000.00 | 0.00 | 70,000 |
| Birthing Centers, and Abortion Clinics: (per licensed unit) | 200.00 | 200.00 | 0.00 | 1,200 |
| Hospice Agencies | 500.00 | 500.00 | 0.00 | 9,500 |
| Home Health Agencies/ <u>Personal Care Agencies</u> | 500.00 | 500.00 | 0.00 | 31,000 |
| Mammography Screening Facilities | 200.00 | 200.00 | 0.00 | 10,200 |
| Assisted Living Facilities Type I | | | | |

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|--|---------------------|-----------------|--------|--------|
| Licensed Bed | 9.00 | 9.00 | 0.00 | 17,019 |
| Assisted Living Facilities Type II | | | | |
| Licensed Bed | 9.00 | 9.00 | 0.00 | 20,970 |
| The fee for each satellite and branch office of current licensed facility | 75.00 | 75.00 | 0.00 | 10,125 |
| 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 |
| A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application. | | | | |
| Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications: | 250.00 | 250.00 | 0.00 | 2,500 |
| A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application. | | | | |
| New Provider/Change in Ownership Applications for Child Care facilities | 200.00 | 200.00 | 0.00 | 2,000 |
| A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection, etc. This fee will be due at the time of application. | | | | |
| If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows: | | | | |
| Policy and Procedure Review-50% of total fee. | | | | |
| Onsite inspections-90% of the total fee. | | | | |
| Child care program application fees of \$35.00 are not refundable | | | | |
| Plan Review and Inspection Fees | | | | |
| Hospitals: | | | | |
| Number of Beds | | | | |
| Up to 16 | 1,500.00 | <u>2,000.00</u> | 500.00 | 2,000 |

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|---|---------------------|------------------|----------|--------|
| 17 to 50 | 3,500.00 | <u>4,000.00</u> | 500.00 | 8,000 |
| 51 to 100 | 5,000.00 | <u>6,000.00</u> | 1,000.00 | 0 |
| 101 to 200 | 6,000.00 | <u>7,500.00</u> | 1,500.00 | 7,500 |
| 201 to 300 | 7,000.00 | <u>9,000.00</u> | 2,000.00 | 0 |
| 301 to 400 | 8,000.00 | <u>10,000.00</u> | 2,000.00 | 0 |
| Over 400, base fee | 8,000.00 | <u>10,000.00</u> | 2,000.00 | 0 |
| Over 400, each additional bed | 50.00 | <u>20.00</u> | (30.00) | 0 |
| In the case of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate. | | | | |
| Nursing Care Facilities and Small Health Care Facilities | | | | |
| Number of Beds | | | | |
| 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 |
| 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 | <u>1,000.00</u> | 250.00 | 4,000 |
| 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 | 300 |
| Assisted Living Type I and Type II | | | | |
| Number of Beds | | | | |
| Up to 5 | 350.00 | 350.00 | 0.00 | 700 |
| 6 to 16 | 700.00 | 700.00 | 0.00 | 3,500 |
| 17 to 50 | 1,600.00 | 1,600.00 | 0.00 | 6,400 |
| 51 to 100 | 3,000.00 | 3,000.00 | 0.00 | 6,000 |
| 101 to 200 | 4,200.00 | 4,200.00 | 0.00 | 0 |
| 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 | 30,000 |
| All others excluding Home Health Agencies, per square foot | 0.14 | 0.14 | 0.00 | 1,000 |
| 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 |

Civil Money Penalties Assessed by the Bureau will be deposited as Dedicated Credits and used for training and technical assistance.