



**UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING & BACKGROUND CHECKS  
OFFICE OF LICENSING**

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**HEALTH FACILITY LICENSING FEE SCHEDULE  
Effective July 1, 2023 - June 30, 2024**

Pursuant to Utah State Legislature FY2023 Appropriation Act the following fees are designated for health care facilities

Note: Provider types denoted with an '\*' are required to use the Direct Access Clearance System (DACs)

| <b>*PERSONAL CARE AGENCIES</b> |            |
|--------------------------------|------------|
| Base Fee                       | \$ 520.00  |
| Agency Fee                     | \$1,000.00 |
| Branch Location                | \$ 260.00  |
| New Provider (one time)        | \$ 747.50  |

| <b>HOSPITAL</b>          |           |
|--------------------------|-----------|
| Base Fee                 | \$ 520.00 |
| Per Bed                  | \$ 39.00  |
| Per Satellite Location   | \$ 260.00 |
| Per Freestanding RTF Bed | \$ 26.00  |
| New Provider (one time)  | \$ 747.50 |

| <b>*HOME HEALTH and HOSPICE AGENCIES</b> |            |
|--|------------|
| Base Fee                                 | \$ 520.00  |
| Agency Fee                               | \$1,495.00 |
| Branch Location                          | \$ 260.00  |
| New Provider Fee (one time)              | \$ 747.50  |

| <b>*END STAGE RENAL DISEASE CENTER</b> |           |
|--|-----------|
| Base Fee                               | \$ 520.00 |
| Station Fee                            | \$ 182.00 |
| New Provider Fee (one time)            | \$ 747.50 |

| <b>*NURSING CARE FACILITY</b> |           |
|-------------------------------|-----------|
| Base Fee                      | \$ 520.00 |
| Per Bed Fee                   | \$ 31.20  |
| New Provider (one time)       | \$ 747.50 |

| <b>*SMALL HEALTH CARE FACILITY and TYPE N</b> |           |
|---|-----------|
| Base Fee                                      | \$ 520.00 |
| Per Bed Fee                                   | \$ 31.20  |
| New Provider (one time)                       | \$ 747.50 |
| New Provider Type N                           | \$ 325.00 |

| <b>AMBULATORY SURGERY CENTER</b> |             |
|----------------------------------|-------------|
| Base Fee                         | \$ 520.00   |
| Agency Fee                       | \$ 2,990.00 |
| New Provider Fee (one time)      | \$ 747.50   |

| <b>*ASSISTED LIVING TYPE I and TYPE</b> |           |
|---|-----------|
| Base Fee                                | \$ 520.00 |
| Per Bed Fee                             | \$ 26.00  |
| New Provider (one time)                 | \$ 747.50 |
| New Provider for Limited Capacity       | \$ 325.00 |

| <b>MAMMOGRAPHY FACILITY</b> |           |
|-----------------------------|-----------|
| Base Fee                    | \$ 520.00 |
| Agency Fee                  | \$ 520.00 |
| New Provider Fee (one time) | \$ 747.50 |

| <b>BIRTHING CENTER</b>      |           |
|-----------------------------|-----------|
| Base Fee                    | \$ 520.00 |
| Per Birth Room              | \$ 520.00 |
| New Provider Fee (one time) | \$ 747.50 |

| <b>ABORTION CLINICS (Type I and II)</b> |             |
|---|-------------|
| Base Fee                                | \$ 260.00   |
| Agency Fee                              | \$ 1,800.00 |
| New Provider Fee (one time)             | \$ 747.50   |

**DIRECT ACCESS CLEARANCE SYSTEM (DACs)**

|   |      |                                    |       |  |       |
|---|------|------------------------------------|-------|--|-------|
| Employee initial DACs clearance fee<br>(one-time fee to add covered individuals to the system): | \$20 | DACS Covered Provider Renewal Fee: | \$200 | Covered contractor first time set up fee for DACs: | \$300 |
|   |      | DACS Change of Ownership Fee:      | \$100 | Covered contractor yearly renewal fee:             | \$100 |

**LICENSE CHANGE FEES and LATE FEES**

|   |                       |
|---|-----------------------|
| License change fee (charged to health care providers making changes to their existing license)  | \$ 130                |
| A Request for Agency Action/License Application form, applicable fees, and clearances shall be filed with the office 15 days before the existing license expires. All fees and documentation must be received by the license expiration date or late fees will be assessed according to the following schedule: |                       |
| 1-14 days after expiration of license   | 50% of scheduled fee; |
| 15-31 days after expiration of license  | 75% of scheduled fee. |

**ADDITIONAL FEES**

|   |       |
|---|-------|
| <b>Additional Inspection Fee</b><br>(charged for each follow-up inspection conducted for repeat noncompliance)                                  | \$25  |
| <b>Monitoring Inspection Fee</b><br>(charged for each conditional monitoring inspection conducted while the provider has a conditional license) | \$275 |



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**HEALTH FACILITY LICENSING FEE SCHEDULE**

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**PLAN REVIEW FEES AND INSPECTION FEES**

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

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

| HOSPITALS      |                  |                            |
|----------------|------------------|----------------------------|
| Number of Beds | Plan Review Fees |                            |
| Up to 16       | \$ 3,445.00      |                            |
| 17 to 50       | \$ 6,890.00      |                            |
| 51 to 100      | \$10,335.00      |                            |
| 101 to 200     | \$12,870.00      |                            |
| 201 to 300     | \$15,470.00      |                            |
| 301 to 400     | \$17,192.50      |                            |
| Over 400       | \$17,192.50      | + \$37.50 / additional bed |

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

| NURSING CARE FACILITIES & SMALL HEALTH CARE FACILITIES |                  |
|--|------------------|
| Number of Beds   | Plan Review Fees |
| Up to 5  | \$1,118.00       |
| 6 to 16  | \$1,716.00       |
| 17 to 50   | \$3,900.00       |
| 51 to 100  | \$6,890.00       |
| 101 to 200   | \$8,580.00       |

| ASSISTED LIVING TYPE I & TYPE II FACILITIES |                  |
|---|------------------|
| Number of Beds                              | Plan Review Fees |
| Up to 5                                     | \$ 598.00        |
| 6 to 16                                     | \$1,196.00       |
| 17 to 50                                    | \$2,762.50       |
| 51 to 100                                   | \$5,167.50       |
| 101 to 200                                  | \$7,247.50       |

| OTHER FACILITIES  |                            |                  |
|---|----------------------------|------------------|
| Type of Facility  | Per Unit/Room/Suite        | Plan Review Fees |
| Freestanding Ambulatory Surgical Facilities                                 | per operating room         | \$1,722.50       |
| End Stage Renal Disease Facilities  | per service unit (station) | \$ 175.50        |
| Other Facilities (including Birthing Centers, Abortion Clinics and similar) | per service unit           | \$ 442.00        |

**PLAN REVIEW FEES FOR REMODELS OF LICENSED FACILITIES**

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

- Hospitals and Freestanding Surgery Facilities: \$ .29 per sq. ft.
- All others excluding Home Health Agencies: \$ .25 per sq. ft.
- Each required on-site inspection: \$559.00  
(plus mileage reimbursement, in accordance with the current state rate)

**OTHER PLAN REVIEW FEE POLICIES**

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

**TERMINATION OR DELAYED PLAN REVIEW**

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 our last review, new plans and new plan review fees must be resubmitted in order to renew the review action.