



**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
(Information Only)

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

| HOSPITAL | | | |
|---|-----------------------------|---|-------------|
| Fees | | | |
| | 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 |
| *NURSING CARE FACILITY | | *SMALL HEALTH CARE FACILITY and (Type N) | |
| Fees | | Fees | |
| | Base Fee | | \$ 520.00 |
| | Per Bed Fee | | \$ 31.20 |
| | New Provider (one time) | | \$ 747.50 |
| | | | \$ 325.00 |
| *HOME HEALTH and HOSPICE AGENCIES | | *PERSONAL CARE AGENCIES | |
| Fees | | Fees | |
| | Base Fee | | \$ 520.00 |
| | Agency Fee | | \$1,495.00 |
| | Branch Location | | \$ 260.00 |
| | New Provider Fee (one time) | | \$ 747.50 |
| | | | \$ 520.00 |
| | | | \$1,000.00 |
| | | | \$ 260.00 |
| | | | \$ 747.50 |
| *END STAGE RENAL DISEASE CENTER | | *ASSISTED LIVING (Type I and II) | |
| Fees | | Fees | |
| | Base Fee | | \$ 520.00 |
| | Station Fee | | \$ 182.00 |
| | New Provider Fee (one time) | | \$ 747.50 |
| | | | \$ 520.00 |
| | | | \$ 26.00 |
| | | | \$ 325.00 |
| AMBULATORY SURGERY CENTER | | MAMMOGRAPHY FACILITY | |
| Fees | | Fees | |
| | Base Fee | | \$ 520.00 |
| | Agency Fee | | \$ 2,990.00 |
| | New Provider Fee (one time) | | \$ 747.50 |
| | | | \$ 520.00 |
| | | | \$ 520.00 |
| | | | \$ 747.50 |
| BIRTHING CENTER | | ABORTION CLINICS (Type I and II) | |
| Fees | | Fees | |
| | Base Fee | | \$ 520.00 |
| | Per Birth Room | | \$ 520.00 |
| | New Provider Fee | | \$ 747.50 |
| | | | \$ 260.00 |
| | | | \$ 1,800.00 |
| | | | \$ 747.50 |
| DIRECT ACCESS CLEARANCE SYSTEM (DACS) (*Indicates covered providers) | | | |
| License fee for covered providers for access to the DACS program, License Renewal - \$200 | | Change of Ownership or Initial License -\$100 | |
| Employee initial DACS clearance fee (one-time fee to add covered individuals to the system) - \$20 | | | |
| Covered contractor first time set up fee for DACS - \$300 | | | |
| Covered contractor yearly renewal fee for continued access to the DACS program - \$100 | | | |
| ADDITIONAL FEES | | | |
| A fee of \$130.00 is charged to health care providers making changes to their existing license. | | | |
| LATE FEES | | | |
| 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 | | | |

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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 | Plus \$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 AND 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 |

NEW ASSISTED LIVING TYPE I AND 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 | \$8,358.50 |

FREESTANDING AMBULATORY SURGICAL FACILITIES

\$1,722.50 per Operating Room

BIRTHING CENTERS AND ABORTION CLINICS

\$442.00 per Service Unit

END STAGE RENAL DISEASE FACILITY

\$175.50 per Station

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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 DELAY OF PROJECT

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, the applicant must resubmit plans and pay new plan review fees in order to renew the review action.