



To: Members of the State Board of Health

From: Kim Fear, Branch Chief, Fiscal & Administrative Services Branch, HFEMSD

Through: D. Randy Kuykendall, Director, DRK

Date: February 19, 2020

Subject: **Request for a Rulemaking Hearing** concerning increasing licensure fees in the following chapters of 6 CCR 1011-1, Standards for Hospitals and Health Facilities in April 2020:

- Chapter 2 - General Licensure Standards
- Chapter 4 - General Hospitals
- Chapter 5 - Nursing Care Facilities
- Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities
- Chapter 9 - Community Clinics and Community Clinics and Emergency Centers
- Chapter 10 - Rehabilitation Hospitals
- Chapter 15 - Dialysis Treatment Clinics
- Chapter 18 - Psychiatric Hospitals
- Chapter 19 - Hospital Units
- Chapter 20 - Ambulatory Surgical Center and Ambulatory Surgical Center with a Convalescent Center
- Chapter 21 - Hospices

In April 2019, the Division appeared before the Board with a request to increase the fees that licensees pay into the General Licensure Cash Fund (General Licensure Fund). At that time, the Division explained that over several years, expenditures from the General Licensure Fund had increased 24.6%, while the revenues paid into that fund had increased by only 0.6%. The requested fee increase was for 3.1769267%, which was expected to generate about \$66,850. This amount was not expected to address the full difference between revenues and expenditures of the General Licensure Fund, but was the maximum the Board could increase fees due to Sections 25-3-103(1)(c) and 25-3-105(1)(a)(I)(B), C.R.S. (As of June 4, 2012, the Board of Health may only increase the fees collected by the annual percentage change of the consumer price index for Denver-Aurora-Lakewood.)

Since the April 2019 request, the difference between the revenues and expenditures for the General Licensure Fund has continued to grow. The Division is anticipating that, even with the 3.1769267% increase approved by the Board for Fiscal Year 2020, there will be a \$542,132 difference between the expenditures that should be supported by the General Licensure Fund and the revenues of the Fund. The Division is managing that difference by using General Fund

monies, fund balance, and purposely holding positions open rather than filling them when they become vacant. These methods, while appropriate for a short-term fix, are unsustainable.

The Division is now requesting to increase fees paid into the General Licensure Fund by 1.2872426%, which again will not fully fund the expenditures of the General Licensure Fund, but is the maximum the Board may increase fees. This fee increase is expected to provide an additional \$28,438 in revenue, but this amount will not be enough to offset the expected revenue shortfall in Fiscal Year 2021 and following years, so the Division anticipates requesting additional CPI-limited fee increases on a yearly basis going forward.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to

6 CCR 1011-1, Standards for Hospitals and Health Facilities:

- Chapter 2 - General Licensure Standards
- Chapter 4 - General Hospitals
- Chapter 5 - Nursing Care Facilities
- Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities
- Chapter 9 - Community Clinics and Community Clinics and Emergency Centers
- Chapter 10 - Rehabilitation Hospitals
- Chapter 15 - Dialysis Treatment Clinics
- Chapter 18 - Psychiatric Hospitals
- Chapter 19 - Hospital Units
- Chapter 20 - Ambulatory Surgical Center and Ambulatory Surgical Center with a Convalescent Center
- Chapter 21 - Hospices

Basis and Purpose.

HFEMSD's health facility licensing, oversight, and enforcement activities are funded through the collection of fees approved by the Board of Health. The fees paid by facilities licensed by the Division, with the exception of Assisted Living Residences (ALRs) and Home Care Agencies, are deposited to the Health Facilities General Licensure Cash Fund (General Licensure Fund), which is then the source of appropriations to the Division for its licensure and oversight activities. In accordance with Section 25-3-105(1)(a)(I)(A), C.R.S, fees are to be set at a level sufficient to meet the direct and indirect costs of these activities.

Although the Board approved a 3.1769267% fee increase for Fiscal Year 2020 (the maximum allowed by statute), the fees being paid into the General Licensure Fund remain insufficient to meet the Division's direct and indirect costs. Since the April 2019 fee increase request, the difference between the revenues and expenditures for the General Licensure Fund has continued to grow. The Division is anticipating that, even with the 3.1769267% increase approved by the Board for Fiscal Year 2020, there will be a \$542,132 difference between the expenditures that should be supported by the General Licensure Fund and the revenues of the Fund. The Division is managing that difference by using General Fund monies, fund balance, and purposely holding positions open rather than filling them when they become vacant. These methods, while appropriate for a short-term fix, are unsustainable. For example, the ability to use fund balance will be eliminated, as the balance of the General Licensure Fund is estimated to be approximately \$12,000 for Fiscal Year 2020, as opposed to over \$200,000 in prior years. Additionally, purposely holding positions open means that a portion of the Division's work is not getting done.

Expenditures continue to increase for a number of predictable reasons, such as the general inflationary increases in personnel and travel costs over the past several years. The Division has been managing these expenditures through efforts like process efficiencies and the use of vacancy savings due to difficulties arising from health care staffing shortages in general. The Division, however, continues to experience high numbers of complaints, driving investigation workload. While generally increasing, complaints are variable and unpredictable, which makes it important to have revenues at a high enough level to investigate complaints coming

in, even in a higher-than typical year. The following table shows complaint variability, as well as overall growth:

General Licensure Cash Fund—Facility and Complaint Growth FY 2016 to FY 2019					
	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Percentage Increase/Decrease FY 16 to FY 19
Number of Facilities	892	905	912	902	1.1%
Number of Complaint Intakes	752	903	1,256	948	26.1%
Number of Complaint Allegations	2,384	2,910	4,007	2,912	22.1%
Top 3 Complaint Allegation Categories:					
Nursing Services	807	1,132	1,278	1,191	47.6%
Patient Rights	261	330	442	308	18.0%
Quality of Care	324	329	594	286	-11.7%

These needed expenditure increases cannot be offset by efforts previously used by the Division, and as a result the Division expects expenditures to exceed revenues by approximately \$201,109 in Fiscal Year 2019-20, even after purposely holding \$110,000 worth of positions vacant and using \$237,592 of General Fund monies. If the Division were to fill positions to the full appropriated level and use only the General Licensure Fund money without supplementing with General Fund, the shortfall would be \$542,132. The Division, therefore, is seeking a fee increase for all fees that pay into the fund to reduce the expected revenue shortfall.

Sections 25-3-103(1)(c) and 25-3-105(1)(a)(I)(B), C.R.S., limit fee increases for the fees paid into the General Licensure fund to no more than the annual increase in the Consumer Price Index (CPI) for Denver-Aurora-Lakewood. For the time period July 1, 2018 through June 30, 2019 (Fiscal Year 2018-19), that specific CPI increased by 1.2872426%. Therefore, consistent with statutory constraints, the Division is requesting that all fees paid into the General Licensure Fund be increased by that amount. This increase is expected to generate \$28,437, based on the numbers and types of facilities currently licensed. Even with this full increase allowed by statute, the revenues for the General Licensure Fund are expected to be approximately \$661,012 less than what is needed to fully fund the full, appropriate direct and indirect costs of licensing, oversight, and enforcement activities for the 902 facilities that pay into the fund for Fiscal Year 2021. The Division anticipates requesting the CPI-based fee increases annually going forward.

The Department requests that the fee increases be effective July 1, 2020.

Specific Statutory Authority.

Statutes that require or authorize rulemaking:

Sections 25-3-103(1)(c) and 25-3-105(1)(a)(I)(B), C.R.S.

Is this rulemaking due to a change in state statute?

_____ Yes, the bill number is _____. Rules are ___ authorized ___ required.

___x___ No

Does this rulemaking include proposed rule language that incorporate materials by reference?

_____ Yes _____ URL

___x___ No

Does this rulemaking include proposed rule language to create or modify fines or fees?

Yes

No

Does the proposed rule language create (or increase) a state mandate on local government?

No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

REGULATORY ANALYSIS
for Amendments to

6 CCR 1011-1, Standards for Hospitals and Health Facilities:

- Chapter 2 - General Licensure Standards
- Chapter 4 - General Hospitals
- Chapter 5 - Nursing Care Facilities
- Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities
- Chapter 9 - Community Clinics and Community Clinics and Emergency Centers
- Chapter 10 - Rehabilitation Hospitals
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- Chapter 18 - Psychiatric Hospitals
- Chapter 19 - Hospital Units
- Chapter 20 - Ambulatory Surgical Center and Ambulatory Surgical Center with a Convalescent Center
- Chapter 21 - Hospices

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of Persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/S/B
Facilities paying Chapter 2 fees	31	C
Facilities paying Chapter 4 fees	94	C
Facilities paying Chapter 5 fees	230	C
Facilities paying Chapter 8 fees	142	C
Facilities paying Chapter 9 fees	77	C
Facilities paying Chapter 10 fees	5	C
Facilities paying Chapter 15 fees	80	C
Facilities paying Chapter 18 fees	12	C
Facilities paying Chapter 19 fees	2	C
Facilities paying Chapter 20 fees	127	C
Facilities paying Chapter 21 fees	102	C
Industry/advocacy organizations for the facility types covered above	6	S

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

- To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Economic outcomes

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

C: Fees are increased by 1.2872426% in the included chapters, causing an estimated total additional cost to licensed facilities of \$28,438. The actual additional cost for a specific facility varies depending on the amount of its current fee (e.g., a facility with a current fee amount of \$371.44 would see a fee increase of \$4.78 per year, while a facility with a current fee of \$6,190.62 would see a fee increase of \$79.69). The following table provides details on the specific fees by chapter, the amounts of the requested increases, and the increased fee totals. It is important to note that facilities pay only the fee(s) that apply to them (e.g., a new facility pays for an initial license, an existing facility pays for a renewal license).

Entity Type Type of fee	Current Fee	Increase	New Fee
Chapter 2 - General Licensure Standards (31 Facilities)			
Initial License	\$371.44	\$4.78	\$376.22
Renewal License	\$371.44	\$4.78	\$376.22
Conditional License	\$1,547.65	\$19.92	\$1,567.57
Provisional License	\$1,031.77	\$13.28	\$1,045.05
Change of Ownership	\$371.44	\$4.78	\$376.22
Change in Licensed Capacity	\$371.44	\$4.78	\$376.22
Change of Name	\$77.38	\$1.00	\$78.38
Chapter 4 - General Hospitals (94 Facilities)			
Initial License:			
1-25 beds	\$8,254.15	\$106.25	\$8,360.40
26-50 beds	\$10,317.69	\$132.81	\$10,450.50
51-100 beds	\$12,897.12	\$166.02	\$13,063.14
101+ beds (base/per bed/fee cap)	\$10,111.34/\$51.59/ \$20,635.39	\$130.16/\$0.66/ \$265.63	\$10,241.50/\$52.25/ \$20,901.02
Certified Long Term Hospital (base/per bed/fee cap)	\$5,881.08/\$51.59/ \$10,833.58	\$75.70/\$0.66/ \$139.45	\$5,956.78/\$52.25/ \$10,973.03
Renewal License:			
Deemed 1-50 beds (base/per bed)	\$835.73/\$12.38	\$10.76/\$0.16	\$846.49/\$12.54
Non-deemed 1-50 beds (base/per bed)	\$928.59/\$12.38	\$11.95/\$0.16	\$940.54/\$12.54
Deemed 51-150 beds (base/per bed)	\$1,300.03/\$12.38	\$16.73/\$0.16	\$1,316.76/\$12.54
Non-deemed 51-150 beds (base/per bed)	\$1,444.48/\$12.38	\$18.59/\$0.16	\$1,463.07/\$12.54
Deemed 151+ beds (base/per bed/fee cap)	\$1,857.18/\$12.38/ \$8,254.15	\$23.91/\$0.16/ \$106.25	\$1,881.09/\$12.54/ \$8,360.40

Non-Deemed 151+beds (base/per bed/fee cap)	\$2,063.54/\$12.38/ \$8,254.15	\$26.56/\$0.16/ \$106.25	\$2,090.10/\$12.54/ \$8,360.40
Change of Ownership	\$2,579.42	\$33.20	\$2,612.62
Provisional License	\$2,579.42	\$33.20	\$2,612.62
Off-campus location addition— Critical Access Hospital	\$515.88	\$6.64	\$522.52
Off-campus location addition	\$1,031.77	\$13.28	\$1,045.05
Off-campus location renewal— deemed facility	\$464.30	\$5.98	\$470.28
Off-campus location renewal	\$515.88	\$6.64	\$522.52
Off-campus location removal	\$371.44	\$4.78	\$376.22
Chapter 5 - Nursing Care Facilities (230 Facilities)			
Initial License	\$6,190.62	\$79.69	\$6,270.31
Renewal License			
Certified Facilities—Medicare or Medicaid (base/per bed)	\$1,650.83/\$8.25	\$21.25/\$.11	\$1,672.08/\$8.36
Non-certified Facilities (base/per bed)	\$3,590.56/\$8.25	\$46.22/\$0.11	\$3,636.78/\$8.36
Change of Ownership	\$6,190.62	\$79.69	\$6,270.31
Opening a Secure Unit	\$1,650.83	\$21.25	\$1,672.08
Chapter 8 - Facilities for Persons with Intellectual or Developmental Disabilities (142 Facilities)			
Initial License			
Community Residential Home	\$2,579.42	\$33.20	\$2,612.62
Intermediate Care Facility	\$6,190.62	\$79.69	\$6,270.31
Renewal License			
Community Residential Home	\$773.83	\$9.96	\$783.79
Intermediate Care Facility	\$1,650.83	\$21.25	\$1,672.08
Change of Ownership			
Community Residential Home	\$2,579.42	\$33.20	\$2,612.62
Intermediate Care Facility	\$6,190.62	\$79.69	\$6,270.31
Chapter 9 - Community Clinics and Community Clinics and Emergency Centers (77 Facilities)			
Initial License			
Community Emergency Center	\$2,837.37	\$36.52	\$2,873.89
Clinic Operating Inpatient Beds	\$2,837.37	\$36.52	\$2,873.89
Clinic Operated Under Auspices of Department of Corrections	\$2,579.42	\$33.20	\$2,612.62
Clinic Serving Un/Underinsured	\$1,238.12	\$15.94	\$1,254.06
Other Clinic	\$2,476.25	\$31.88	\$2,508.13
Renewal License			
Community Emergency	\$1,392.89	\$17.93	\$1,410.82

Center			
Clinic Operating Inpatient Beds	\$1,392.89	\$17.93	\$1,410.82
Clinic Operated Under Auspices of Department of Corrections	\$1,341.30	\$17.27	\$1,358.57
Clinic Serving Un/Underinsured	\$619.06	\$7.97	\$627.03
Other Clinic	\$1,238.12	\$15.94	\$1,254.06
Change of Ownership Community Emergency Center	\$3,198.48	\$41.17	\$3,239.65
Clinic Operating Inpatient Beds	\$3,198.48	\$41.17	\$3,239.65
Clinic Operated Under Auspices of Department of Corrections	\$2,579.42	\$33.20	\$2,612.62
Clinic Serving Un/Underinsured	\$1,289.71	\$16.60	\$1,306.31
Other Clinic	\$2,579.42	\$33.20	\$2,612.62
Chapter 10 - Rehabilitation Hospitals (5 Facilities)			
Initial License (base/bed/cap)	\$5,881.08/\$51.59/ \$10,833.58	\$75.70/\$0.66/ \$139.45	\$5,956.78/\$52.25/ \$10,973.03
Renewal License (base/bed/cap)	\$1,650.83/\$12.38/ \$8,254.15	\$21.25/\$0.16/ \$106.25	\$1,672.08/\$12.54/ \$8,360.40
Change of Ownership	\$2,579.42	\$33.20	\$2,612.62
Provisional License	\$2,579.42	\$33.20	\$2,612.62
Chapter 15 - Dialysis Treatment Clinics (80 Facilities)			
Initial License	\$5,303.29	\$68.27	\$5,371.56
Renewal License			
1-12 Stations	\$1,650.83	\$21.25	\$1,672.08
13-23 Stations	\$2,600.06	\$33.47	\$2,633.53
24+ Stations	\$3,544.13	\$45.62	\$3,589.75
Change of Ownership	\$5,303.29	\$68.27	\$5,371.56
Chapter 18 - Psychiatric Hospitals (12 Facilities)			
Initial License (base/bed/cap)	\$5,881.08/\$51.59/ \$10,833.58	\$75.70/\$0.66/ \$139.45	\$5,956.78/\$52.25/ \$10,973.03
Renewal License (base/bed/cap)	\$1,650.83/\$12.38/ \$8,254.15	\$21.25/\$0.16/ \$106.25	\$1,672.08/\$12.54/ \$8,360.40
Change of Ownership	\$2,579.42	\$33.20	\$2,612.62
Provisional License	\$2,579.42	\$33.20	\$2,612.62
Chapter 19 - Hospital Units (2 Facilities)			
Initial License (base/per bed/ fee cap)	\$5,468.38/\$51.59/ \$10,833.58	\$70.39/\$0.66/ \$139.45	\$5,538.77/\$52.25/ \$10,973.03
Renewal License (base/per bed/ fee cap)	\$1,650.83/\$12.38/ \$3,095.31	\$21.25/\$0.16/ \$39.84	\$1,672.08/\$12.54/ \$3,135.15
Change of Ownership	\$2,579.42	\$33.20	\$2,612.62

Provisional License	\$2,579.42	\$33.20	\$2,612.62
Chapter 20 - Ambulatory Surgical Center and Ambulatory Surgical Center with a Convalescent Center (127 Facilities)			
Initial License			
Ambulatory Surgical Center (ASC)	\$6,809.68	\$87.66	\$6,897.34
Ambulatory Surgical Center with Convalescent Center	\$7,181.11	\$92.44	\$7,273.55
Add Convalescent Center to an existing license	\$371.44	\$4.78	\$376.22
Renewal License			
Non-deemed ASC (base/per procedure room/fee cap)	\$1,485.75/\$206.35/ \$3,095.31	\$19.13/\$2.66/ \$39.84	\$1,504.88/\$209.01/ \$3,135.15
Deemed ASC (base/per procedure room/ fee cap)	\$1,337.18/\$206.35/ \$3,095.31	\$17.21/\$2.66/ \$39.84	\$1,354.39/\$209.01/ \$3,135.15
Additional fee for a Convalescent Center	\$371.44	\$4.78	\$376.22
Renewal fee cap for ASC with Convalescent Center	\$3,466.74	\$44.63	\$3,511.37
Change of Ownership			
ASC	\$4,230.25	\$54.45	\$4,284.70
ASC with Convalescent Center	\$4,601.69	\$59.23	\$4,660.92
Provisional			
ASC	\$2,579.42	\$33.20	\$2,612.62
ASC with Convalescent Center	\$2,950.86	\$37.98	\$2,988.84
Chapter 21 - Hospices (102 Facilities)			
Initial License	\$6,572.37	\$84.60	\$6,656.97
Initial License if no other licensed hospice within 60 miles	\$4,281.84	\$55.12	\$4,336.96
Renewal			
Base fee (if no other conditions are met)	\$4,023.90	\$51.80	\$4,075.70
Not in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo or Weld counties and providing 75 percent of services outside those counties	\$2,476.25	\$31.88	\$2,508.13
Fewer than 2,000 annual patient dates per most recent Medicare cost report	\$1,547.65	\$19.92	\$1,567.57
Fewer than 1,000 annual	\$773.83	\$9.96	\$783.79

patient dates per most recent Medicare cost report			
Hospices with the same ownership and governing body that provide both home and inpatient hospice care in the same geographic area licensed as one entity	\$6,603.32	\$85.00	\$6,688.32
Workstation (per workstation, paid for Initial License and Renewal License)	\$51.59	\$0.66	\$52.25
Change of Ownership	\$6,572.37	\$84.60	\$6,656.97

During the stakeholder process for this fee increase, the stakeholders did not present concerns about economic or non-economic impacts of the change. The benefit of the fee increase is to reduce the shortfall of revenues that support the Division's licensing, oversight, and enforcement activities. Reducing or eliminating these costs would mean that the Division would not have the resources necessary to protect the health, safety, and welfare of Coloradans being served in licensed health facilities.

Please describe any anticipated financial costs or benefits to these individuals/entities.

S: N/A

B: N/A

Non-economic outcomes

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

This rule-making is limited to a fee increase of 1.2872426%, thus generating \$28,438 to support the Division's ability to protect the health, safety, and welfare of Coloradans being served by facilities ranging from hospitals to group homes.

3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

A. Anticipated CDPHE personal services, operating costs or other expenditures:

Licensing fees will continue to be collected and processed using existing procedures. Increasing the amount of the fees collected will not increase the resources needed to collect and process the fees, and thus this proposed fee increase will not have a cost impact on CDPHE.

Anticipated Other State Agency Costs:

The cost of a Community Clinic license for the clinics operated under the auspices of the Department of Corrections will increase \$17.27 per clinic. There are currently 23 of these clinics, so the total cost impact of this increase for those clinics will be \$397.21.

Anticipated CDPHE Revenues:

This fee increase is expected to generate approximately \$28,438, but this amount will not fully fund the revenue shortfall in the General Licensure Fund. Since the April 2019 request, the difference between the revenues and expenditures for the General Licensure Fund has continued to grow. The Division is anticipating that, even with the 3.1769267% increase approved by the Board for Fiscal Year 2020, there will be a \$542,132 difference between the expenditures that should be supported by General Licensure Fund revenues. The Division is managing that difference by using General Fund monies, fund balance, and purposely holding positions open rather than filling them when they become vacant. These methods, while appropriate for a short-term fix, are unsustainable.

This rulemaking modifies fees:

Facility-specific fee increases are listed in the table in response to Question 2, above.

Anticipated Revenues for another state agency:

N/A

4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Along with the costs and benefits discussed above, the proposed revisions:

- Comply with a statutory mandate to promulgate rules.
- Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.
- Maintain alignment with other states or national standards.
- Implement a Regulatory Efficiency Review (rule review) result
- Improve public and environmental health practice.
- Implement stakeholder feedback.
- Advance the following CDPHE Strategic Plan priorities:

Goal 1, Implement public health and environmental priorities
 Goal 2, Increase Efficiency, Effectiveness and Elegance
 Goal 3, Improve Employee Engagement
 Goal 4, Promote health equity and environmental justice
 Goal 5, Prepare and respond to emerging issues, and
 Comply with statutory mandates and funding obligations

Strategies to support these goals:

- Substance Abuse (Goal 1)
- Mental Health (Goal 1, 2, 3 and 4)
- Obesity (Goal 1)
- Immunization (Goal 1)
- Air Quality (Goal 1)
- Water Quality (Goal 1)
- Data collection and dissemination (Goal 1, 2, 3, 4, 5)
- Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
- Employee Engagement (Goal 1, 2, 3)
- Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
- Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)

Advance CDPHE Division-level strategic priorities.

The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include:

The cost of inaction is the Division not exhausting every avenue to secure revenue to meet its expenditures. This in turn limits the Division's ability to fulfill its responsibilities related to licensing, oversight, and enforcement for hospitals, nursing homes, facilities for persons with intellectual and developmental disabilities, community clinics and community clinics with emergency centers, rehabilitation hospitals, dialysis treatment clinics, psychiatric hospitals, ambulatory surgical centers and ambulatory surgical centers with convalescent centers, hospices, and birth centers. The Division's inability to fully perform these functions negatively impacts the health, safety, and welfare of all Coloradans receiving treatment by or residing in these facilities.

5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

No other less costly method or less intrusive method was available as the fees are set in rule per statute.

6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.

The Division's options for considering alternatives to the requested fee increase are constrained by the statutory restriction limiting fee increases to annual CPI at Sections 25-3-103(1)(c) and 25-3-105(1)(a)(I)(B), C.R.S. The Division cannot request a larger fee increase without modification to statute. While the Division could raise fees at an amount lower than the CPI increase, this option was not selected because even the maximum increase allowed by statute does not generate enough revenue to offset the expected revenue shortfall.

7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.

The Division used the federal Bureau of Labor Statistics Data, CPI-All Urban Consumers, Series CUURS48BSA0 (Denver-Lakewood-Aurora) to calculate the amount of fee increase allowed by Sections 25-3-103(1)(c) and 25-3-105(1)(a)(I)(B), C.R.S., and then applied that percentage increase to all fees that are paid into the General Licensure Fund. The increases were rounded to the nearest penny.

STAKEHOLDER ENGAGEMENT
for Amendments to

6 CCR 1011-1, Standards for Hospitals and Health Facilities:

- Chapter 2 - General Licensure Standards
- Chapter 4 - General Hospitals
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State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

Early Stakeholder Engagement:

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules:

Since this fee increase involves multiple types of facilities and has been an ongoing issue, the Division has chosen to discuss the need for the annual CPI-based increases in a number of different settings, primarily ongoing stakeholder advisory groups and forums such as the 1294 Stakeholder Forum.

Stakeholder Group Notification

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10th of the month following the Request for Rulemaking).

- Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.
- Yes.

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

No major factual or policy issues were encountered.

Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking. Overall, after considering the benefits, risks and costs, the proposed rule:

This is solely a fee increase to maintain existing activities regarding health facility licensing, oversight, and enforcement activities. There are no anticipated impacts on determinants of health or other health equity and environmental justice considerations, values, or outcomes.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 2 – GENERAL LICENSURE STANDARDS

6 CCR 1011-1 Chap 02

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 Part 2 Licensure Process

4 ****

5 2.13 License Fees

6 Unless explicitly set forth elsewhere in 6 CCR 1011-1 or statute, the following non-refundable fees shall
7 apply and be submitted to the Department with the corresponding application or notification. More than
8 one fee may apply depending upon the circumstances.

Initial license	\$371.44 \$376.22
Renewal license	\$371.44 \$376.22
Conditional license	\$1,547.65 \$1,567.57
First provisional license	\$1,031.77 \$1,045.05
Second provisional license	\$1,031.77 \$1,045.05
Change of ownership	\$371.44 \$376.22
Change in licensed capacity	\$371.44 \$376.22
Change of name	\$77.38 \$78.38
Renewal application late fee	Equal to the applicable renewal license fee including bed fees or operating/procedure room fees.

9

10 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 04 - GENERAL HOSPITALS

6 CCR 1011-1 Chap 04

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 **Part 3. DEPARTMENT OVERSIGHT**

4 **3.100 APPLICATION FEES**

5 **3.101 SUBMITTAL OF FEES. Fees shall be submitted to the Department as specified below.**

6 (1) Initial License (when such initial licensure is not a change of ownership). A license applicant shall
7 submit a nonrefundable fee with an application for licensure as follows:

8 (a) See table below.

Number of Beds	Fee
1 - 25 beds	\$8,254.15 \$8,360.40
26 - 50 beds	\$10,317.69 \$10,450.50
51 - 100 beds	\$12,897.12 \$13,063.14
101 + beds	Base: \$10,111.34 \$10,241.50
	Per bed: \$51.59 \$52.25
	Cap: \$20,635.39 \$20,901.02

9 (b) Notwithstanding the provisions of Section 3.101 (1)(a), the initial fee for facilities to be
10 licensed as general hospitals but certified as long term hospitals pursuant to 42 CFR 482
11 et seq. shall submit: a base fee of ~~\$5,881.08~~ **\$5,956.78** and a per bed fee of ~~\$51.59~~
12 **\$52.25**. The initial licensure fee for long term hospitals shall not exceed ~~\$10,833.58~~
13 **\$10,973.03**.

14 (2) Renewal License

15 (a) A license applicant shall submit an application for licensure with a nonrefundable fee as
16 shown in the following table. The total renewal fee shall not exceed ~~\$8,254.15~~ **\$8,360.40**.

17 (b) For licenses that expire on or after September 1, 2014, a license applicant that is
18 accredited by an accrediting organization recognized by the Centers for Medicare and
19 Medicaid Services as having deeming authority may be eligible for a 10 percent discount
20 off the base renewal license fee. In order to be eligible for this discount, the license
21 applicant shall authorize its accrediting organization to submit directly to the Department
22 copies of all surveys and plan(s) of correction for the previous license year, along with the
23 most recent letter of accreditation showing the license applicant has full accreditation
24 status.

Number of Beds	Fee	Fee with Deeming Discount
1 - 50 beds	Base: \$928.59 \$940.54 Per bed: \$12.38 \$12.54	Base: \$835.73 \$846.49 Per bed: \$12.38 \$12.54
51 - 150 beds	Base: \$1,444.48 \$1,463.07 Per bed: \$12.38 \$12.54	Base: \$1300.03 \$1,316.76 Per bed: \$12.38 \$12.54
151+ beds	Base: \$2,063.54 \$2,090.10 Per bed: \$12.38 \$12.54 CAP: \$8,360.40	Base: \$1,857.18 \$1,881.09 Per bed: \$12.38 \$12.54 CAP: \$8,360.40

- 25 (3) Change of Ownership. A license applicant shall submit a nonrefundable fee of ~~\$2,579.42~~
26 **\$2,612.62** with an application for licensure.
- 27 (4) Provisional License. The license applicant may be issued a provisional license upon submittal of
28 a nonrefundable fee of ~~\$2,579.42~~ **\$2,612.62**. If a provisional license is issued, the provisional
29 license fee shall be in addition to the initial license fee.
- 30 (5) Conditional License. A facility that is issued a conditional license by the Department shall submit
31 a nonrefundable fee ranging from 10 to 25 percent of its applicable renewal fee. The Department
32 shall assess the fee based on the anticipated costs of monitoring compliance with the conditional
33 license. If the conditional license is issued concurrent with the initial or renewal license, the
34 conditional license fee shall be in addition to the initial or renewal license fee.
- 35 (6) Other Regulatory Functions. If a facility requests an onsite inspection for a regulatory oversight
36 function other than those listed in Sections 3.101 (1) through (3), the Department may conduct
37 such onsite inspection upon notification to the facility of the fee in advance and payment thereof.
38 The fee shall be calculated solely on the basis of the cost of conducting such survey. A detailed
39 justification of the basis of the fee shall be provided to the facility upon request.
- 40 (7) Off-Campus Locations
- 41 (a) Addition, Annual Renewal and Termination of Off- Campus Locations. A licensee shall
42 submit a nonrefundable fee, as set forth below, for the requested license action.
- 43 (i) ~~\$1,031.77~~ **\$1,045.05** for the addition of each location to the list of off-campus
44 locations under the license, except that critical access hospitals shall submit a
45 nonrefundable fee of ~~\$515.88~~ **\$522.52**.
- 46 (ii) ~~\$515.88~~ **\$522.52** for the annual renewal of each off-campus location listed under
47 the license.
- 48 (iii) ~~\$464.30~~ **\$470.28** for the annual renewal of licenses that expire on or after
49 September 1, 2014, for each off-campus location that is accredited by an
50 accrediting organization recognized by the Centers for Medicare and Medicaid
51 Services as having deeming authority. In order to be eligible for this discount, the
52 license applicant shall authorize its accrediting organization to submit directly to
53 the Department copies of all surveys and plan(s) of correction for the previous
54 license year, along with the most recent letter of accreditation showing the
55 license applicant has full accreditation status.
- 56 (iv) ~~\$371.44~~ **\$376.22** for the removal of each location from the list of off-campus
57 locations under the license.

58

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**Health Facilities and Emergency Medical Services Division****CHAPTER 5 - NURSING CARE FACILITIES****6 CCR 1011-1 Chap 05****Adopted by the Board of Health on _____, 2020. Effective _____, 2020**

2 ****

3 **SECTION 32 LICENSING FEES**4 32.1 All license fees are non-refundable. The total fee shall be submitted with the appropriate license
5 application.6 32.2 Initial license - ~~\$6,190.62~~ **\$6,270.31** per facility.

7 32.3 Renewal license - The annual renewal fee shall be as follows.

8 Medicare and/or Medicaid certified facility: ~~\$1,650.83~~ **\$1,672.08** base fee plus ~~\$8.25~~ **\$8.36** per
9 bed.10 Non-certified facility: ~~\$3,590.56~~ **\$3,636.78** base fee plus ~~\$8.25~~ **\$8.36** per bed.11 32.4 Change of ownership - Change of ownership shall be determined in accordance with the criteria
12 set forth in 6 CCR 1011-1, Chapter 2, Part 2.7. The fee shall be ~~\$6,190.62~~ **\$6,270.31** per facility.13 32.5 Opening a secure unit - A facility that wishes to open a secure unit shall submit a fee of ~~\$1,650.83~~
14 **\$1,672.08** in addition to any other applicable license fees.

15 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 08 - FACILITIES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES****6 CCR 1011-1 Chap 08****Adopted by the Board of Health on _____, 2020. Effective _____, 2020**

2 ****

3 **Section 3 – Licensing Requirements**

4 ****

5 3.4 License Fees

6 All license fees are non-refundable. More than one fee may apply depending upon the
7 circumstances. The total fee shall be submitted with the appropriate license application.

8 (A) Initial License9 Community Residential Home: ~~\$2,579.42~~ **\$2,612.62.**

10 Intermediate Care Facility for Individuals with Intellectual Disabilities: ~~\$6,190.62~~
11 **\$6,270.31.**

12 (B) License Renewal13 Effective July 1, ~~2019~~ **2020**, the renewal fee shall be:14 Community Residential Home: ~~\$773.83~~ **\$783.79.**

15 Intermediate Care Facility for Individuals with Intellectual Disabilities: ~~\$1,650.83~~
16 **\$1,672.08.**

17 (C) Change of ownership

18 Change of ownership shall be determined in accordance with the criteria set forth in 6
19 CCR 1011-1, Chapter II, Part 2. The change of ownership fee shall be:

20 Community Residential Home: ~~\$2,579.42~~ **\$2,612.62.**

21 Intermediate Care Facility for Individuals with Intellectual Disabilities: ~~\$6,190.62~~
22 **\$6,270.31.**

23 ****

2 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

3 Health Facilities and Emergency Medical Services Division

4 STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 09 - COMMUNITY CLINICS
5 AND COMMUNITY CLINICS AND EMERGENCY CENTERS

6 6 CCR 1011-1 Chap 09

7 [Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

8 ****

9 SUBCHAPTER IX.A - GENERAL REQUIREMENTS

10 ****

11 Part 3. DEPARTMENT OVERSIGHT

12 3.100 APPLICATION FEES.

13 (1) For new license applications received or renewal licenses that expire on or after July 1,
14 ~~2019~~2020, a non-refundable fee shall be submitted with the license application as
15 follows:

License Category	Initial license	Renewal license	Change of ownership
Community emergency center	\$2,837.37 \$2,873.89	\$1,392.89 \$1,410.82	\$3,198.48 -\$3,239.65
Clinic operating inpatient beds	\$2,837.37 \$2,873.89	\$1,392.89 \$1,410.82	\$3,198.48 -\$3,239.65
Clinic operated under the auspices of the Department of Corrections	\$2,579.42 \$2,612.62	\$1,341.30 \$1,358.57	\$2,579.42 -\$2,612.62
Optional licensure pursuant to Section 2.101 (3)(a)(iv).			
Clinic serving the uninsured or underinsured:	\$1,238.12 \$1,254.06	\$619.06 -\$627.03	\$1,289.71 -\$1,306.31
Other clinic:	\$2,476.25 \$2,508.13	\$1,238.12 \$1,254.06	\$2,579.42 -\$2,612.62

16 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 10 - REHABILITATION
HOSPITALS****6 CCR 1011-1 Chap 10****Adopted by the Board of Health on _____, 2020. Effective _____, 2020**

2 ***

3 **Part 3. DEPARTMENT OVERSIGHT**4 **3.101 APPLICATION FEES. Fees shall be submitted to the Department as specified below.**

5 (1) Initial License (when such initial licensure is not a change of ownership). A license applicant shall
6 submit a nonrefundable fee with an application for licensure as follows: base fee of ~~\$5,884.08~~
7 **\$5,956.78** and a per bed fee of ~~\$51.59~~ **\$52.25**. The initial licensure fee shall not exceed
8 ~~\$10,833.58~~ **\$10,973.03**.

9 (2) Renewal License.

10 (a) A license applicant shall submit an application for licensure with a nonrefundable fee as
11 follows: Base fee of ~~\$1,650.83~~ **\$1,672.08** and a per bed fee of ~~\$12.38~~ **\$12.54**. The total
12 renewal fee shall not exceed ~~\$8,254.15~~ **\$8,360.40**.

13 (b) For licenses that expire on or after September 1, 2014, a license applicant that is
14 accredited by an accrediting organization recognized by the Centers for Medicare and
15 Medicaid Services as having deeming authority may be eligible for a \$160 discount off
16 the base renewal license fee. In order to be eligible for this discount, the license applicant
17 shall authorize its accrediting organization to submit directly to the Department copies of
18 all surveys and plan(s) of correction for the previous license year, along with the most
19 recent letter of accreditation showing the license applicant has full accreditation status.

20 (3) Change of Ownership. A license applicant shall submit a nonrefundable fee of ~~\$2,579.42~~
21 **\$2,612.62** with an application for licensure.

22 (4) Provisional License. The license applicant may be issued a provisional license upon submittal of
23 a nonrefundable fee of ~~\$2,579.42~~ **\$2,612.62**. If a provisional license is issued, the provisional
24 license fee shall be in addition to the initial license fee.

25 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 15 - DIALYSIS TREATMENT CLINICS

6 CCR 1011-1 Chap 15

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 **Section 3. FEES**

4 3.1 License fees. All license fees are non-refundable and shall be submitted with the appropriate
5 license application.

6 (A) Initial license fee - ~~\$5,303.29~~ **\$5,371.56** per facility.

7 (B) Renewal license fee - For licenses that expire on or after July 1, ~~2019~~**2020**, the fee shall
8 be based upon the maximum number of a facility's operational procedure stations as set
9 forth below.

10

1 – 12 stations	\$1,650.83 \$1,672.08 per facility
13 – 23 stations	\$2,600.06 \$2,633.53 per facility
24 or more stations	\$3,544.13 \$3,589.75 per facility

11 (C) Change of ownership - change of ownership shall be determined in accordance with the
12 criteria set forth in Chapter II, part 2. The fee shall be ~~\$5,303.29~~ **\$5,371.56** per facility.

13 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 18 - PSYCHIATRIC HOSPITALS****6 CCR 1011-1 Chap 18****Adopted by the Board of Health on _____, 2020. Effective _____, 2020**

2 ****

3 **Part 3. DEPARTMENT OVERSIGHT**4 **3.101 APPLICATION FEES.**

5 Nonrefundable fees shall be submitted to the department with an application for licensure as follows:

6 (1) Initial License: (when such initial licensure is not a change of ownership). A license applicant shall
7 submit a nonrefundable fee with an application for licensure as follows: base fee of ~~\$5,881.08~~
8 **\$5,956.78** and a per bed fee of ~~\$51.59~~ **\$52.25**. The initial licensure fee shall not exceed
9 ~~\$10,833.58~~ **\$10,973.03**.

10 (2) Renewal License.

11 (a) A license applicant shall submit an application for licensure with a nonrefundable fee as
12 follows: Base fee of ~~\$1,650.83~~ **\$1,672.08** and a per bed fee of ~~\$12.38~~ **\$12.54**. The total
13 renewal fee shall not exceed ~~\$8,254.15~~ **\$8,360.40**.

14 (b) For licenses that expire on or after September 1, 2014, a license applicant that is
15 accredited by an accrediting organization recognized by the Centers for Medicare and
16 Medicaid Services as having deeming authority may be eligible for a \$160 discount off
17 the base renewal license fee. In order to be eligible for this discount, the license applicant
18 shall authorize its accrediting organization to submit directly to the Department copies of
19 all surveys and plan(s) of correction for the previous license year, along with the most
20 recent letter of accreditation showing the license applicant has full accreditation status.

21 (3) Change of Ownership. A license applicant shall submit a nonrefundable fee of ~~\$2,579.42~~
22 **\$2,612.62** with an application for licensure.

23 (4) Provisional License. The license applicant may be issued a provisional license upon submittal of
24 a nonrefundable fee of ~~\$2,579.42~~ **\$2,612.62**. If a provisional license is issued, the provisional
25 license fee shall be in addition to the initial license fee.

26 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 19 - HOSPITAL UNITS

6 CCR 1011-1 Chap 19

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 **Part 3. DEPARTMENT OVERSIGHT**

4 **3.101 APPLICATION FEES.**

5 Nonrefundable fees shall be submitted to the Department as specified below.

6 (1) Initial License (when such initial licensure is not a change of ownership). A license applicant shall
7 submit a fee with an application for licensure as follows: base fee of ~~\$5,468.38~~ **\$5,538.77** and a
8 per bed fee of ~~\$54.59~~ **\$52.25**. The initial licensure fee shall not exceed ~~\$10,833.58~~ **\$10,973.03**.

9 (2) Renewal License. A license applicant shall submit a fee with an application for licensure as
10 follows: base fee of ~~\$1,650.83~~ **\$1,672.08** and a per bed fee of ~~\$12.38~~ **\$12.54**. The renewal fee
11 shall not exceed ~~\$3,095.34~~ **\$3,135.15**.

12 (3) Change of Ownership. A license applicant shall submit a fee of ~~\$2,579.42~~ **\$2,612.62** with an
13 application for licensure.

14 (4) Provisional License. The license applicant may be issued a provisional license upon submittal of
15 a fee of ~~\$2,579.42~~ **\$2,612.62**. If a provisional license is issued, the provisional license fee shall be
16 in addition to the initial license fee.

17 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

CHAPTER 20 - AMBULATORY SURGICAL CENTER AND AMBULATORY SURGICAL CENTER WITH A CONVALESCENT CENTER

6 CCR 1011-1 Chap 20

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 **SECTION 24 - LICENSE FEES**

4 24.1 As part of the licensing process described at 6 CCR 1011-1, Chapter 2, sections 2.4 through 2.7,
 5 an applicant for an ambulatory surgical center license shall submit, in the form and manner
 6 specified by the Department, a license application with the corresponding nonrefundable fee as
 7 set forth below:

8 (A) Initial license: A license applicant shall submit with an application for licensure a
 9 nonrefundable fee of ~~\$6,809.68~~ **\$6,897.34**.

10 (B) Renewal license: A license applicant shall submit an application for licensure with a
 11 nonrefundable fee as shown in the table below. The total renewal fee shall not exceed
 12 ~~\$3,095.31~~ **\$3,135.15**.

13 (1) A license applicant that is accredited by an accrediting organization recognized
 14 by the Centers for Medicare and Medicaid Services as having deeming authority
 15 may be eligible for a 10 percent discount off the base renewal license fee. In
 16 order to be eligible for this discount, the license applicant shall authorize its
 17 accrediting organization to submit directly to the Department copies of all surveys
 18 and plan(s) of correction for the previous license year, along with the most recent
 19 letter of accreditation showing the license applicant has full accreditation status.

BASE FEE	BASE FEE WITH DEEMING DISCOUNT	PROCEDURE ROOM FEE
\$1,485.75 \$1,504.88	\$1,337.18 \$1,354.39	\$206.35 \$209.01 PER ROOM

20 (C) Change of Ownership: The new owner shall submit with an application for licensure a
 21 nonrefundable fee of ~~\$4,230.25~~ **\$4,284.70**.

22 (D) Provisional License: The license applicant may be issued a provisional license upon
 23 submittal of a nonrefundable fee of ~~\$2,579.42~~ **\$2,612.62**. If a provisional license is
 24 issued, the provisional license fee shall be in addition to the initial or renewal license fee.

25 *****

26 **SECTION 25 - AMBULATORY SURGICAL CENTER WITH A CONVALESCENT CENTER**

27 ****

28 25.7 License Fees: For new license applications received or renewal licenses that expire on or after
 29 March 1, 2015, an applicant for an ambulatory surgical center with a convalescent center license
 30 shall comply with the licensing process described at 6 CCR 1011-1, Chapter 2, sections 2.4
 31 through 2.7 and submit, in the form and manner specified by the Department, a license
 32 application with the corresponding nonrefundable fee as set forth below:

33 (A) Initial license:

34 (1) An applicant for an initial ambulatory surgical center with convalescent center
 35 license shall submit with an application for licensure a nonrefundable fee of
 36 ~~\$7,181.44~~ **\$7,273.55**.

37 (2) A current ambulatory surgical center licensee that applies to add a convalescent
 38 center to the license prior to the expiration of the surgical center license shall
 39 submit an application for initial licensure of the convalescent center along with a
 40 nonrefundable fee of ~~\$371.44~~ **\$376.22**. Upon expiration of the existing surgical
 41 center license term, the licensee shall follow the procedure set forth below for a
 42 renewal license.

43 (B) Renewal license: A license applicant shall submit an application for licensure with a
 44 nonrefundable fee as shown in the table below. The total renewal fee shall not exceed
 45 ~~\$3,466.74~~ **\$3,511.37**.

46 (1) A license applicant that is accredited by an accrediting organization recognized
 47 by the Centers for Medicare and Medicaid Services as having deeming authority
 48 may be eligible for a 10 percent discount off the base ambulatory surgical center
 49 renewal fee. In order to be eligible for this discount, the license applicant shall
 50 authorize its accrediting organization to submit directly to the Department copies
 51 of all surveys and plan(s) of correction for the previous license year, along with
 52 the most recent letter of accreditation showing the license applicant has full
 53 accreditation status.

ASC BASE FEE	ASC BASE FEE WITH DEEMING DISCOUNT	CONVALESCENT CENTER FEE	PROCEDURE ROOM FEE
\$1,485.75 \$1,504.88	\$1,337.18 \$1,354.39	\$371.44 \$376.22	\$206.35 \$209.01 PER ROOM

54 (C) Change of Ownership: The new owner shall submit with an application for licensure a
 55 nonrefundable fee of ~~\$4,601.69~~ **\$4,660.92**.

56 (D) Provisional License: The license applicant may be issued a provisional license upon
 57 submittal of a nonrefundable fee of ~~\$2,950.86~~ **\$2,988.84**. If a provisional license is
 58 issued, the provisional license fee shall be in addition to the initial or renewal license fee.

59 ****

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 21 - HOSPICES

6 CCR 1011-1 Chap 21

Adopted by the Board of Health on _____, 2020. Effective _____, 2020

2 ****

3 **SECTION 14 LICENSE FEES**

4 14.1 All license fees are non-refundable and the applicable fee total shall be submitted with the
5 appropriate license application.

6 14.2 Initial License - ~~\$6,572.37~~ **\$6,656.97** per hospice.

7 (A) If there are no licensed hospices within a 60-mile radius of the hospice applying for an
8 initial license, the initial license fee shall be ~~\$4,281.84~~ **\$4,336.96** per hospice.

9 14.3 Annual Renewal License

10 (A) For licenses expiring on or after July 1, ~~2019~~ **2020**, the base renewal fee shall be
11 ~~\$4,023.90~~ **\$4,075.70** per hospice. The total renewal fee shall reflect all applicable
12 adjustments as set forth below.

13 (1) For a hospice that is physically located in a county other than Adams, Arapahoe,
14 Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo or
15 Weld; and that provides at least 75 percent of its services in counties other than
16 those named in this paragraph, the fee shall be ~~\$2,476.25~~ **\$2,508.13** per
17 hospice.

18 (2) For hospices with less than 2000 annual patient days, as reported on the most
19 recent Medicare cost report, the fee shall be ~~\$1,547.65~~ **\$1,567.57** per hospice.

20 (3) For hospices with less than 1000 annual patient days, as reported on the most
21 recent Medicare cost report, the fee shall be ~~\$773.83~~ **\$783.79** per hospice.

22 (4) A discount of \$300 per hospice shall apply if the same business entity owns
23 separately licensed hospices at more than one Colorado location.

24 (5) A discount of \$425 shall apply if the hospice is deemed by an accrediting
25 organization recognized by the Centers for Medicare and Medicaid Services and
26 remains in good standing with that organization. To be considered for this
27 discount, the hospice shall authorize its accrediting organization to submit
28 directly to the department copies of all the hospice's surveys and plan(s) of
29 correction for the previous license year, along with the most recent letter of
30 accreditation showing the hospice has full accreditation status.

31 (6) Upon request, the department may waive the fee for a hospice that demonstrates
32 it is a not for profit organization that charges no fees and is staffed entirely by
33 uncompensated volunteers.

34 (7) Hospices with the same ownership and governing body that provide both home
35 and inpatient hospice care in the same geographic area shall be licensed as one
36 entity. The fee shall be ~~\$6,603.32~~ **\$6,688.32** and no other discounts shall apply
37 except as set forth in (7)(a).

38 (a) A discount of \$640 shall apply if the hospice is deemed by an accrediting
39 organization recognized by the Centers for Medicare and Medicaid
40 Services and remains in good standing with that organization. To be
41 considered for this discount, the hospice shall authorize its accrediting
42 organization to submit directly to the department copies of all the
43 hospice's surveys and plan(s) of correction for the previous license year,
44 along with the most recent letter of accreditation showing the hospice
45 has full accreditation status.

46 14.4 Workstation Fees

47 (A) A workstation is an offsite location maintained solely for the convenience of hospice staff
48 to access policies and procedures, obtain forms or use various electronic communication
49 tools. A workstation shall not contain patient records or be used for patient admissions
50 and shall not display any public signage.

51 (B) In addition to any other licensure fees, a hospice that operates one or more satellite
52 workstations shall pay an annual fee of ~~\$51.59~~ **\$52.25** per workstation. The fee shall be
53 submitted with the initial and/or renewal license application.

54 14.5 Change of Ownership - change of ownership shall be determined in accordance with the criteria
55 set forth in Chapter II, Part 2. The fee shall be ~~\$6,572.37~~ **\$6,656.97** per hospice.

56 ****

57