



To: Members of the State Board of Health

From: Christine McGroarty, Branch Chief, Fiscal & Administrative Services Branch, HFEMSD

Through: Elaine McManis, Division Director, Health Facilities and Emergency Medical Services Division *E.M.*

Date: February 21, 2024

Subject: **Request for a Rulemaking Hearing** concerning increasing fees in the following chapters of 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 7 - Assisted Living Residences
- 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 13 - Freestanding Emergency Departments
- 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
- Chapter 26 - Home Care Agencies

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The Health Facilities and Emergency Medical Services Division's (the Division's) health facility licensing, oversight, and enforcement activities are primarily funded through the collection of fees approved by the Board of Health. The fees paid by the facilities licensed by the Division are deposited into different statutorily-created cash funds based on the type of facility paying the fee, such as the General Licensure Cash Fund, the Assisted Living Residence Cash Fund, or the Home Care Agency Cash Fund. Those funds are then appropriated by the legislature to the Division for its licensure and oversight activities.

In accordance with Sections 25-3-105(1)(a)(I)(A) and 25-27-107(1.5), C.R.S, fees are to be set at a level sufficient to meet the direct and indirect costs of these activities; however, cash-funded fee revenue is no longer sufficient to meet the Division's expenditures related to its

health facility oversight activities. The Division has made every effort to manage the shortfalls through a combination of efforts, including spending down fund balances, leaving positions unfilled, and redirecting General Fund support wherever possible. However, these efforts are not sustainable, nor are they able to fill the growing gap between fee revenues and the cost of doing business. The Division estimates its Fiscal Year 2024-25 program costs related to health facility licensing and oversight to be \$10.6 million, but estimates that fee revenues will be roughly \$7.0 million.

To fully fund the program activities, fees would have to be increased by more than 50 percent. However, under the limitations in Sections 25-3-103(1)(c), 25-3-105(1)(a)(I)(B), and 25-27-107(1.5), C.R.S., the Board of Health may only raise these fees by the annual percentage change of the consumer price index for Denver-Aurora-Lakewood (CPI). This limitation means that the Division must regularly bring smaller fee increases to the Board rather than doing larger, but more infrequent increases. The Division requested, and the Board adopted, CPI-based fee increases in 2019 and 2020 with every intent to continue such requests on an annual basis. However, with the advent of the COVID-19 pandemic and the stress on health facilities, the Division opted to suspend requesting increases over the past three years.

With a return to more regular business in health care facilities, the Division is now proposing CPI-based fee increases to take effect July 1, 2024. The CPI percentage, as calculated by the federal Bureau of Labor and Statistics and published by the Colorado Department of Local Affairs, Division of Local Government is 8.01 percent for 2022 (the most recent full-year CPI available). Increasing fees by this percentage is estimated to increase the Division's fee revenue by roughly \$550,000.

Even with the proposed fee increase, the Division is facing a significant gap between revenues and expenditures. With that in mind, the Department is also seeking \$2.1 million in general fund support as part of the legislative budgetary process in 2024 to ensure its statutory obligations regarding health facility licensing and oversight can be met. Additionally, the Division anticipates annual requests to the Board for annual CPI-based fee increases in future years.

The Division therefore respectfully requests the Board set a hearing on increasing the fees included in 6 CCR 1011-1, Chapters 2, 4, 5, 7, 8, 9, 10, 13, 15, 18, 19, 20, 21, and 26 to the limits allowed by statute.

**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 7 - Assisted Living Residences
- Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities
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**Basis and Purpose.**

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In accordance with Sections 25-3-105(1)(a)(I)(A) and 25-27-107(1.5), C.R.S, fees are to be set at a level sufficient to meet the direct and indirect costs of these activities; however, cash-funded fee revenue is no longer sufficient to meet the Division's expenditures related to its health facility oversight activities. The Division has made every effort to manage the shortfalls through a combination of efforts, including spending down fund balances, leaving positions unfilled, and redirecting General Fund support wherever possible. However, these efforts are not sustainable, nor are they able to fill the growing gap between fee revenues and the cost of doing business. The Division estimates its Fiscal Year 2024-25 program costs related to health facility licensing and oversight to be \$10.6 million, but estimates that fee revenues will be roughly \$7.0 million.

To fully fund the program activities, fees would have to be increased by more than 50 percent. However, under the limitations in Sections 25-3-103(1)(c), 25-3-105(1)(a)(I)(B), and 25-27-107(1.5), C.R.S., the Board of Health may only raise these fees by the annual percentage change of the consumer price index for Denver-Aurora-Lakewood (CPI). This limitation means that the Division must regularly bring smaller fee increases to the Board rather than doing larger, but more infrequent increases. The Division requested, and the Board adopted, CPI-based fee increases in 2019 and 2020 with every intent to continue such requests on an annual basis. However, with the advent of the COVID-19 pandemic and the

stress on health facilities, the Division opted to suspend requesting increases over the past three years.

Following this pause, the Division is now proposing CPI-based fee increases to take effect July 1, 2024. The CPI percentage, as calculated by the federal Bureau of Labor and Statistics and published by the Colorado Department of Local Affairs, Division of Local Government is 8.01 percent for 2022 (the most recent full-year CPI available). Increasing fees by this percentage is estimated to increase the Division's fee revenue by roughly \$550,000.

The Department requests that the fee increases be effective July 1, 2024.

**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.

Section 25-27-107, C.R.S.

Section 25-27.5-104, C.R.S.

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**Is this rulemaking due to a change in state statute?**

Yes, the bill number is \_\_\_\_\_. Rules are \_\_\_ authorized \_\_\_ required.

No

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

Yes  URL

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
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- 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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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	7	C
Facilities paying Chapter 4 fees	97	C
Facilities paying Chapter 5 fees	218	C
Facilities paying Chapter 7 fees	664	C
Facilities paying Chapter 8 fees	98	C
Facilities paying Chapter 9 fees	32	C
Facilities paying Chapter 10 fees	8	C
Facilities paying Chapter 13 fees	28	C
Facilities paying Chapter 15 fees	84	C
Facilities paying Chapter 18 fees	13	C
Facilities paying Chapter 19 fees	1	C
Facilities paying Chapter 20 fees	147	C
Facilities paying Chapter 21 fees	111	C
Facilities paying Chapter 26 fees	821	C
Industry/advocacy organizations for the facility types covered above	10	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.

2. 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 8.01% in the included chapters, resulting in an estimated total additional cost to licensed facilities of approximately \$550,000 per year. The actual additional cost for any specific facility varies depending on the amount of its current fee (e.g., a facility with a current fee amount of \$376.22 would see a fee increase of \$30.14 per year, while a facility with a current fee of \$8,360.40 would see a fee increase of \$669.67). 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
<b>Chapter 2 - General Licensure Standards (Default Fees - 7 Birth Centers)</b>			
Initial License	\$376.22	\$30.14	\$406.36
Renewal License	\$376.22	\$30.14	\$406.36
Conditional License	\$1,567.57	\$125.56	\$1,693.13
Provisional License	\$1,045.05	\$83.71	\$1,128.76
Change of Ownership	\$376.22	\$30.14	\$406.36
Change in Licensed Capacity	\$376.22	\$30.14	\$406.36
Change of Name	\$78.38	\$6.28	\$84.65
<b>Chapter 4 - General Hospitals (97 Facilities)</b>			
Initial License:			
1-25 beds	\$8,360.40	\$669.67	\$9,030.07
26-50 beds	\$10,450.50	\$837.09	\$11,287.59
51-100 beds	\$13,063.14	\$1,046.36	\$14,109.49
101+ beds (base/per bed/fee cap)	\$10,241.50/\$52.25/ \$20,901.02	\$820.34/\$4.19/ \$1,674.17	\$11,061.84/\$56.44/ \$22,575.19
Certified Long Term Hospital (base/per bed/fee cap)	\$5,956.78/\$52.25/ \$10,973.03	\$477.14/\$4.19/ \$878.94	\$6,433.92 /\$56.44/ \$11,851.97
Renewal License:			
Deemed 1-50 beds	\$846.49/\$12.54	\$67.80/\$1.00	\$914.29/\$13.54

(base/per bed) Non-deemed 1-50 beds	\$940.54/\$12.54	\$75.34/\$1.00	\$1,015.88/\$13.54
(base/per bed) Deemed 51-150 beds	\$1,316.76/\$12.54	\$105.47/\$1.00	\$1,422.24/\$13.54
(base/per bed) Non-deemed 51-150 beds	\$1,463.07/\$12.54	\$117.19/\$1.00	\$1,580.27/\$13.54
(base/per bed) Deemed 151+ beds	\$1,881.09/\$12.54/ \$8,360.40	\$150.68/\$1.00/ \$669.67	\$2,031.76/\$13.54/ \$9,030.07
(base/per bed/fee cap) Non-Deemed 151+beds	\$2,090.10/\$12.54/ \$8,360.40	\$167.42/\$1.00/ \$669.67	\$2,257.52/\$13.54/ \$9,030.07
(base/per bed/fee cap)			
Change of Ownership	\$2,612.62	\$209.27	\$2,821.89
Provisional License	\$2,612.62	\$209.27	\$2,821.89
Off-campus location addition— Critical Access Hospital	\$522.52	\$41.85	\$564.37
Off-campus location addition	\$1,045.05	\$83.71	\$1,128.76
Off-campus location renewal— deemed facility	\$470.28	\$37.67	\$507.95
Off-campus location renewal	\$522.52	\$41.85	\$564.37
Off-campus location removal	\$376.22	\$30.14	\$406.36
<b>Chapter 5 - Nursing Care Facilities (218 Facilities)</b>			
Initial License	\$6,270.31	\$502.25	\$6,772.56
Renewal License Certified Facilities— Medicare or Medicaid (base/per bed)	\$1,672.08/\$8.36	\$133.93/\$0.67	\$1,806.01/\$9.03
Non-certified Facilities (base/per bed)	\$3,636.78/\$8.36	\$291.31/\$0.67	\$3,928.09/\$9.03
Change of Ownership	\$6,270.31	\$502.25	\$6,772.56
Opening a Secure Unit	\$1,672.08	\$133.93	\$1,806.01
<b>Chapter 7 - Assisted Living Residences (664 Facilities)</b>			
Initial License:			
3-8 beds	\$6,300.00	\$504.63	\$6,804.63
9-19 beds	\$7,300.00	\$584.73	\$7,884.73
20-49 beds	\$8,750.00	\$700.88	\$9,450.88
50-99 beds	\$11,550.00	\$925.16	\$12,475.16
100+ beds	\$14,750.00	\$1,181.48	\$15,931.48
Qualifying disproportionate share facility	\$3,000.00	\$240.30	\$3,240.30
Renewal License:			
Regular (base/per bed)	\$360.00/\$103.00	\$28.84/\$8.25	\$388.84/\$111.25
High Medicaid Utilization Facility (base/per bed)	\$360.00/\$38.00	\$28.84/\$3.04	\$388.84/\$41.04
Additional per secure environment separate and distinct from non-secure environment	\$350.00	\$28.04	\$378.04
Change of Ownership:			
3-19 beds	\$6,250.00	\$500.63	\$6,750.63
20-49 beds	\$7,800.00	\$624.78	\$8,424.78
50-99 beds	\$10,600.00	\$849.06	\$11,449.06
100+ beds	\$13,700.00	\$1,097.37	\$14,797.37

Additional facility change in a single transition	\$4,500.00	\$360.45	\$4,860.45
Provisional License	\$1,000.00	\$80.10	\$1,080.10
Change of Address	\$75.00	\$6.01	\$81.01
Change of Name	\$75.00	\$6.01	\$81.01
Increase number of beds	\$500.00	\$40.05	\$540.05
Change of Administrator	\$500.00	\$40.05	\$540.05
New secure environment	\$1,600.00	\$128.16	\$1,728.16
<b>Chapter 8 - Facilities for Persons with Intellectual or Developmental Disabilities (98 Facilities)</b>			
Initial License Group Home	\$2,612.62	\$209.27	\$2,821.89
Intermediate Care Facility	\$6,270.31	\$502.25	\$6,772.56
Renewal License Group Home	\$391.90	\$31.39	\$423.29
Intermediate Care Facility	\$1,672.08	\$133.93	\$1,806.01
Change of Ownership Group Home	\$2,612.62	\$209.27	\$2,821.89
Intermediate Care Facility	\$6,270.31	\$502.25	\$6,772.56
<b>Chapter 9 - Community Clinics and Community Clinics and Emergency Centers (32 Facilities)</b>			
Initial License Community Emergency Center	\$2,873.89	\$230.20	\$3,104.09
Clinic Operating Inpatient Beds	\$2,873.89	\$230.20	\$3,104.09
Clinic Operated Under Auspices of Department of Corrections	\$2,612.62	\$209.27	\$2,821.89
Clinic Serving Un/Underinsured	\$1,254.06	\$100.45	\$1,354.51
Other Clinic	\$2,508.13	\$200.90	\$2,709.03
Renewal License Community Emergency Center	\$1,410.82	\$113.01	\$1,523.83
Clinic Operating Inpatient Beds	\$1,410.82	\$113.01	\$1,523.83
Clinic Operated Under Auspices of Department of Corrections	\$1,358.57	\$108.82	\$1,467.39
Clinic Serving Un/Underinsured	\$627.03	\$50.23	\$677.25
Other Clinic	\$1,254.06	\$100.45	\$1,354.51
Change of Ownership			

Community Emergency Center	\$3,239.65	\$259.50	\$3,499.15
Clinic Operating Inpatient Beds	\$3,239.65	\$259.50	\$3,499.15
Clinic Operated Under Auspices of Department of Corrections	\$2,612.62	\$209.27	\$2,821.89
Clinic Serving Un/Underinsured	\$1,306.31	\$104.64	\$1,410.95
Other Clinic	\$2,612.62	\$209.27	\$2,821.89
<b>Chapter 10 - Rehabilitation Hospitals (8 Facilities)</b>			
Initial License (base/bed/cap)	\$5,956.78/\$52.25/ \$10,973.03	\$477.14/\$4.19/ \$878.94	\$6,433.92/\$56.44/ \$11,851.97
Renewal License (base/bed/cap)	\$1,672.08/\$12.54/ \$8,360.40	\$133.93/\$1.00/ \$669.67	\$1,806.01/\$13.54/ \$9,030.07
Change of Ownership	\$2,612.62	\$209.27	\$2,821.89
Provisional License	\$2,612.62	\$209.27	\$2,821.89
<b>Chapter 13 - Freestanding Emergency Departments (28 Facilities)</b>			
Initial License	\$6,150.00	\$492.62	\$6,642.62
Renewal License	\$3,400.00	\$272.34	\$3,672.34
Change of Ownership	\$3,300.00	\$264.33	\$3,564.33
<b>Chapter 15 - Dialysis Treatment Clinics (84 Facilities)</b>			
Initial License	\$5,371.56	\$430.26	\$5,801.82
Renewal License			
1-12 Stations	\$1,672.08	\$133.93	\$1,806.01
13-23 Stations	\$2,633.53	\$210.95	\$2,844.47
24+ Stations	\$3,589.75	\$287.54	\$3,877.29
Change of Ownership	\$5,371.56	\$430.26	\$5,801.82
<b>Chapter 18 - Psychiatric Hospitals (13 Facilities)</b>			
Initial License (base/bed/cap)	\$5,956.78/\$52.25/ \$10,973.03	\$477.14/\$4.19/ \$878.94	\$6,433.92/\$56.44/ \$11,851.97
Renewal License (base/bed/cap)	\$1,672.08/\$12.54/ \$8,360.40	\$133.93/\$1.00/ \$669.67	\$1,806.01/\$13.54/ \$9,030.07
Change of Ownership	\$2,612.62	\$209.27	\$2,821.89
Provisional License	\$2,612.62	\$209.27	\$2,821.89
<b>Chapter 19 - Hospital Units (1 Facility)</b>			
Initial License (base/per bed/ fee cap)	\$5,538.77/\$52.25/ \$10,973.03	\$443.66/\$4.19/ \$878.94	\$5,982.43/\$56.44/ \$11,851.97
Renewal License (base/per bed/ fee cap)	\$1,672.08/\$12.54/ \$3,135.15	\$133.93/\$1.00/ \$251.13	\$1,806.01/\$13.54/ \$3,386.28
Change of Ownership	\$2,612.62	\$209.27	\$2,821.89
Provisional License	\$2,612.62	\$209.27	\$2,821.89
<b>Chapter 20 - Ambulatory Surgical Center and Ambulatory Surgical Center with a Convalescent Center (147 Facilities)</b>			
Initial License			
Ambulatory Surgical Center (ASC)	\$6,897.34	\$552.48	\$7,449.81
Ambulatory Surgical Center with Convalescent Center	\$7,273.55	\$582.61	\$7,856.16

Add Convalescent Center to an existing license	\$376.22	\$30.14	\$406.36
Renewal License			
Non-deemed ASC (base/per procedure room/fee cap)	\$1,504.88/\$209.01/ \$3,135.15	\$120.54/\$16.74/ \$251.13	\$1,625.42/\$225.75/ \$3,386.28
Deemed ASC (base/per procedure room/ fee cap)	\$1,354.39/\$209.01/ \$3,135.15	\$108.49/\$16.74/ \$251.13	\$1,462.88/\$225.75/ \$3,386.28
Additional fee for a Convalescent Center	\$376.22	\$30.14	\$406.36
Renewal fee cap for ASC with Convalescent Center	\$3,511.37	\$281.26	\$3,792.63
Change of Ownership ASC	\$4,284.70	\$343.20	\$4,627.91
ASC with Convalescent Center	\$4,660.92	\$373.34	\$5,034.27
Provisional ASC	\$2,612.62	\$209.27	\$2,821.89
ASC with Convalescent Center	\$2,988.84	\$239.41	\$3,228.25
<b>Chapter 21 - Hospices (111 Facilities)</b>			
Initial License	\$6,656.97	\$533.22	\$7,190.20
Initial License if no other licensed hospice within 60 miles	\$4,336.96	\$347.39	\$4,684.35
Renewal			
Base fee (if no other conditions are met)	\$4,075.70	\$326.46	\$4,402.16
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	\$2,508.13	\$200.90	\$2,709.03
Fewer than 2,000 annual patient dates per most recent Medicare cost report	\$1,567.57	\$125.56	\$1,693.13
Fewer than 1,000 annual patient dates per most recent Medicare cost report	\$783.79	\$62.78	\$846.57
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	\$6,688.32	\$535.73	\$7,224.06

Workstation (per workstation, paid for Initial License and Renewal License)	\$52.25	\$4.19	\$56.44
Change of Ownership	\$6,656.97	\$533.22	\$7,190.20
<b>Chapter 26 - Home Care Agencies (821 Facilities)</b>			
Initial License			
Class A	\$3,000.00	\$240.30	\$3,240.30
Class B	\$2,200.00	\$176.22	\$2,376.22
Renewal License*			
Class A Base Fee	\$1,550.00	\$125.71	\$1,674.15
Deemed Class A Base Fee (10% discount on base fee)	\$1,395.00	\$111.74	\$1,506.74
Medicare/Medicaid Class A Base Fee (\$100 discount on base fee)	\$1,450.00	\$116.15	\$1,566.15
Class B Base Fee	\$1,325.00	\$106.13	\$1,431.13
Deemed Class B Base Fee (10% discount on base fee)	\$1,192.50	\$95.52	\$1,288.02
Medicare/Medicaid Class B Base Fee (\$100 discount on base fee)	\$1,225.00	\$98.12	\$1,323.12
Additional Volume Fee (added to base if applies)			
50-99 Admissions	\$100.00	\$8.01	\$108.01
100+ Admissions	\$200.00	\$16.02	\$216.02
Add to Initial or Renewal			
Additional branch office	\$200.00	\$16.02	\$216.02
Each Additional Workstation	\$50.00	\$4.01	\$54.01
Change of ownership			
Class A	\$3,000.00	\$240.30	\$3,240.30
Class B	\$2,200.00	\$176.22	\$2,376.22
Change in name or address	\$75.00	\$6.01	\$81.01
Home Care Placement Agency Annual Registration Fee	\$870.00	\$69.69	\$939.69

The Division estimates its Fiscal Year 2024-25 program costs related to health facility licensing and oversight to be \$10.6 million, with an estimated collection of \$7.0 million in fee revenue without any fee increase. With the proposed fee increase, fee revenue collection is expected to increase to \$7.5 million. During the stakeholder process leading to this request, the Division presented multiple fee increase options and structures to create sustainable funding for the Department's health facility oversight. In order to fully fund the regulatory and oversight functions through fee revenue, as required by statute, fees would have needed to be increased nearly 50 percent, far beyond the statutorily-allowed CPI-based increase. The Division worked with stakeholders to minimize the impact to the regulated facilities by asking only for an increase based on the Consumer Price Index, as allowed by statute, and has sought additional funding sources outside of the fees to help fill the gap between oversight

costs and fees paid to ensure its statutory obligations regarding health facility licensing and oversight can be met. Additionally, the Division anticipates annual requests to the Board for annual CPI-based fee increases in future years.

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

S: N/A

B: The Division has received no indication from facilities that the CPI-based fee increase will require them to increase their rates, so it anticipates neither costs nor benefits to individuals being served.

**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 8.01%, thus generating an estimated \$550,000 per year 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. This increase is the first since 2020, as fee increase requests were paused for several years in response to the pandemic.

**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; 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 \$108.82 per clinic. There are currently 22 of these clinics, so the total cost impact of this increase for those clinics will be \$2,394.04.

**Anticipated CDPHE Revenues:**

This fee increase is expected to generate approximately \$550,000, but this amount will not fully fund the estimated revenue shortfall between fee revenue and the anticipated costs of fulfilling the Division's statutory responsibilities for health facility oversight. The Division is additionally seeking other revenue sources, including requesting funding support through the State's legislative budgetary process.

**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's licensing programs will continue to be significantly underfunded as compared to the resources needed to fully implement all regulatory requirements. This in turn limits the Division's ability to fulfill its responsibilities related to licensing, oversight, and enforcement, including timely inspections and ongoing management of any identified deficiencies, for hospitals, nursing homes, assisted living facilities, facilities for persons with intellectual and developmental disabilities, community clinics and community clinics with emergency centers, freestanding emergency departments, rehabilitation hospitals, dialysis treatment clinics, psychiatric hospitals, ambulatory surgical centers and ambulatory surgical centers with convalescent centers, hospices, birth centers, and home care agencies. 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/agencies.

**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 to increase fees as the fees are set in rule per statute.

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

The Division worked with stakeholders to consider different options for sustainable funding to support the Division's statutory responsibilities for health facility licensing and oversight. In that process, the stakeholders agreed to the CPI-based fee increase outlined in statute. The Division cannot request a larger fee increase without modification to statute, and 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. Additionally, the Division is pursuing general fund dollars to support the licensing programs through the Colorado General Assembly budget process.

**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 U.S. Bureau of Labor Statistics Data, CPI-All Urban Consumers, Series CUURS48BSA0 (Denver-Lakewood-Aurora) for 2022, as published by the Colorado Department of Local Affairs, Division of Local Government at <https://dlg.colorado.gov/inflation-denver-aurora-lakewood-consumer-price-index> to calculate the amount of fee increase allowed by Sections 25-3-103(1)(c), 25-3-105(1)(a)(I)(B), and 25-27-107 C.R.S., and then applied that percentage increase to all fees paid into the various licensure cash funds. The CPI percentage was rounded down from 8.011% to 8.01%, and then 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
- Chapter 5 - Nursing Care Facilities
- Chapter 7 - Assisted Living Residences
- 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 13 - Freestanding Emergency Departments
- 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
- Chapter 26 - Home Care Agencies

**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 used the 1294 (all facility) Stakeholder Forum for the stakeholder process. Messages regarding the 1294 Stakeholder Forum meetings are sent to all licensed facilities through the Division's provider messaging system. Additionally, the Division sent calendar invites to over 130 individuals who have signed up as interested parties to receive such notice.

The Division held six sustainable funding-focused meetings of the 1294 Stakeholder Forum in May and July 2023 to present options and seek stakeholder input. Based on the information from stakeholders in those meetings, the Division decided to pursue a fee increase in accordance with the statutory CPI limitation and also to seek additional funding through the State's budgetary process. That sustainable funding plan was brought back to the 1294 Stakeholder Forum in December 2023 and January 2024, including a review of specific CPI-based fee increases impacting each facility type. Attendance at the meetings ranged from 20 to 38 individuals per meeting, with 105 distinct stakeholders taking part in at least one meeting.

#### **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 10<sup>th</sup> 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:**

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	Reduces occupational hazards; improves an individual’s ability to secure or maintain employment; or, increases stability in an employer’s workforce.
	Improves access to food and healthy food options.	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of roles and responsibilities, or what occurs under a rule.	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the effectiveness of its efforts and outcomes.
	Increases a child’s ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.	Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.	Ensures a competent public and environmental health workforce or health care workforce.

	Other: _____ _____	Other: _____ _____
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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

2 **Adopted by the Board of Health on April 19, 2023** \_\_\_\_\_ . **Effective June 14, 2023** \_\_\_\_\_ .

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5 **2.12 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	<del>\$376.22</del>	<b>\$406.36</b>
Renewal license	<del>\$376.22</del>	<b>\$406.36</b>
Conditional license	<del>\$1,567.57</del>	<b>\$1,693.13</b>
First provisional license	<del>\$1,045.05</del>	<b>\$1,128.76</b>
Second provisional license	<del>\$1,045.05</del>	<b>\$1,128.76</b>
Change of ownership	<del>\$376.22</del>	<b>\$406.36</b>
Change in licensed capacity	<del>\$376.22</del>	<b>\$406.36</b>
Change of name	<del>\$78.38</del>	<b>\$84.65</b>
Renewal application late fee		See Part 2.5.2, above.

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## 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

2 **Adopted by the Board of Health on ~~April 19, 2023~~ . Effective ~~June 14, 2023~~ .**

3 \*\*\*\*

4 **Part 3. DEPARTMENT OVERSIGHT**

5 3.1 Application Fees

6 (A) Initial License (when such initial licensure is not a change of ownership)

- 7 (1) A license applicant shall submit a nonrefundable fee with an application for  
8 licensure as follows:  
9

Number of Inpatient Beds	Fee
1 - 25 beds	<del>\$8,360.40</del> <b>\$9,030.07</b>
26 – 50 beds	<del>\$10,450.50</del> <b>\$11,287.59</b>
51 - 100 beds	<del>\$13,063.14</del> <b>\$14,109.49</b>
101 + beds	Base: <del>\$10,241.50</del> <b>\$11,061.84</b>
	Per bed: <del>\$52.25</del> <b>\$56.44</b>
	Cap: <del>\$20,901.02</del> <b>\$22,575.19</b>

- 10 (a) The initial fee for facilities to be licensed as general hospitals, but  
11 certified as long term care hospitals pursuant to 42 CFR 482 et seq.,  
12 shall be as follows: a base fee of ~~\$5,956.78~~ **\$6,433.92** and a per inpatient  
13 bed fee of ~~\$52.25~~ **\$56.44**. The initial licensure fee for long-term care  
14 hospitals shall not exceed ~~\$10,973.03~~ **\$11,851.97**.

15 (B) Renewal License

- 16 (1) A license applicant shall submit an application for licensure with a nonrefundable  
17 fee as shown in the following table. The total renewal fee shall not exceed  
18 ~~\$8,360.40~~ **\$9,030.07**.

- 19 (2) A license applicant that is accredited by an accrediting organization recognized  
20 by the Centers for Medicare and Medicaid Services as having deeming authority  
21 may be eligible for a ten (10) percent discount off the base renewal license fee.  
22 In order to be eligible for this discount, the license applicant shall submit copies  
23 of its most recent recertification survey(s), and any plan(s) of correction with the

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most recent letter of accreditation showing the license applicant has full accreditation status in addition to a completed renewal application.

Number of Inpatient Beds	Fee	Fee with Deeming Discount
1 - 50 beds	Base: <del>\$940.54</del> <b>\$1,015.88</b> Per bed: <del>\$12.54</del> <b>\$13.54</b>	Base: <del>\$846.49</del> <b>\$914.29</b> Per bed: <del>\$12.54</del> <b>\$13.54</b>
51 - 150 beds	Base: <del>1,463.07</del> <b>\$1,580.27</b> Per bed: <del>\$12.54</del> <b>\$13.54</b>	Base: <del>\$1,346.76</del> <b>\$1,422.24</b> Per bed: <del>\$12.54</del> <b>\$13.54</b>
151+ beds	Base: <del>\$2,090.10</del> <b>\$2,257.52</b> Per bed: <del>\$12.54</del> <b>\$13.54</b> Cap: <del>\$8,360.40</del> <b>\$9,030.07</b>	Base: <del>\$1,881.09</del> <b>\$2,031.76</b> Per bed: <del>\$12.54</del> <b>\$13.54</b> Cap: <del>\$8,360.40</del> <b>\$9,030.07</b>

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- (C) Change of Ownership
  - (1) A license applicant shall submit a nonrefundable fee of ~~\$2,612.62~~**\$2,821.89** with an application for licensure.
- (D) Provisional License
  - (1) A license applicant may be issued a provisional license upon submittal of a nonrefundable fee of ~~\$2,612.62~~**\$2,821.89**.
  - (2) If a provisional license is issued, the provisional license fee shall be paid in addition to the initial license fee.
- (E) Conditional License
  - (1) A license applicant that is issued a conditional license by the Department shall submit a nonrefundable fee ranging from ten (10) to twenty-five (25) percent of its applicable renewal fee.
  - (2) The Department shall determine and assess the fee based on the anticipated costs of monitoring compliance with the conditional license.
  - (3) Conditional license fees shall be paid in accordance with the requirements of 6 CCR 1011-1, Chapter 2, Part 2.8.3.
- (F) Other Regulatory Functions
  - (1) If a license applicant requests an onsite inspection for a regulatory oversight function other than those listed in Parts 3.1(A)-(E), the Department may conduct such onsite inspection upon notification to the hospital of the fee in advance and payment thereof.
  - (2) The fee shall be calculated solely based on the cost of conducting such survey. A detailed justification of the basis of the fee shall be provided to the license applicant upon request.

- 51 (G) Off-Campus Locations
- 52 (1) A license applicant shall submit a nonrefundable fee, as set forth below, for the  
53 requested license action.
- 54 (a) Addition of Location: ~~\$1,045.05~~**\$1,128.76** for the addition of each  
55 location to the list of off-campus locations under the license, except that  
56 critical access hospitals shall submit a nonrefundable fee of  
57 ~~\$522.52~~**\$564.37**.
- 58 (b) Annual Renewal: ~~\$522.52~~**\$564.37** for the annual renewal of each off-  
59 campus location listed under the license.
- 60 (i) ~~\$470.28~~**\$507.95** for the annual renewal of each off-campus  
61 location that is accredited by an accrediting organization  
62 recognized by the Centers for Medicare and Medicaid Services  
63 as having deeming authority. In order to be eligible for this  
64 discount, the license applicant shall submit copies of its most  
65 recent recertification survey(s), and any plan(s) of correction with  
66 the most recent letter of accreditation showing the license  
67 applicant has full accreditation status in addition to a completed  
68 renewal application.
- 69 (c) Removal of Location: ~~\$376.22~~**\$406.36** for the removal of each location  
70 from the list of off-campus locations under the license.

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 5 - NURSING CARE FACILITIES****6 CCR 1011-1 Chapter 5**

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

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2 **Adopted by the Board of Health on November 15, 2023** \_\_\_\_\_ . **Effective January 14,**  
3 **2024** \_\_\_\_\_ .

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5 **SECTION 32 LICENSING FEES**

6 32.1 All license fees are non-refundable. The total fee shall be submitted with the appropriate license  
7 application.

8 32.2 Initial license - ~~\$6,270.34~~ **\$6,772.56** per facility.

9 32.3 Renewal license - The annual renewal fee shall be as follows.

10 Medicare and/or Medicaid certified facility: ~~\$1,672.08~~ **\$1,806.01** base fee plus ~~\$8.36~~ **\$9.03** per  
11 bed.

12 Non-certified facility: ~~\$3,636.78~~ **\$3,928.09** base fee plus ~~\$8.36~~ **\$9.03** per bed.

13 32.4 Change of ownership - Change of ownership shall be determined in accordance with the criteria  
14 set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The fee shall be ~~\$6,270.34~~ **\$6,772.56** per facility.

15 32.5 Opening a secure unit - A facility that wishes to open a secure unit shall submit a fee of  
16 ~~\$1,672.08~~ **\$1,806.01** in addition to any other applicable license fees.

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**  
**Health Facilities and Emergency Medical Services Division**  
**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**  
**CHAPTER 7 - ASSISTED LIVING RESIDENCES**

**6 CCR 1011-1 Chapter 7**

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

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2 **Adopted by the Board of Health on ~~November 15, 2023~~ \_\_\_\_\_ . Effective ~~November 15,~~**  
 3 **~~2023~~ \_\_\_\_\_ .**

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5 License Fees

6 Unless otherwise specified, all license fees paid to the Department shall be non-refundable.

7 3.6 Initial Licenses

8 The applicable fee, as set forth below, shall accompany the license application.

9	3 to 8 licensed beds:	<del>\$6,300</del> <b>\$6,804.63</b>
10	9 to 19 licensed beds:	<del>\$7,300</del> <b>\$7,884.73</b>
11	20 to 49 licensed beds:	<del>\$8,750</del> <b>\$9,450.88</b>
12	50 to 99 licensed beds:	<del>\$11,550</del> <b>\$12,475.16</b>
13	100 or more licensed beds:	<del>\$14,750</del> <b>\$15,931.48</b>
14	Qualifying disproportionate share facility:	<del>\$3,000</del> <b>\$3,240.30</b>

15 3.7 Renewal Fees

16 The applicable fee(s), as set forth below, shall accompany the renewal application:

17 ~~\$360~~**\$388.84** per facility plus ~~\$103~~**\$111.25** per bed.

18 ~~\$360~~**\$388.84** per facility plus ~~\$38~~**\$41.04** per bed for a high Medicaid utilization facility.

19 ~~\$350~~**\$378.04** per secure environment that is separate and distinct from a non-secure  
 20 environment.

21 3.8 Provisional Licensure. Any facility approved by the Department for a provisional license, shall  
 22 submit a fee of ~~\$1,000~~**\$1,080.10** for the provisional licensure period.

23 3.9 Change of Ownership

- 24 (A) The applicable fee, as set forth below, shall accompany a facility's application for change  
25 of ownership.
- 26 Three to 19 licensed beds: ~~\$6,250~~ **\$6,750.63**
- 27 20 to 49 licensed beds: ~~\$7,800~~ **\$8,424.78**
- 28 50 to 99 licensed beds: ~~\$10,600~~ **\$11,449.06**
- 29 100 licensed beds and more: ~~\$13,700~~ **\$14,797.37**
- 30 (B) If the same purchaser buys more than one facility from the same seller in a single  
31 business transaction, the change of ownership fee shall be the fee noted above for the  
32 largest facility and ~~\$4,500~~ **\$4,860.45** for each additional facility included in the transaction.  
33 The appropriate fee total shall be submitted with the application.
- 34 3.10 Other License Fees
- 35 (A) A facility applying for a change of mailing address, shall submit a fee of ~~\$75~~ **\$81.01** with  
36 the application. For purposes of this subpart, a corporate change of address for multiple  
37 facilities shall be considered one change of address.
- 38 (B) A facility applying for a change of name shall submit a fee of ~~\$75~~ **\$81.01** with the  
39 application.
- 40 (C) A facility applying for an increased number of licensed beds shall submit a fee of  
41 ~~\$500~~ **\$540.05** with the application.
- 42 (D) A facility applying for a change of administrator shall submit a fee of ~~\$500~~ **\$540.05** with  
43 the application.
- 44 (1) If the change of administrator application is due to the appointment of an interim  
45 administrator, the facility shall pay the fee no later than 90 days after the  
46 appointment.
- 47 (a) If an administrator is appointed during the 90 days and the required  
48 change of administrator application is submitted during that time, the  
49 facility shall owe a single payment of ~~\$500~~ **\$540.05**.
- 50 (b) If an administrator is appointed more than 90 days after the appointment  
51 of the interim administrator, the facility shall pay separate fees for each  
52 change of administrator application.
- 53 (E) A facility seeking to open a new secure environment shall submit a fee of  
54 ~~\$1,600~~ **\$1,728.16** with the first submission of the applicable building plans.

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## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

### Health Facilities and Emergency Medical Services Division

#### STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 8 - FACILITIES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

##### 6 CCR 1011-1 Chapter 8

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

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2 **Adopted by the Board of Health on November 17, 2021** \_\_\_\_\_ **. Effective January 14,**  
3 **2022** \_\_\_\_\_.

4 \*\*\*\*

#### Part 3 – Licensing Requirements

5 \*\*\*\*

#### 6 3.3 License Fees

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

#### 9 (A) Initial License

10 (1) Group Home: ~~\$2,612.62~~ **\$2,821.89.**

11 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities:  
12 ~~\$6,270.34~~ **\$6,772.56.**

13 (B) License Renewal. Effective July 1, 2022<sup>4</sup>, the annual renewal fee shall be:

14 (1) Group Home: ~~\$391.90~~ **\$423.29.**

15 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities:  
16 ~~\$1,672.08~~ **\$1,806.01.**

17 (C) Change of Ownership. Change of ownership shall be determined in accordance with the  
18 criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The change of ownership fee shall  
19 be:

20 (1) Group Home: ~~\$2,612.62~~ **\$2,821.89.**

21 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities:  
22 ~~\$6,270.34~~ **\$6,772.56.**

23 \*\*\*\*

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 9 - COMMUNITY CLINICS**

**6 CCR 1011-1 Chap 09**

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

2 **Adopted by the Board of Health on April 21, 2021** \_\_\_\_\_ . **EFFECTIVE** \_\_\_\_\_ .

3 \*\*\*\*

4 **Part 3. LICENSING FEES**

5 For new license applications received or renewal licenses that expire on or after July 1, 2024, a non-  
6 refundable fee shall be submitted with the license application as follows:

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<b>License Category</b>	<b>Initial license</b>	<b>Renewal license</b>	<b>Change of ownership</b>
Community Clinic providing emergency services and/or Community Clinic operating inpatient beds	<del>\$2,873.89</del> <b>\$3,104.09</b>	<del>\$1,410.82</del> <b>\$1,523.83</b>	<del>\$3,239.65</del> <b>\$3,499.15</b>
Community Clinic operated under the auspices of the Department of Corrections	<del>\$2,612.62</del> <b>\$2,821.89</b>	<del>\$1,358.57</del> <b>\$1,467.39</b>	<del>\$2,612.62</del> <b>\$2,821.89</b>
Optional licensure pursuant to Part 2, 2.3(A)(3): Community Clinic serving the uninsured or underinsured	<del>\$1,254.06</del> <b>\$1,354.51</b>	<del>\$627.03</del> <b>\$677.25</b>	<del>\$1,306.31</del> <b>\$1,410.95</b>
Other Community Clinic	<del>\$2,508.13</del> <b>\$2,709.03</b>	<del>\$1,254.06</del> <b>\$1,354.51</b>	<del>\$2,612.62</del> <b>\$2,821.89</b>

8 \*\*\*\*

**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 ~~April 15, 2020~~ . Effective ~~July 1, 2020~~**

2 \*\*\*\*

3 **Part 3. DEPARTMENT OVERSIGHT**

4 3.1 Application Fees. Fees shall be submitted to the Department as specified below.

5 (A) Initial License (when such licensure is not a change of ownership)

6 (1) A license applicant shall submit a nonrefundable fee with an application for  
7 licensure as follows: base fee of ~~\$5,956.78~~ **\$6,433.92** and a per bed fee of  
8 ~~\$52.25~~ **\$56.44**. The initial licensure fee shall not exceed ~~\$10,973.03~~ **\$11,851.97**.

9 (B) Renewal License

10 (1) A license applicant shall submit an application for licensure with a nonrefundable  
11 fee as follows: Base fee of ~~\$1,672.08~~ **\$1,806.01** and a per bed fee of  
12 ~~\$12.54~~ **\$13.54**. The total renewal fee shall not exceed ~~\$8,360.40~~ **\$9,030.07**.13 (2) 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 \$160 discount off the base renewal license fee. In order to  
16 be eligible for this discount, the license applicant shall submit copies of its most  
17 recent recertification survey(s) and plan(s) of correction and the most recent  
18 letter of accreditation showing the license applicant has full accreditation status.  
19 in addition to a completed renewal application.

20 (C) Change of Ownership

21 (1) A license applicant shall submit a nonrefundable fee of ~~\$2,612.62~~ **\$2,821.89** with  
22 an application for licensure.

23 (D) Provisional License

24 (1) The license applicant may be issued a provisional license upon submittal of a  
25 nonrefundable fee of ~~\$2,612.62~~ **\$2,821.89**. If a provisional license is issued, the  
26 provisional license fee shall be in addition to the initial license fee.

27 \*\*\*\*

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 13 - FREESTANDING EMERGENCY DEPARTMENTS (FSEDs)**

**6 CCR 1011-1 Chapter 13**

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

2 **Adopted by the Board of Health on ~~April 21, 2021~~ \_\_\_\_\_ . **EFFECTIVE** \_\_\_\_\_ .**

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4 **Part 3. LICENSING FEES**

5 For new license applications received or renewal licenses that expire on or after July 1, 2024<sup>4</sup>, a non-  
6 refundable fee shall be submitted with the license application as follows:

7

License Category	Initial license	Renewal license	Change of Ownership
Freestanding Emergency Department	<del>\$6,150</del> <b>\$6,642.62</b>	<del>\$3,400</del> <b>\$3,672.34</b>	<del>\$3,300</del> <b>\$3,564.33</b>

8 \*\*\*\*

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 April 15, 2020 . Effective July 1, 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 - ~~\$5,371.56~~ \$5,801.82 per facility.

7 (B) Renewal license fee - For licenses that expire on or after July 1, 2020<sup>4</sup>, the fee shall be  
8 based upon the maximum number of a facility's operational procedure stations as set  
9 forth below.

10

1 – 12 stations	<del>\$1,672.08</del> \$1,806.01 per facility
13 – 23 stations	<del>\$2,633.53</del> \$2,844.47 per facility
24 or more stations	<del>\$3,589.75</del> \$3,877.29 per facility

11 (C) Change of ownership - change of ownership shall be determined in accordance with the  
12 criteria set forth in Chapter 2, part 2. The fee shall be ~~\$5,371.56~~ \$5,801.82 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 April 15, 2020 . Effective July 1, 2020**

2 \*\*\*\*

3 **Part 3. DEPARTMENT OVERSIGHT**4 3.1 Application Fees. Nonrefundable fees shall be submitted to the Department with an application  
5 for licensure as follows:

6 (A) Initial License (when such initial licensure is not a change of ownership)

7 (1) A license applicant shall submit a nonrefundable fee with an application for  
8 licensure as follows: base fee of ~~\$5,956.78~~ **\$6,433.92** and a per bed fee of  
9 ~~\$52.25~~ **\$56.44**. The initial licensure fee shall not exceed ~~\$10,973.03~~ **\$11,851.97**.

10 (B) Renewal License

11 (1) A license applicant shall submit an application for licensure with a nonrefundable  
12 fee as follows: Base fee of ~~\$1,672.08~~ **\$1,806.01** and a per bed fee of  
13 ~~\$12.54~~ **\$13.54**. The total renewal fee shall not exceed ~~\$3360.40~~ **\$9,030.07**.14 (2) A license applicant that is accredited by an accrediting organization recognized  
15 by the Centers for Medicare and Medicaid Services as having deeming authority  
16 may be eligible for a \$160 discount off the base renewal license fee. In order to  
17 be eligible for this discount, the license applicant shall submit copies of its most  
18 recent recertification survey(s) and plan(s) of correction and the most recent  
19 letter of accreditation showing the license applicant has full accreditation status.  
20 in addition to a completed renewal application.

21 (C) Change of Ownership

22 (1) A license applicant shall submit a nonrefundable fee of ~~\$2,612.62~~ **\$2,821.89** with  
23 an application for licensure.

24 (D) Provisional License

25 (1) The license applicant may be issued a provisional license upon submittal of a  
26 nonrefundable fee of ~~\$2,612.62~~ **\$2,821.89**.

27 \*\*\*\*

**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 ~~April 15, 2020~~\_\_\_\_\_. Effective ~~July 1, 2020~~\_\_\_\_\_**

2 \*\*\*\*

3 **Part 3. DEPARTMENT OVERSIGHT**

4 3.1 Application Fees. Nonrefundable fees shall be submitted to the Department as specified below.

5 (A) Initial License (when such initial licensure is not a change of ownership)

6 (1) A license applicant shall submit a fee with an application for licensure as follows:  
7 base fee of ~~\$5,538.77~~**\$5,982.43** and a per bed fee of ~~\$52.25~~**\$56.44**. The initial  
8 licensure fee shall not exceed ~~\$10,973.03~~**\$11,851.97**.

9 (B) Renewal License

10 (1) A license applicant shall submit a fee with an application for licensure as follows:  
11 base fee of ~~\$1,672.08~~**\$1,806.01** and a per bed fee of ~~\$12.54~~**\$13.54**. The renewal  
12 fee shall not exceed ~~\$3,135.15~~**\$3,386.28**.

13 (C) Change of Ownership

14 (1) A license applicant shall submit a fee of ~~\$2,612.62~~**\$2,821.89** with an application  
15 for licensure.

16 (D) Provisional License

17 (1) A license applicant may be issued a provisional license upon submittal of a fee of  
18 ~~\$2,612.62~~**\$2,821.89**.19 (2) If a provisional license is issued, the provisional license fee shall be in addition to  
20 the initial license fee.

21 \*\*\*\*

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 20 - AMBULATORY SURGICAL CENTER AND AMBULATORY SURGICAL CENTER WITH A CONVALESCENT CENTER**

**6 CCR 1011-1 Chapter 20**

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

2 **Adopted by the Board of Health on ~~April 15, 2020~~ . Effective ~~July 1, 2020~~ .**

3 \*\*\*\*

4 **SECTION 24 - LICENSE FEES**

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

8 (A) Initial license: A license applicant shall submit with an application for licensure a  
 9 nonrefundable fee of ~~\$6,897.34~~ **\$7,449.81**.

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 ~~\$3,135.15~~ **\$3,386.28**.

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.

<b>BASE FEE</b>	<b>BASE FEE WITH DEEMING DISCOUNT</b>	<b>PROCEDURE ROOM FEE</b>
<del>\$1,504.88</del> <b>\$1,625.42</b>	<del>\$1,354.39</del> <b>\$1,462.88</b>	<del>\$209.04</del> <b>\$225.75</b> Per Room

20 (C) Change of Ownership: The new owner shall submit with an application for licensure a  
 21 nonrefundable fee of ~~\$4,284.70~~ **\$4,627.91**.

22 (D) Provisional License: The license applicant may be issued a provisional license upon  
 23 submittal of a nonrefundable fee of ~~\$2,612.62~~ **\$2,821.89**. If a provisional license is issued,  
 24 the provisional license fee shall be in addition to the initial or renewal license fee.

25 (E) Conditional License: A center that is issued a conditional license by the Department shall  
 26 submit a nonrefundable fee ranging from 10 to 25 percent of its applicable renewal fee.  
 27 The percentage shall be determined by the Department. If the conditional license is  
 28 issued concurrent with the initial or renewal license, the conditional license fee shall be in  
 29 addition to the initial or renewal license fee.

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

31 \*\*\*\*

32 25.7 License Fees: ~~APPLICANTS FOR A NEW OR RENEWAL~~ For new license applications received or  
 33 ~~renewal licenses that expire on or after March 1, 2015, an applicant for AS~~ an ambulatory surgical  
 34 center with a convalescent center license shall comply with the licensing process described at 6  
 35 CCR 1011-1, Chapter 2, Part 2, and submit, in the form and manner specified by the Department,  
 36 a license application with the corresponding nonrefundable fee as set forth below:

37 (A) Initial license:

38 (1) An applicant for an initial ambulatory surgical center with convalescent center  
 39 license shall submit with an application for licensure a nonrefundable fee of  
 40 ~~\$7,273.55~~ **\$7,856.16**.

41 (2) A current ambulatory surgical center licensee that applies to add a convalescent  
 42 center to the license prior to the expiration of the surgical center license shall  
 43 submit an application for initial licensure of the convalescent center along with a  
 44 nonrefundable fee of ~~\$376.22~~ **\$406.36**. Upon expiration of the existing surgical  
 45 center license term, the licensee shall follow the procedure set forth below for a  
 46 renewal license.

47 (B) Renewal license: A license applicant shall submit an application for licensure with a  
 48 nonrefundable fee as shown in the table below. The total renewal fee shall not exceed  
 49 ~~\$3,511.37~~ **\$3,792.63**.

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

ASC BASE FEE	ASC BASE FEE WITH DEEMING DISCOUNT	CONVALESCENT CENTER FEE	PROCEDURE ROOM FEE
<del>\$1,504.88</del> <b>\$1,625.42</b>	<del>\$1,354.39</del> <b>\$1,462.88</b>	<del>\$376.22</del> <b>\$406.36</b>	<del>\$209.04</del> <b>\$225.75</b> Per Room

58 (C) Change of Ownership: The new owner shall submit with an application for licensure a  
 59 nonrefundable fee of ~~\$4,660.92~~ **\$5,034.27**.

60 (D) Provisional License: The license applicant may be issued a provisional license upon  
 61 submittal of a nonrefundable fee of ~~\$2,988.84~~ **\$3,228.25**. If a provisional license is issued,  
 62 the provisional license fee shall be in addition to the initial or renewal license fee.

63 (E) Conditional License: A center that is issued a conditional license by the Department shall  
 64 submit a nonrefundable fee ranging from 10 to 25 percent of its applicable renewal fee.  
 65 The percentage shall be determined by the Department. If the conditional license is  
 66 issued concurrent with the initial or renewal license, the conditional license fee shall be in  
 67 addition to the initial or renewal license fee.

**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 April 15, 2020 . Effective July 1, 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 - ~~\$6,656.97~~ **\$7,190.20** 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 ~~\$4,336.96~~ **\$4,684.35** per hospice.

9 14.3 Annual Renewal License

10 (A) For licenses expiring on or after July 1, 2020, the base renewal fee shall be  
11 ~~\$4,075.70~~ **\$4,402.16** 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 ~~\$2,508.13~~ **\$2,709.03** per hospice.17 (2) For hospices with less than 2000 annual patient days, as reported on the most  
18 recent Medicare cost report, the fee shall be ~~\$1,567.57~~ **\$1,693.13** per hospice.19 (3) For hospices with less than 1000 annual patient days, as reported on the most  
20 recent Medicare cost report, the fee shall be ~~\$783.79~~ **\$846.57** per hospice.21 (4) A discount of \$300 per hospice shall apply if the same business entity owns  
22 separately licensed hospices at more than one Colorado location.23 (5) A discount of \$425 shall apply if the hospice is deemed by an accrediting  
24 organization recognized by the Centers for Medicare and Medicaid Services and  
25 remains in good standing with that organization. To be considered for this  
26 discount, the hospice shall authorize its accrediting organization to submit  
27 directly to the department copies of all the hospice's surveys and plan(s) of  
28 correction for the previous license year, along with the most recent letter of  
29 accreditation showing the hospice has full accreditation status.

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

33 (7) Hospices with the same ownership and governing body that provide both home  
34 and inpatient hospice care in the same geographic area shall be licensed as one  
35 entity. The fee shall be ~~\$6,688.32~~ **\$7,224.06** and no other discounts shall apply  
36 except as set forth in (7)(a).

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

#### 45 14.4 Workstation Fees

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

50 (B) In addition to any other licensure fees, a hospice that operates one or more satellite  
51 workstations shall pay an annual fee of ~~\$52.25~~ **\$56.44** per workstation. The fee shall be  
52 submitted with the initial and/or renewal license application.

53 14.5 Change of Ownership - change of ownership shall be determined in accordance with the criteria  
54 set forth in Chapter 2, Part 2. The fee shall be ~~\$6,656.97~~ **\$7,190.20** per hospice.

55 \*\*\*\*

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****Health Facilities and Emergency Medical Services Division****STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 26 - HOME CARE AGENCIES****6 CCR 1011-1 Chapter 26**

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

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2 **Adopted by the Board of Health on ~~December 15, 2021~~ . Effective ~~February 14, 2022~~ .**

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4 **PART 3. PLACEMENT AGENCIES**

5 \*\*\*\*

6 3.8 Registration Procedure

7 (A) An applicant for an initial or renewal home care placement agency registration shall  
8 provide the Department with a complete application including all information and  
9 attachments specified in the application form and any additional information requested by  
10 the Department. Each application shall include, at a minimum, the following:

11 (1) A non-refundable annual registration fee of ~~\$870~~**\$939.69**. Registrations will be  
12 valid for one year from the date of issue.

13 **PART 4. DEPARTMENT OVERSIGHT**

14 \*\*\*\*

15 4.4 License Fees

16 (A) Unless otherwise specified in this chapter, all license fees paid to the Department shall  
17 be deemed non-refundable.

18 (B) The appropriate fee total shall accompany an HCA's initial or renewal license application.  
19 The fee total shall include any applicable branch and workstation fees as set forth in this  
20 section.

21 (C) Initial licensure

22 (1) Each HCA license applicant shall specify the type and extent of services to be  
23 provided and request the appropriate license category based upon the criteria set  
24 forth in Part 4.1 of this chapter. The initial license fee shall be:

25 (a) Class A - ~~\$3,000~~**\$3,240.30**

26 (b) Class B - ~~\$2,200~~**\$2,376.22**

- 27 (2) Any currently licensed Class B HCA that desires to change its license category to  
28 a Class A HCA shall submit an initial license application and initial license fee for  
29 a Class A license.
- 30 (D) Provisional licensure
- 31 (1) Any HCA approved by the Department for a provisional license shall submit a fee  
32 equal to fifteen percent (15%) of the applicable initial license fee for each  
33 provisional license term.
- 34 (2) The appropriate fee shall be submitted before issuance of the provisional license.
- 35 (3) If the Department finds reasonable compliance by an applicant holding a  
36 provisional license, it shall issue an initial license upon receipt of the license  
37 application and total fee for initial licensure and any additional appropriate fees  
38 specified in Part 4.4.
- 39 (E) Renewal licensure
- 40 (1) Base Fee. There shall be a base fee that is determined by the license category  
41 as defined in Part 4.1 of this chapter. The renewal license base fee shall be:
- 42 (a) Class A - ~~\$1,550~~ \$1,674.15
- 43 (b) Class B - ~~\$1,325~~ \$1,431.13
- 44 (2) Additional volume fee. Each HCA shall report its annual admissions for the  
45 previous year on its license renewal application. If the number of annual  
46 admissions is fifty (50) or more, the HCA shall add the following amount to its  
47 base fee:
- 48 (a) 50 to 99 admissions - ~~\$100~~ \$108.01
- 49 (b) 100 or more admissions - ~~\$200~~ \$216.02
- 50 (3) Medicare or Medicaid service discount. Each HCA that is currently certified to  
51 provide Medicaid or Medicare services shall deduct \$100 from its base fee.
- 52 (4) Deeming discount. A license applicant that is accredited by an accrediting  
53 organization recognized by CMS as having deeming authority may be eligible for  
54 a ten percent (10%) discount off the base renewal license fee. In order to be  
55 eligible for this discount, the license applicant shall submit copies of its most  
56 recent recertification survey(s), and any plan(s) of correction with the most recent  
57 letter of accreditation showing the license applicant has full accreditation status in  
58 addition to a completed renewal application.
- 59 (F) Branch and workstation fees
- 60 (1) In addition to any other licensure fees, the following fees shall apply to the  
61 circumstances described. The fees shall be submitted with the license application  
62 or as otherwise specified.
- 63 (a) An HCA shall submit a ~~\$200~~ \$216.02 fee for each branch office as  
64 defined in Part 2.2 of this chapter.

- 65 (i) For existing branches, the fee shall be submitted with the license  
66 application.
- 67 (ii) For new branches, the fee shall accompany the notice of the  
68 HCA's intent to open a branch office pursuant to Part 5.2 of this  
69 chapter.
- 70 (b) An HCA that operates one or more work stations solely for the  
71 convenience of direct care staff shall pay a fee of ~~\$50~~**\$54.01** per  
72 workstation.
- 73 (G) Revisit fee
- 74 (1) An HCA's annual license fee may be increased as the result of a licensure  
75 inspection or substantiated complaint investigation where a deficient practice is  
76 cited that has either caused harm or has the potential to cause harm to a  
77 consumer and which the HCA has failed to demonstrate appropriate correction of  
78 the cited deficiencies at the first on-site revisit.
- 79 (2) The fee shall be one hundred percent (100%) of the HCA's initial or renewal  
80 license fee and shall be assessed for the second on-site inspection and each  
81 subsequent on-site inspection pertaining to the same deficiency.
- 82 (H) Change of ownership fee
- 83 (1) Any HCA meeting the criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6 shall  
84 pay a change of ownership fee. The fee shall be determined according to the  
85 license classifications set forth in Part 4.1 of this chapter and submitted with the  
86 change of ownership notice. The fee shall be:
- 87 (a) Class A - ~~\$3,000~~**\$3,240.30**
- 88 (b) Class B - ~~\$2,200~~**\$2,376.22**
- 89 (I) Change of name and change of address fees
- 90 (1) A licensed HCA shall conform with the notification requirements of 6 CCR 1011-  
91 1, Chapter 2, Part 2.9.6 regarding any change in the HCA name or business  
92 address.
- 93 (2) A fee of ~~\$75~~**\$81.01** shall accompany each notice of a change in HCA name or  
94 business address.
- 95 \*\*\*\*