



**COLORADO**

**Department of Public  
Health & Environment**

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.Mc.*

Date: February 19, 2025

Subject: **Request for a Rulemaking Hearing** concerning 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) proposed rules align impacted chapters of 6 CCR 1011-1, Standards for Hospitals and Health Facilities with the provisions in House Bill 24-1417 (HB24-1417), concerning license fees payable to health-care cash funds. Health facilities pay an initial fee to obtain their license to operate legally in Colorado and are subject to a number of fees once licensed, such as annual license renewal fees or change of ownership fees, depending on the circumstances. The Division's licensing activities are primarily funded through the revenue generated by these fees, which are deposited into three cash funds based on the type of facility (the General Licensure Cash Fund, the Assisted Living Residence Cash Fund, and the Home Care Agency Cash Fund).

According to statute, license fees are to be set a level sufficient to meet the direct and indirect costs of the Division's health facility oversight activities. For many years, the Division has been unable to set its fees at a level sufficient to cover costs. According to statute, fees could only be raised by the Board of Health (the Board). The Board was limited to approving only fee increases reflective of the annual percentage change of the consumer price index for Denver-Aurora-Lakewood (CPI), so the Division pursued regular rulemakings to increase fee dollar amounts in rule. This limitation in statute entailed that the Division periodically requested relatively smaller, frequent increases rather than larger, less frequent increases. However, the gap between fee-collected revenue and the cost of the Division's oversight activities grew to an unsustainable level despite the Division's best efforts to reduce the deficit. In response to periodic requests, the Board urged the Division to seek a more sustainable funding mechanism.

HB24-1417 represents a part of the Legislature's and Division's effort to seek long-term funding sustainability. It removes fee increases from the Board's rulemaking authority, so future fee increases will no longer require rulemaking. HB24-1417 also makes impacted fees subject to automatic increases. Fees will increase by 8% for state fiscal year 2025-26 and 6% for state fiscal years 2026-27, 2027-28, and 2028-29. Beginning in state fiscal year 2029-30, fees will increase automatically by the annual percentage change of CPI each year. HB24-1417 requires the Division to publish a schedule of fees annually by March 1 for fees taking effect on July 1. These automatic increases will not require Board action.

To implement the provisions of HB24-1417, the Division is proposing rule language to remove the impacted fee dollar amounts currently found in rule. Non-dollar amount fee-related language about how fees apply remains in rule (e.g., base and per bed fee structure). Licensing fees will increase according to statute while general requirements about how and when fees apply will remain in rule.

The Division respectfully requests that the Board set a rulemaking hearing to consider the proposed rules.

**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
- Chapter 9 - Community Clinics and Community Clinics and Emergency Centers
- Chapter 10 - Rehabilitation Hospitals
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**Basis and Purpose.**

The Health Facilities and Emergency Medical Services Division's (the Division's) proposed rules align all impacted rule chapters of 6 CCR 1011-1, Standards for Hospitals and Health Facilities with House Bill 24-1417 (HB24-1417). HB24-1417 removes health facility licensing fees from the Board's rulemaking authority, automates fee increases, and requires the Division to publish its fees annually. To align the impacted rule chapters with statute, the Division proposes removing fee dollar amounts currently in rule, while keeping requirements regarding how and when to pay fees in rule alongside requirements about the types of fees facilities may be subject to and when fees may apply.

By law, health facilities must have a license to operate in Colorado, which helps ensure that facilities meet minimum standards that protect the health, safety, and welfare of consumers. As part of licensing, facilities are subject to a number of fees, including initial license, annual license renewal, change of name, change of ownership, and change in license capacity, among a number of other license and license-related actions. The Division's licensing and oversight activities are primarily funded through the collection of these fees, which have historically been approved by the Board of Health (the Board) under their rulemaking authority. The fees paid by facilities licensed by the Division are deposited into three different statutorily-created cash funds based on the type of facility paying the fee, including the health facilities General Licensure Cash Fund, the Assisted Living Residence Cash Fund, and the Home Care Agency Cash Fund. Monies from those funds are then appropriated by the legislature to the Division for its licensure and oversight activities, including issuing licenses, inspecting facilities to ensure standards are met, and investigating complaints.

Fees are meant to be set at a level sufficient to meet the direct and indirect costs of the Division's health facility oversight activities according to Sections 25-3-105(1)(a)(I)(A) and 25-27-107(1.5), C.R.S. However, the Division has been unable to set fees at a level sufficient to

cover the cost of labor for many years, and the gap between fee collection revenue and the cost of oversight activities has grown larger and larger each year. Pursuant to limitations in Sections 25-3-103(1)(c), 25-3-105(1)(a)(I)(B), and 25-27-107(1.5), C.R.S. prior to HB 24-1417, health facility licensing fees could historically only be increased by the annual percentage change of the consumer price index for Denver-Aurora-Lakewood (CPI). In addition, fee dollar amounts in regulation could only be increased by the Board of Health (the Board) and were subject to rulemaking. The Division has therefore regularly requested relatively small fee increases at the Board to help cover costs. The Division has also explored a variety of sustainable funding solutions, as it risked not being able to meet its statutory charge to oversee health and safety requirements in health facilities.

HB24-1417 represents a part of the effort to implement long-term funding solutions. The statute created a system whereby the Division's fees will increase automatically each year. The statute also removed the authority to increase health facility and agency licensing fees from the Board. HB24-1417 stipulates that impacted fees payable to the General Licensure Cash Fund, Assisted Living Residence Cash Fund, and Home Care Agency Cash Fund must increase by 8% in the state fiscal year of 2025-26 and then 6% in state fiscal years 2026-27, 2027-28, and 2028-29. After the state fiscal year of 2028-29, the Division's impacted fees will increase automatically by CPI each year. Additionally, HB24-1417 requires that the Division publish a schedule of fees annually by March 1, with increased fees effective July 1. The changes brought about HB24-1417 represent a shift in the Division's methodology for updating and communicating fees, and ultimately will implement the automatic process for increasing impacted fees as laid out in the bill.

To implement the requirements in HB24-1417, the Division is proposing changes to all relevant chapters of 6 CCR 1011-1, Standards for Hospitals and Health Facilities to remove impacted fee dollar amounts from rule and add language regarding where the fee schedule can be found and which fees may apply, depending on a particular facility's characteristics. Chapter 2 - General Licensure Standards contains proposed changes that require health facilities and agencies to use the fee schedule to determine all future licensing fees. The proposed chapter also contains a URL to the Division's fee schedule and general licensing fee requirements that apply to all facility types. The changes in Chapter 2 also outline general fee types that can be found on the fee schedule, such as initial licensure fees, conditional licensure fees, and annual renewal fees, among others. The other chapters (4, 5, 7, 8, 9, 10, 13, 15, 18, 19, 20, 21, and 26) have proposed changes that remove fee amounts that historically required regular updating via rulemaking. Though impacted fee dollar amounts have been removed from each chapter that historically contained them, each chapter's unique fee types have been retained as examples of fees that facilities may have to pay as part of their licensing. All requirements about how and when fees apply remain in each chapter.

#### **Specific Statutory Authority.**

##### **Statutes that require or authorize rulemaking:**

Section 25-3-105(1)(a)(I)(B.5), C.R.S.

Section 25-3-103(1)(c), C.R.S.

Section 25-27-107(1.7), C.R.S.

Section 25-27.5-104(1)(g)(II), C.R.S.

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

☒ Yes, the bill number is HB24-1417. 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. This rulemaking removes fees from rules, but does not create or change fee dollar amounts.

**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 7 - Assisted Living Residences  
Chapter 8 - Facilities for Persons with Intellectual and Developmental Disabilities  
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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
Number of active licensed health facilities	2,295	C

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:** The proposed rule chapters implement House Bill 24-1417 (HB24-1417), which makes certain fee increases automatic. Those increases are statutory, not rule-based, and therefore are not a financial cost of the proposed rules. The proposed rules remove impacted dollar amounts of fees from the rules.

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

**S:** N/A

**B:** The Division anticipates neither financial costs nor financial benefits to consumers and has not received any communication from facilities that would suggest otherwise.

**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.**

**C:** In both the short-term and long-term, it is likely that health facilities will benefit from the increased accessibility and transparency of fee-related information that will result from this rulemaking. Licensing fees will be more quickly and easily available in a digital format on the Division's website rather than enshrined in rule, making it easier for facilities to locate their fees. Facilities will also be able to plan for specific increases each year at least 3 months in advance, if not more, due to the fee increases mandated in statute. Also, the proposed changes are expected to clarify how and when fees apply and thus reduce confusion.

**B:** The Division's impacted fees will increase automatically and the Division will not be pursuing periodic rulemaking to increase regulatory licensing fees. As the Division will no longer require rulemaking to increase impacted fees, these changes are expected to reduce administrative burden, allowing Division resources to be redirected to program activities to better protect the health, safety, and welfare of patients in Colorado health facilities.

**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:**

N/A

**Anticipated Other State Agency Costs:**

N/A

**Anticipated CDPHE Revenues:**

N/A

**This rulemaking modifies fees:**

N/A

**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.**

Inaction would leave the Division's impacted rule chapters inconsistent with statute and would cause confusion about which fees apply. If current fees remain in rule while the fee schedule on the Division's website reflects fees adjusted as required by statute, health facilities may pay the incorrect fee or refuse to pay the correct fee. As the statute requires rulemaking and fees are no longer subject to future rulemaking, the Division has determined that the best course of action is to update its rules.

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

- ☒ X 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
- ☒ X Improve public and environmental health practice.
- ☐    Implement stakeholder feedback.
- ☐    Advance the following CDPHE Strategic Plan priorities (select all that apply):
  - ☐    Improve outcomes in public health and environmental protection for all people of Colorado.
  - ☐    Realize a human-first, progress-forward culture!
  - ☐    Accomplish bold and Wildly Important Goals (WIGs) with an annual focus on a few key issues.
  - ☒ X Continuously pursue operational excellence in support of our programs.
  - ☐    Strengthen Colorado's governmental public health system and promote effective public health practice.
  - ☐    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:**

N/A—inaction would result in inconsistency between the statute and the rules.

**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 or less intrusive method was available. This rulemaking aligns impacted chapters with a statutory update that removes the authority to increase fees from the Board of Health's authority. In order to comply with statute, the Division is proposing to remove relevant fee dollar amounts from rule.

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

Removal of the fee language from is the only way to ensure that facilities are not confused by inconsistent fee amounts, so no alternatives were considered.

**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.**

No quantitative data was used in the analysis.

## **STAKEHOLDER ENGAGEMENT for Amendments to**

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

- Chapter 2 - General Licensure Standards
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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:**

<b>Representative Name and Title (if known)</b>	<b>Organization</b>
Amber DiPasquale Ford	Madison Creek Partners
Andrea Sanchez	Belmont Senior Care
Anne Knudtson	
Brian Helton	Mountain Valley Developmental Services
Cassandra Garza	Advent Health
Catherine Greenard, Regulatory Affairs Program Manager	
Cathy O'Brien	
Cathy Trujillo	
Charles Davis	
Christine Blaney MacMillan, Director of Quality, Risk and Patient Safety	Rockies Regional Medical Center
Colleen Casper, RN	
Courtney Campbell	
Dan Olson	
Danielle Wilham	AMHR
Danyelle Marts	
Deborah Lively	LeadingAge Colorado

Dehlia Dodd	
Demetria Sengottaiyan	Pikes Peak Respite Services
Eileen Doherty	
Eliza Schultz	
Erica Pike	Children's Colorado
Erica Skolasinski	Goodwill of Colorado
Evangeline Padilla	Paonia Care and Rehabilitation
Hilary Samuel, Executive Director	Rockies Regional Medical Center
Janet Cornell, President	Colorado Assisted Living Association (CALA)
Jennifer Pieroni	Harmonie House
Jenny Albertson	
Joseph Dubroff	LeadingAge Colorado
Joshua Shipman	Pikes Peak Respite Services
Katelynn Nelligan, Regulatory Manager	Intermountain Health
Kristin Smock	Megan's Place
Kristin Waldrop	NTOC
Kristy Miller	Kid Physical
Krystal Ginter	Eben Ezer Lutheran Care Center
Laurie Billington	Southern Peaks RTC
Leann Giblett	
Lesley Reeder	Colorado Gerontological Society
Lili Carrillo	
Lindsay Strong	
Livia Wawondatu	Rose of Sharon ALF
Lori Claussen	Children's Hospital Colorado
Lynne Miller	Colorado Department of Human Services (CDHS)
Madeline Landgren	Horizons Specialized Services
Maggie Bolden	
Mandi Mouw	ARA
Marcee Paul	
Mark Longshore	Colorado Nurses Association
Maribeth Olson	Melissa Memorial
Marlene Wilcox	
Maxine Chattman	
Megan Axelrod	Colorado Hospital Association
Melissa Moore	
Melva Zagar	Las Animas County Rehabilitation Center
Michael Gagnon	UCHealth
Nici Heisler, Administrator	The Independence Center
Ororah Bell	
Pat Cook, RN	
Paula Padilla	
Phoebe Blessing, Manager of Public Policy	Colorado Hospital Association
Rehanna Curtis	
Sam DiCaro	Advent Health

Sara Sims, Executive Director	Mountain Valley Developmental Services, Inc.
Sara Wright	
Sarah Hopkins, Compliance and Regulatory Affairs	Montrose Regional Health
Shana Ball	Shana's Place Assisted Living
Shannon Gimbel	DRCOG Ombudsman program
Shawntay Treat	Klarus Personal Care
Sherrie Bonham	Applewood Our House, Colorado Assisted Living Association (CALA), CoPra
Suzanne Golden	
Tammy Littlefield	
Teddi Samuel	
Teresa Chavez	Smith Agency PASA
Terry Zamell	LeadingAge Colorado
Tiffany Hutson	
Yvonne Truelove	Horizons Specialized Services
In addition to the participants named above, there were 7 unnamed participants.	

This fee increase involves multiple types of facilities and has been an ongoing issue discussed with stakeholders for several years. For this particular rulemaking, the Division decided to use the statutorily-created 1294 (all facility) Stakeholder Forum for the stakeholder process because this rulemaking applies to several chapters and thus impacts several different types of facilities. Messages regarding the 1294 Stakeholder Forum meetings are sent to all licensed facilities through the Division's provider messaging system. Additionally, the Division sent invitations via email to over 408 individuals who have signed up as interested parties to receive such notice.

The Division held two meetings of the 1294 Stakeholder Forum in October 2024 and January 2025 to discuss changes that would come out of House Bill 24-1417 (HB24-1417). The Division presented its draft rule language for feedback at these meetings and shared its plan for the fee schedule and website update. Attendance at the meetings ranged from 55 to 65 individuals per meeting, with 82 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.**

There was general stakeholder consensus about the proposed rules.

**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.

# An Act

HOUSE BILL 24-1417

BY REPRESENTATIVE(S) Bird and Sirota, Taggart, Duran, Garcia,  
McCluskie;  
also SENATOR(S) Bridges and Kirkmeyer, Zenzinger, Priola.

CONCERNING LICENSE FEES PAYABLE TO HEALTH-CARE CASH FUNDS.

*Be it enacted by the General Assembly of the State of Colorado:*

**SECTION 1.** In Colorado Revised Statutes, **add** 2-3-129 as follows:

**2-3-129. Audit of license fees paid to health-care cash funds.** THE STATE AUDITOR SHALL COMPLETE OR CAUSE TO BE CONDUCTED AND COMPLETED AN AUDIT OF THE LICENSE FEES PAYABLE INTO THE HEALTH FACILITIES GENERAL LICENSURE CASH FUND PURSUANT TO SECTION 25-3-105, THE ASSISTED LIVING RESIDENCE CASH FUND PURSUANT TO SECTION 25-27-107, AND THE HOMECARE AGENCY CASH FUND PURSUANT TO SECTION 25-27.5-104. THE PURPOSE OF THE AUDIT IS TO DETERMINE IF THE LICENSE FACILITY FEES ARE BEING USED IN THE MOST EFFICIENT MANNER FOR THE ADMINISTRATION AND ENFORCEMENT REQUIREMENTS FOR HEALTH-CARE FACILITIES. THE STATE AUDITOR SHALL IMPLEMENT THIS SECTION USING EXISTING APPROPRIATIONS TO THE OFFICE OF THE STATE

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

AUDITOR.

**SECTION 2.** In Colorado Revised Statutes, 25-3-105, **amend** (1)(a)(I)(A) and (1)(a)(I)(B); and **add** (1)(a)(I)(B.5) as follows:

**25-3-105. License - fee - rules - performance incentive system - penalty.** (1) (a) (I) (A) Subject to the limitations in ~~sub-subparagraph (B) of this subparagraph (I)~~ SUBSECTIONS (1)(a)(I)(B) AND (1)(a)(I)(B.5) OF THIS SECTION, the state board of health shall establish a schedule of fees, which must be set at a level sufficient to meet the direct and indirect costs of administration and enforcement of this ~~article~~ ARTICLE 3, as appropriated by the general assembly for each fiscal year, less any ~~moneys~~ MONEY appropriated for the same fiscal year by the general assembly from any other source to meet such costs. The fee schedule must also ensure that the reserve balance in the health facilities general licensure cash fund, created in section 25-3-103.1 (1), is consistent with the limits specified in section 24-75-402 (3) ~~C.R.S.~~; and must be modified, as necessary, to comply with ~~said~~ THE limits. The state board shall establish and modify, as necessary, the fee schedule by rules adopted in accordance with article 4 of title 24. ~~C.R.S.~~ Except as specified in ~~subparagraph (II) of this paragraph (a)~~ SUBSECTION (1)(a)(II) OF THIS SECTION, the department of public health and environment may assess fees in accordance with the fee schedule established by the state board against health facilities licensed by the department. All fees collected pursuant to the fee schedule must be deposited in the health facilities general licensure cash fund, created in section 25-3-103.1 (1), and are subject to appropriation by the general assembly in accordance with section 25-3-103.1 (2).

(B) On or after June 4, 2012, AND UNTIL JUNE 30, 2025, the state board of health may increase the amount of any fee on the schedule of fees established pursuant to subsection (1)(a)(I)(A) of this section that is in effect on June 4, 2012, by an amount not to exceed the annual percentage change in the United States department of labor, bureau of labor statistics, consumer price index for Denver-Aurora-Lakewood for all urban consumers and all goods, or its applicable predecessor or successor index. Nothing in this subsection (1)(a)(I)(B) limits the ability of the state board of health to reduce the amount of any fee on the schedule of fees in effect on such date or to modify fees as necessary to comply with section 24-75-402. Notwithstanding the requirements of this subsection (1)(a)(I)(B), the state board of health may assess fees necessary to cover the

costs associated with the surveys conducted pursuant to section 25-3-128.

(B.5) FOR STATE FISCAL YEAR 2025-26 AND EACH STATE FISCAL YEAR THEREAFTER, THE SCHEDULE OF FEES ADOPTED BY THE STATE BOARD OF HEALTH PURSUANT TO SUBSECTION (1)(a)(I)(A) OF THIS SECTION MUST BE UPDATED AND PUBLISHED BY MARCH 1 OF THE YEAR THAT THE FEES WILL TAKE EFFECT. THE FEES ARE NOT SUBJECT TO RULE-MAKING BY THE STATE BOARD OF HEALTH. THE SCHEDULE OF FEES MUST INCREASE EIGHT PERCENT FOR STATE FISCAL YEAR 2025-26; SIX PERCENT FOR EACH OF THE STATE FISCAL YEARS 2026-27, 2027-28, AND 2028-29; AND, FOR STATE FISCAL YEAR 2029-30, AND EACH YEAR THEREAFTER, THE INCREASE MUST BE EQUAL TO THE ANNUAL PERCENTAGE CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF LABOR STATISTICS CONSUMER PRICE INDEX, OR A SUCCESSOR INDEX, FOR DENVER-AURORA-LAKEWOOD FOR ALL ITEMS PAID BY URBAN CONSUMERS.

**SECTION 3.** In Colorado Revised Statutes, 25-27-107, **amend** (1.5)(a); and **add** (1.7) as follows:

**25-27-107. License fees - rules.** (1.5) (a) No later than January 1, 2009, the state board shall promulgate rules establishing a schedule of fees sufficient to meet the direct and indirect costs of administration and enforcement of this article 27. The rules shall set a lower fee for facilities with a high medicaid utilization rate as defined by the state board. The rules shall be adopted in accordance with article 4 of title 24. On or after August 1, 2019, BUT BEFORE JULY 1, 2025, fees established pursuant to this section are subject to the limitations specified in section 25-3-105 (1)(a)(I)(B). The state board may increase a fee on the schedule established pursuant to this section that is in effect on August 1, 2019, only in accordance with ~~section 25-3-105 (1)(a)(I)(B)~~ SECTION 25-3-105 (1)(a)(I).

(1.7) FOR STATE FISCAL YEAR 2025-26 AND EACH STATE FISCAL YEAR THEREAFTER, THE SCHEDULE OF FEES ADOPTED BY THE STATE BOARD PURSUANT TO SECTION 25-3-105 (1)(a)(I)(A) MUST BE UPDATED AND PUBLISHED BY MARCH 1 OF THE YEAR THAT THE FEES WILL TAKE EFFECT. THE FEES ARE NOT SUBJECT TO RULE-MAKING BY THE STATE BOARD. THE FEES MUST INCREASE:

(a) FOR STATE FISCAL YEAR 2025-26, EIGHT PERCENT FROM THE FEES ON THE SCHEDULE OF FEES ESTABLISHED PURSUANT TO SUBSECTION (1.5)(a)



OF THIS SECTION;

(b) FOR EACH OF STATE FISCAL YEARS 2026-27, 2027-28, AND 2028-29, SIX PERCENT; AND

(c) FOR STATE FISCAL YEAR 2029-30 AND FOR EACH STATE FISCAL YEAR THEREAFTER, AN AMOUNT THAT IS EQUAL TO THE ANNUAL PERCENTAGE CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF LABOR STATISTICS CONSUMER PRICE INDEX, OR A SUCCESSOR INDEX, FOR DENVER-AURORA-LAKEWOOD FOR ALL ITEMS PAID BY URBAN CONSUMERS.

**SECTION 4.** In Colorado Revised Statutes, 25-27.5-104, **amend as it will become effective July 1, 2024, (1)(g)** as follows:

**25-27.5-104. Minimum standards for home care agencies and home care placement agencies - rules - advisory committee.** (1) The state board shall promulgate rules pursuant to section 24-4-103 providing minimum standards for the operation of home care agencies and home care placement agencies within the state of Colorado that apply regardless of the source of payment for the home care services or the diagnosis of the home care consumer. In promulgating these rules, the state board shall establish different requirements appropriate to the various types of skilled home health and personal care services, including differentiating requirements for providers that are substantially funded through medicare and medicaid reimbursement, providers for the program of all-inclusive care for the elderly established in section 25.5-5-412, providers that are already licensed under this title 25, and providers that are solely or substantially privately funded. This differentiation must include consideration of the requirements already imposed by other federal and state regulatory agencies and must require the department of health care policy and financing and the department to work jointly to resolve differing requirements. The rules must include the following:

(g) (I) **Fees for home care agency licensure.** Home care agency fees are payable to the home care agency cash fund. The annual fee must include a component that reflects whether a survey is planned for the year based on the agency's compliance history. FOR STATE FISCAL YEAR 2024-25, the state board shall develop a methodology for establishing differentiating fees for licensure of home care agencies to reflect the differences in type,

scope, and volume of services provided by the various types of home care agencies, including their volume of medicaid and medicare services, and that allows for reduced fees for home care agencies that are certified prior to initial license application. The department shall not charge a duplicate fee for survey work conducted pursuant to its role as state survey agency for the federal centers for medicare and medicaid services or the Colorado department of health care policy and financing.

(II) ~~Notwithstanding section 25-3-105 (1)(a)(I)(B),~~ FOR STATE FISCAL YEAR 2025-26 AND EACH STATE FISCAL YEAR THEREAFTER, THE SCHEDULE OF FEES ADOPTED BY THE STATE BOARD PURSUANT TO SECTION 25-3-105 (1)(a)(I)(A) MUST BE UPDATED AND PUBLISHED BY MARCH 1 OF THE YEAR THAT THE FEES WILL TAKE EFFECT. THE FEES ARE NOT SUBJECT TO RULE-MAKING BY THE STATE BOARD. ~~The state board may set and adjust licensure fees for home care agencies MUST BE INCREASED as appropriate based on the differentiating fee methodology developed by the state board pursuant to this paragraph (g):~~ FOLLOWS:

(A) FOR STATE FISCAL YEAR 2025-26, EIGHT PERCENT FROM THE FEES ON THE SCHEDULE OF FEES ESTABLISHED PURSUANT TO SUBSECTION (1)(g)(I) OF THIS SECTION;

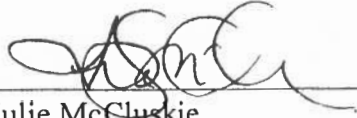
(B) FOR EACH OF STATE FISCAL YEARS 2026-27, 2027-28, AND 2028-29, SIX PERCENT; AND

(C) FOR STATE FISCAL YEAR 2029-30 AND FOR EACH STATE FISCAL YEAR THEREAFTER, AN AMOUNT EQUAL TO THE ANNUAL PERCENTAGE CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF LABOR STATISTICS CONSUMER PRICE INDEX, OR A SUCCESSOR INDEX, FOR DENVER-AURORA-LAKEWOOD FOR ALL ITEMS PAID BY URBAN CONSUMERS.

**SECTION 5. Effective date.** This act takes effect July 1, 2024.

**SECTION 6. Safety clause.** The general assembly finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety or for appropriations for

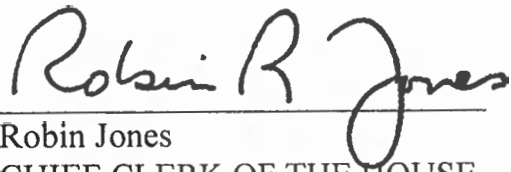
the support and maintenance of the departments of the state and state institutions.



Julie McCluskie  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES



Steve Fenberg  
PRESIDENT OF  
THE SENATE

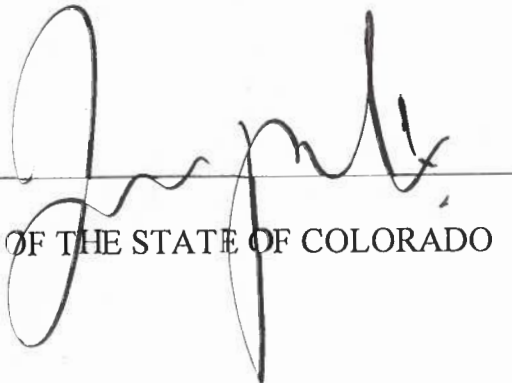


Robin Jones  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES



Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED Monday April 29<sup>th</sup> 2024 at 1:00pm  
(Date and Time)



Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO

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 Chapter 2

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

Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

\*\*\*\*

2.3 Initial License Application Procedure

2.3.1 Any person or business entity seeking a license to operate a facility or agency that is subject to section 25-3-101, C.R.S. shall initially notify the Department by submitting a letter of intent upon such form and in such manner as prescribed by the Department.

2.3.2 The applicant shall provide the Department with a complete application including all information and attachments specified in the application form and any additional information requested by the Department. The appropriate non-refundable fee(s) for the license category requested shall be submitted with the application IN ACCORDANCE WITH PART 2.12 OF THESE RULES. Applications shall be submitted at least ninety (90) calendar days before the anticipated start-up date.

(A) A license application may be considered abandoned if the applicant fails to complete the application within twelve (12) months and fails to respond to the Department. The Department may administratively close the application process.

(B) After an administrative closure, the applicant may file a new license application along with the corresponding initial license fee IN ACCORDANCE WITH PART 2.12 OF THESE RULES.

\*\*\*\*

2.4 Provisional License

2.4.1 Where an applicant fails to fully conform to the applicable statutes and regulations but the Department determines the applicant is making a substantial good faith attempt to comply, the Department may refuse to issue an initial license and instead grant the applicant a provisional license upon payment of the non-refundable provisional license fee.

(A) A provisional license shall be valid for ninety (90) days.

(B) Except for Assisted Living Residences, a second provisional license may be issued if the Department determines that substantial progress continues to be made and it is likely compliance can be achieved by the date of expiration of the second provisional license.

(C) The second provisional license shall be issued for the same duration as the first upon payment of a second non-refundable provisional license fee. The Department may not issue a third or subsequent provisional license to the entity, and in no event shall an

entity be provisionally licensed for a period to exceed one hundred eighty (180) calendar days.

(D) During the term of the provisional license, the Department shall conduct any review it deems necessary to determine if the applicant meets the requirements for a regular license.

(E) If the Department determines, prior to expiration of the provisional license, that the applicant has achieved reasonable compliance, it shall issue a regular license upon payment of the applicable ~~initial~~ license fee. The regular license shall be valid for one year from the date of issuance of the regular license, unless otherwise acted upon pursuant to Part 2.11 of this Chapter.

(F) UNLESS OTHERWISE SPECIFIED ON THE FEE SCHEDULE AS UPDATED AND PUBLISHED BY THE DEPARTMENT IN ACCORDANCE WITH PART 2.12 OF THESE RULES, THE PROVISIONAL LICENSE FEE SHALL BE \$1,128.76.

Commented [KN1]: "Initial" is being struck for clarity. Ch 20 requires payment of renewal license fee in this circumstance.

## 2.5 Renewal License Application Procedure

2.5.1 Except for those renewal applicants described in (A) below, a licensee seeking renewal shall provide the Department with a license application, signed under penalty of perjury by an authorized corporate officer, general partner, or sole proprietor of the applicant, as appropriate, and the appropriate fee at least sixty (60) calendar days prior to the expiration of the existing license IN ACCORDANCE WITH PART 2.12 OF THESE RULES. Renewal applications shall contain the information required in Part 2.3.3, above, unless the information has been previously submitted and no changes have been made to the information currently held by the Department.

(A) In order to comply with Colorado Division of Insurance Rule 2-1-1, a licensee that has an insurance policy with any portion of self-insured retention or alternate form of security shall submit its license application and fee to the Department at least ninety (90) calendar days prior to the expiration of the existing license.

2.5.2 Failure to submit a complete renewal application and appropriate fees to the Department by the license expiration date will result in the following late fees: IN ACCORDANCE WITH PART 2.12 OF THESE RULES.

~~(A) Six (6) to twenty-nine (29) calendar days after expiration, a late fee of ten percent (10%) of the renewal fee is due in addition to the renewal fee,~~

~~(B) Thirty (30) to fifty-nine (59) calendar days after expiration, a late fee of fifty percent (50%) of the renewal fee is due in addition to the renewal fee,~~

~~(C) Sixty (60) to eighty-nine (89) calendar days after expiration, a late fee of seventy-five percent (75%) of the renewal fee is due in addition to the renewal fee.~~

2.5.3 If a license renewal application and appropriate fees are not received by the Department by day ninety (90) following the expiration of the license, the licensee shall cease operation and submit an initial application and associated initial fees to the Department in accordance with Part 2.3, above AND 2.12 OF THESE RULES.

\*\*\*\*

## 2.6 Change of Ownership/Management

2.6.1 When a currently licensed facility or agency anticipates a change of ownership, the current licensee shall submit a letter of intent to the Department within the specified time frame, and the prospective new licensee shall submit an application and supporting documentation for change of ownership along with the requisite fees **IN ACCORDANCE WITH PART 2.12 OF THESE RULES** within the same time frame. The time frame for submittal of the letter of intent and the application and supporting documentation shall be at least ninety (90) calendar days before a change of ownership involving any facility or agency except those specifically enumerated in (A) below.

\*\*\*\*

2.8.3 The Department may impose conditions upon a license prior to issuing an initial or renewal license or during an existing license term. If the Department imposes conditions on a license, the licensee shall immediately comply with all conditions until and unless said conditions are overturned or stayed on appeal.

(A) If conditions are imposed at the same time as an initial or renewal license, the applicant shall pay the applicable initial or renewal license fee plus the conditional fee **IN ACCORDANCE WITH PART 2.12 OF THESE RULES**.

(B) If conditions are imposed during the license term, the licensee shall pay the conditional fee **IN ACCORDANCE WITH PART 2.12 OF THESE RULES** and the conditions shall run concurrently with the existing license term.

(C) If the conditions are renewed in whole or in part for the next license term, the licensee shall pay the applicable renewal fee along with the conditional fee in effect at the time of renewal **IN ACCORDANCE WITH PART 2.12 OF THESE RULES**.

(D) If the Department imposes conditions of continuing duration that require only minimal administrative oversight, it may waive the conditional fee **IN ACCORDANCE WITH PART 2.12 OF THESE RULES** after the licensee has complied with the conditions for a full license term.

(E) If a licensee holds a conditional license, it shall post a clearly legible copy of the license conditions in a conspicuous public place in the facility or agency.

\*\*\*\*

2.9.6 Each licensee shall submit to the Department a letter of intent of any change in the information required by Part 2.3.3 of this Chapter from what was contained in the last submitted license application.

(A) Changes to the operation of the facility or agency shall not be implemented without prior approval from the Department. A licensee shall, at least thirty (30) calendar days in advance, submit a letter of intent to the Department regarding any of the following proposed changes.

(1) Increase in licensed capacity.

(a) If a licensee requests an increase in capacity that is approved by the Department, an amended license shall be issued upon payment of the appropriate fee **IN ACCORDANCE WITH PART 2.12 OF THESE RULES**.

(b) The Department has the discretion to deny a requested increase in capacity if it determines that the increase poses a potential risk to the health, safety, or welfare of the licensee's clients based upon the

112 licensee's compliance history, or because the licensee is unable to meet  
113 the required health and environmental criteria for the increased capacity.

114 \*\*\*\*

115 **2.12 License Fees**

116 **2.12.1** LICENSE APPLICANTS AND LICENSEES SHALL PAY LICENSE AND LICENSE-RELATED FEES AS UPDATED AND  
117 PUBLISHED BY THE DEPARTMENT IN ACCORDANCE WITH SECTIONS 25-3-105(1)(A)(I)(B.5), 25-27-  
118 107(1.7), AND 25-27.5-104(1)(G)(II), C.R.S.

119 (A) THE DEPARTMENT SHALL MAKE A FEE SCHEDULE AVAILABLE BY MARCH 1 OF THE YEAR THAT  
120 THE FEES WILL TAKE EFFECT, WITH FEES TAKING EFFECT ON JULY 1. THE FEE SCHEDULE IS  
121 AVAILABLE FOR VIEWING AT [HTTPS://CDPHE.COLORADO.GOV/FACILITY-FEES](https://cdphe.colorado.gov/facility-fees).

122 (1) ALL FEES SHALL BE INCLUDED ON THE FEE SCHEDULE, INCLUDING, BUT NOT LIMITED TO,  
123 INITIAL, RENEWAL, CONDITIONAL, PROVISIONAL, CHANGE OF OWNERSHIP, CHANGE IN  
124 LICENSED CAPACITY, RENEWAL APPLICATION LATE FEES, AND ANY OTHER FACILITY- OR  
125 AGENCY-SPECIFIC FEES.

126 (B) ALL FEES SHALL BE NON-REFUNDABLE, UNLESS OTHERWISE SPECIFIED.

127 (C) ALL LICENSE FEES SHALL BE SUBMITTED TO THE DEPARTMENT WITH THE CORRESPONDING  
128 APPLICATION OR LICENSE-RELATED ACTION.

129 (D) IN THE ABSENCE OF THE SAME TYPE OF FEE FOR THE SPECIFIC FACILITY OR AGENCY LICENSE  
130 TYPE, THE FEE SCHEDULE'S GENERAL FEES SHALL APPLY.

131 (E) MORE THAN ONE FEE MAY APPLY, DEPENDING ON APPLICATION REQUIREMENTS.

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

<del>Initial license</del>	<del>-\$406.36</del>
<del>Renewal license</del>	<del>-\$406.36</del>
<del>Conditional license</del>	<del>-\$1,693.13</del>
<del>First provisional license</del>	<del>-\$1,128.76</del>
<del>Second provisional license</del>	<del>-\$1,128.76</del>
<del>Change of ownership</del>	<del>-\$406.36</del>
<del>Change in licensed capacity</del>	<del>-\$406.36</del>
<del>Change of name</del>	<del>-\$84.65</del>
<del>Renewal application late fee</del>	<del>-See Part 2.5.2, above.</del>

135  
136 \*\*\*\*

137 **2.13.2** The incentive payment shall be calculated at ten percent (10%) of the licensee's renewal license  
138 fee and shall apply when:

139 (A) The inspection is completed with the full and timely cooperation of the licensee,

140 (B) Inspection findings do not document harm or potential harm to clients, and

141 (C) Correction of the deficient practice is verified by the Department on or prior to the  
142 respective due dates.

143 (D) The incentive payment shall be paid to the licensee within sixty (60) days following the  
144 acceptance of the validation of correction of all cited deficiencies, or within sixty (60) days  
145 of the inspection exit date if no deficiencies were cited.  
146 \*\*\*\*



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES

CHAPTER 4 - GENERAL HOSPITALS

6 CCR 1011-1 Chapter 4

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

Adopted by the Board of Health on August 21, 2024. Effective October 15, 2024.

Part 3. DEPARTMENT OVERSIGHT

\*\*\*\*

3.1 APPLICATION FEES

(A) GENERAL HOSPITAL LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- (1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY, ITS LICENSE CAPACITY, AND WHETHER THE LICENSE APPLICANT OR LICENSEE HAS BEEN ACCREDITED BY AN ACCREDITING ORGANIZATION RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AS HAVING DEEMING AUTHORITY;
- (2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE;
- (3) OFF-CAMPUS LOCATION ADDITION, RENEWAL, OR REMOVAL FROM A LICENSE; OR
- (4) CHANGE IN LICENSE CAPACITY.

(B) PROVISIONAL LICENSE

(1) A LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A NONREFUNDABLE FEE OF \$2,821.89.

(C) IF A LICENSE APPLICANT REQUESTS AN ONSITE INSPECTION FOR A REGULATORY OVERSIGHT FUNCTION OTHER THAN THOSE LISTED IN PARTS (A)-(B), ABOVE, THE DEPARTMENT MAY CONDUCT SUCH ONSITE INSPECTION UPON NOTIFICATION TO THE HOSPITAL OF THE FEE IN ADVANCE PAYMENT AND THEREOF.

(1) 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.

Commented [KN2]: Moved from 3.1(D)

Commented [KN3]: Moved from 3.1(D)(1)

Commented [KN4]: Moved from 3.1(F)(1)

Commented [KN5]: Moved from 3.1(F)(2)

3.1 Application Fees

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

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

Number of Inpatient Beds	Fee
1–25 beds	\$9,030.07
26–50 beds	\$11,287.59
51–100 beds	\$14,109.49
101+ beds	Base: \$11,061.84
	Per bed: \$56.44
	Cap: \$22,575.19

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

(B) Renewal License

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

- (2) A license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a ten (10) percent discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall submit copies of its most recent recertification survey(s), and any plan(s) of correction with the 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: \$1,015.88 Per bed: \$13.54	Base: \$914.29 Per bed: \$13.54
51–150 beds	Base: \$1,580.27 Per bed: \$13.54	Base: \$1,422.24 Per bed: \$13.54
151+ beds	Base: \$2,257.52 Per bed: \$13.54 Cap: \$9,030.07	Base: \$2,031.76 Per bed: \$13.54 Cap: \$9,030.07

(C) Change of Ownership

- (1) A license applicant shall submit a nonrefundable fee of \$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 \$2,821.89.

- (2) If a provisional license is issued, the provisional license fee shall be paid in addition to the initial license fee.

(E) Conditional License

Commented [KN6]: Moved to 3.1(B)

Commented [KN7]: Moved to 3.1(B)(1)

Commented [KN8]: In Ch 2, 2.4.1(E)

(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.

Commented [KN9]: Moved to 3.1(C)

(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.

Commented [KN10]: Moved to 3.1(C)(1)

~~(G)~~ Off-Campus Locations

(1) A license applicant shall submit a nonrefundable fee, as set forth below, for the requested license action.

(a) Addition of Location: \$1,128.76 for the addition of each location to the list of off-campus locations under the license, except that critical access hospitals shall submit a nonrefundable fee of \$64.37.

(b) Annual Renewal: \$564.37 for the annual renewal of each off-campus location listed under the license.

(i) \$507.95 for the annual renewal of each off-campus location that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority. In order to be eligible for this discount, the license applicant shall submit copies of its most recent recertification survey(s), and any plan(s) of correction with the most recent letter of accreditation showing the license applicant has full accreditation status in addition to a completed renewal application.

(c) Removal of Location: \$406.36 for the removal of each location from the list of off-campus locations under the license.

3.2 Increase in Licensed Capacity

(A) Planned increase in licensed capacity

(1) Each hospital shall comply with the requirements of 6 CCR 1011-1, Chapter 2, Part 2.9.6, regarding the written notification of changes affecting the licensee's operation or information.

(2) In addition to (A)(1) above, a hospital that wishes to increase its licensed capacity shall follow the following process:

(a) If a hospital notifies the Department, in writing, at least thirty (30) days prior to an increase in licensed capacity, an amended license shall be issued upon payment of the appropriate fee.

(b) If requested by the Department, the hospital shall meet with a Department representative prior to implementation to discuss the proposed changes.

(c) If a hospital requesting an increase in licensed capacity has been subject to conditions imposed upon its license, pursuant to 6 CCR 1011-1, Chapter 2, Part 2.8.3, or been subject to a plan of correction pursuant to 6 CCR 1011-1, Chapter 2, Part 2.10.4(B), within the past twelve (12) months, the hospital shall submit to the Department evidence that the noted condition(s) have been met, or the plan of correction implemented, when providing the notice of increased capacity.

(B) Temporary increase in licensed capacity

(1) A hospital seeking a temporary increase in licensed capacity shall follow the requirements of 6 CCR 1011-1, Chapter 2, Part 2.8.2(B).

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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.]

Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

\*\*\*\*

SECTION 32 LICENSING FEES

32.1 NURSING CARE FACILITY LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

(A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY AND WHETHER THE LICENSE APPLICANT OR LICENSEE IS MEDICARE AND/OR MEDICAID CERTIFIED;

(B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE; OR

(C) OPENING A SECURE UNIT.

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

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

~~32.3 Renewal license - The annual renewal fee shall be as follows:~~

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

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

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

~~32.25~~ Opening a secure unit - A facility that wishes to open a secure unit shall submit a fee of \$1,806.01 in addition to any other applicable license fees IN ACCORDANCE WITH PART 32.1, ABOVE.

\*\*\*\*

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.]

Adopted by the Board of Health on April 17, 2024 . Effective July 1, 2024 .

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3.5 An assisted living residence shall not care for more residents than the number of beds for which it is currently licensed.

License Fees

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

3.6 ASSISTED LIVING RESIDENCE LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- (A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE NUMBER OF LICENSED BEDS AND WHETHER THE FACILITY HAS HIGH MEDICAID UTILIZATION FACILITY OR QUALIFYING DISPROPORTIONATE SHARE FACILITY STATUS;
- (B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE; OR
- (C) CHANGE IN LICENSED CAPACITY, CHANGE OF NAME, CHANGE OF ADMINISTRATOR, CHANGE IN MAILING ADDRESS, OR OPENING A NEW SECURE ENVIRONMENT.

3.6 Licenses

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

3 to 8 licensed beds:	\$6,804.63
9 to 19 licensed beds:	\$7,884.73
20 to 49 licensed beds:	\$9,450.88
50 to 99 licensed beds:	\$12,475.16
100 or more licensed beds:	\$15,931.48
Qualifying disproportionate share facility:	\$3,240.30

3.7—Renewal Fees

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

~~\$388.84 per facility plus \$111.25 per bed.~~

~~\$388.84 per facility plus \$41.04 per bed for a high Medicaid utilization facility.~~

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

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

3.9—Change of Ownership

(A) The applicable fee, as set forth below, shall accompany a facility's application for change of ownership.

Three to 19 licensed beds: \$6,750.63

20 to 49 licensed beds: \$8,424.78

50 to 99 licensed beds: \$11,449.06

100 licensed beds and more: \$14,797.37

(B) If the same purchaser buys more than one facility from the same seller in a single business transaction, the change of ownership fee shall be the fee noted above for the largest facility and \$4,860.45 for each additional facility included in the transaction. The appropriate fee total shall be submitted with the application.

3.740 Other License Fees

(A) A facility applying for a change of mailing address, shall submit a fee ~~IN ACCORDANCE WITH PART 3.6, ABOVE, of \$81.04~~ with the application. For purposes of this subpart, a corporate change of address for multiple facilities shall be considered one change of address.

(B) A facility applying for a change of name shall submit a fee ~~IN ACCORDANCE WITH PART 3.6, ABOVE, of \$81.04~~ with the application.

(C) A facility applying for an increased number of licensed beds shall submit a fee ~~IN ACCORDANCE WITH PART 3.6, ABOVE, of \$540.05~~ with the application.

(D) A facility applying for a change of administrator shall submit a fee ~~IN ACCORDANCE WITH PART 3.6, ABOVE, of \$540.05~~ with the application.

(1) If the change of administrator application is due to the appointment of an interim administrator, the facility shall pay the fee no later than 90 days after the appointment.

(a) If an administrator is appointed during the 90 days and the required change of administrator application is submitted ~~during~~ that time, the facility shall owe a single payment ~~IN ACCORDANCE WITH PART 3.6, ABOVE of \$540.05.~~

61 (b) If an administrator is appointed more than 90 days after the appointment  
62 of the interim administrator, the facility shall pay separate fees for each  
63 change of administrator application.

64 (E) A facility seeking to open a new secure environment shall submit a fee ~~IN ACCORDANCE~~  
65 ~~WITH PART 3.6, ABOVE, of \$1,728.16~~ with the first submission of the applicable building  
66 plans.

67 \*\*\*\*\*



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.]

Adopted by the Board of Health on ~~April 17, 2024~~ . Effective ~~July 1, 2024~~ .

\*\*\*\*

Part 3 – Licensing Requirements

\*\*\*\*

3.3 GROUP HOME AND INTERMEDIATE CARE FACILITY LICENSE APPLICANTS AND LICENSEES SHALL PAY AND  
SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1,  
CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

(A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE TYPE OF FACILITY;

(B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE BASED ON THE TYPE OF FACILITY; OR

(C) REVISIT FEES

(1) A FACILITY'S RENEWAL LICENSE FEE MAY BE INCREASED AS THE RESULT OF A  
LICENSURE INSPECTION OR SUBSTANTIATED COMPLAINT INVESTIGATION WHERE A  
DEFICIENT PRACTICE IS CITED THAT HAS EITHER CAUSED HARM, OR HAS THE POTENTIAL  
TO CAUSE HARM, TO A CONSUMER AND THE FACILITY HAS FAILED TO DEMONSTRATE  
APPROPRIATE CORRECTION OF THE CITED DEFICIENCIES AT THE FIRST ON-SITE REVISIT.

(2) THE REVISIT FEE SHALL BE ASSESSED FOR THE SECOND ON-SITE REVISIT AND EACH  
SUBSEQUENT ON-SITE REVISIT PERTAINING TO THE SAME DEFICIENCY.

Commented [KN11]: Moved from 3.3(D)(1)

Commented [KN12]: "Agency" changed to "facility" for clarity

Commented [KN13]: Moved from 3.3(D)(2). Percentage for  
calculating fee has been removed and the sentence has been  
reworded slightly for clarity.

3.3—License Fees

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

(A) Initial License

(1) Group Home: \$2,821.89.

(2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,772.56.

(B) License Renewal. Effective July 1, 2024, the annual renewal fee shall be:

26 (1) Group Home: \$423.29.

27 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$1,806.01.

28 (C) Change of Ownership. Change of ownership shall be determined in accordance with the

29 criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The change of ownership fee shall

30 be:

31 (1) Group Home: \$2,821.80.

32 (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,772.56.

33 (D) Revisit Fee

34 (1) A facility's renewal license fee may be increased as the result of a licensure

35 inspection or substantiated complaint investigation where a deficient practice is

36 cited that has either caused harm, or has the potential to cause harm, to a

37 consumer and the agency has failed to demonstrate appropriate correction of the

38 cited deficiencies at the first on-site revisit.

39 (2) The fee shall be 50 percent of the facility's renewal license fee and shall be

40 assessed for the second on-site revisit and each subsequent on-site revisit

41 pertaining to the same deficiency.

42 \*\*\*\*

Commented [KN14]: Moved to 3.1(B)(1)

Commented [KN15]: Moved to 3.1(B)(2)

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 Chapter 9

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

Adopted by the Board of Health on August 21, 2024. Effective October 15, 2024.

\*\*\*\*

Part 3. LICENSING FEES

3.1 COMMUNITY CLINIC LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- (A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY AND WHETHER IT PROVIDES EMERGENCY SERVICES AND/OR INPATIENT BEDS, OPERATES UNDER THE AUSPICES OF THE DEPARTMENT OF CORRECTIONS, SERVES THE UNINSURED OR UNDERINSURED, OR ANY OTHER COMMUNITY CLINIC; OR
- (B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

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

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

\*\*\*\*

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 Chapter 10

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

Adopted by the Board of Health on August 21, 2024. Effective October 15, 2024.

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Part 3. DEPARTMENT OVERSIGHT

3.1 APPLICATION FEES

- (A) REHABILITATION HOSPITAL LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:
- (1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY, ITS LICENSE CAPACITY, AND WHETHER THE LICENSE APPLICANT OR LICENSEE HAS BEEN ACCREDITED BY AN ACCREDITING ORGANIZATION RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES AS HAVING DEEMING AUTHORITY;
- (2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE; OR
- (3) CHANGE IN LICENSE CAPACITY.

(B) PROVISIONAL LICENSE

- (1) THE LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A NONREFUNDABLE FEE OF \$2,821.89.

Commented [KN16]: Moved from 3.1(D)

Commented [KN17]: Moved from 3.1(D)(1)

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

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

- (1) A license applicant shall submit a nonrefundable fee with an application for licensure as follows: base fee of \$6,433.92 and a per bed fee of \$56.44. The initial licensure fee shall not exceed \$11,851.97.

(B) Renewal License

- (1) A license applicant shall submit an application for licensure with a nonrefundable fee as follows: Base fee of \$1,806.01 and a per bed fee of \$13.54. The total renewal fee shall not exceed \$9,030.07.

(2) — A license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a \$160 discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall submit copies of its most recent recertification survey(s) and plan(s) of correction and the most recent letter of accreditation showing the license applicant has full accreditation status in addition to a completed renewal application.

(C) — Change of Ownership

(1) — A license applicant shall submit a nonrefundable fee of \$2,821.89 with an application for licensure.

~~(D)~~ — Provisional License

~~(1)~~ — The license applicant may be issued a provisional license upon submittal of a nonrefundable fee of \$2,821.89. If a provisional license is issued, the provisional license fee shall be 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 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.

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Commented [KN18]: Moved to 3.1(B)

Commented [KN19]: Moved to 3.1(B)(1)

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]

Adopted by the Board of Health on August 21, 2024. Effective October 15, 2024.

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Part 3. LICENSING FEES

3.1 FSED LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

(A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES; OR

(B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

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

License Category	Initial license	Renewal license	Change of Ownership
Freestanding Emergency Department	\$6,642.62	\$3,672.34	\$3,564.33

\*\*\*\*

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 Chapter 15

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

Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

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Section 3. FEES

3.1 DIALYSIS TREATMENT CLINIC LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- (A) INITIAL, PROVISIONAL, OR CONDITIONAL LICENSES;
- (B) RENEWAL LICENSES BASED ON THE MAXIMUM NUMBER OF OPERATIONAL PROCEDURE STATIONS;  
OR
- (C) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

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

- (A) Initial license fee - \$5,801.82 per facility.
- (B) Renewal license fee - For licenses that expire on or after July 1, 2024, the fee shall be based upon the maximum number of a facility's operational procedure stations as set forth below.

1 - 12 stations	\$1,806.01 per facility
13 - 23 stations	\$2,844.47 per facility
24 or more stations	\$3,877.29 per facility

- (C) Change of ownership - change of ownership shall be determined in accordance with the criteria set forth in Chapter 2, part 2. The fee shall be \$5,801.82 per facility.

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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 Chapter 18

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

Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

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Part 3. DEPARTMENT OVERSIGHT

3.1 APPLICATION FEES

(A) PSYCHIATRIC HOSPITAL LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT NOT ARE LIMITED TO:

- (1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES;
- (2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE; OR
- (3) CHANGE IN LICENSE CAPACITY.

(B) PROVISIONAL LICENSE

- (1) THE LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A NONREFUNDABLE FEE OF \$2,821.89.

Commented [KN20]: Moved from 3.1(D)

Commented [KN21]: Moved from 3.1(D)(1)

3.4 Application Fees. Nonrefundable fees shall be submitted to the Department with an application for licensure as follows:

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

- (1) A license applicant shall submit a nonrefundable fee with an application for licensure as follows: base fee of \$6,433.92 and a per bed fee of \$56.44. The initial licensure fee shall not exceed \$11,851.97.

(B) Renewal License

- (1) A license applicant shall submit an application for licensure with a nonrefundable fee as follows: Base fee of \$1,806.01 and a per bed fee of \$13.54. The total renewal fee shall not exceed \$9,030.07.
- (2) A license applicant that is accredited by an accrediting organization recognized by the Centers for Medicare and Medicaid Services as having deeming authority may be eligible for a \$160 discount off the base renewal license fee. In order to



be eligible for this discount, the license applicant shall submit copies of its most recent recertification survey(s) and plan(s) of correction and the most recent letter of accreditation showing the license applicant has full accreditation status. in addition to a completed renewal application.

(C) — Change of Ownership

- (1) — A license applicant shall submit a nonrefundable fee of \$2,821.89 with an application for licensure.

(D) — Provisional License

- (1) — The license applicant may be issued a provisional license upon submittal of a nonrefundable fee of \$2,821.89.

- (2) — If a provisional license is issued, the provisional license fee shall be 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 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.

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Commented [KN22]: Moved to 3.1(B)

Commented [KN23]: Moved to 3.1(B)(1)

Commented [KN24]: In Ch 2, 2.4.1(E)

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
Health Facilities and Emergency Medical Services Division  
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES  
CHAPTER 19 – LICENSED HOSPITAL UNITS

6 CCR 1011-1 Chapter 19

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

Adopted by the Board of Health on August 21, 2024. Effective October 15, 2024.

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Part 3. DEPARTMENT OVERSIGHT

3.1 APPLICATION FEES

(A) LICENSED HOSPITAL UNIT LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

(1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES; OR

(2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

(B) PROVISIONAL LICENSE

(1) A LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A FEE OF \$2,821.89.

Commented [KN25]: Moved from 3.1(D)

Commented [KN26]: Moved from 3.1(D)(1)

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

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

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

(B) Renewal License

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

(C) Change of Ownership

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

(D) Provisional License

Commented [KN27]: Moved to 3.1(B)

28 ~~(1) A license applicant may be issued a provisional license upon submittal of a fee of~~  
29 ~~\$2,821.89.~~

**Commented [KN28]:** Moved to 3.1(B)(1)

30 ~~(2) If a provisional license is issued, the provisional license fee shall be in addition to~~  
31 ~~the initial license fee.~~

**Commented [KN29]:** In Ch 2, 2.4.1(E)

32 (E) Conditional License

33 ~~(1) A license applicant that is issued a conditional license by the Department shall~~  
34 ~~submit a fee ranging from ten (10) to twenty five (25) percent of its applicable~~  
35 ~~renewal fee.~~

36 ~~(2) The Department shall assess the fee based on the anticipated costs of~~  
37 ~~monitoring compliance with the conditional license.~~

38 ~~(3) Conditional license fees shall be paid in accordance with the requirements of 6~~  
39 ~~CCR 4011-1, Chapter 2, Part 2.8.3.~~

40 \*\*\*\*  
41

2 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

3 Health Facilities and Emergency Medical Services Division

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

6 6 CCR 1011-1 Chapter 20

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

8 \_\_\_\_\_  
9 Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

10 \*\*\*\*\*

11 SECTION 24 - LICENSE FEES

12 24.1 AMBULATORY SURGICAL CENTER LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE  
13 AND LICENSE-RELATED FEES AS PUBLISHED IN ACCORDANCE WITH CHAPTER 2, PART 2.12. APPLICABLE  
14 FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

15 (A) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY, THE  
16 NUMBER OF PROCEDURE ROOMS, AND WHETHER THE FACILITY IS ACCREDITED BY AN  
17 ACCREDITING ORGANIZATION RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID  
18 SERVICES AS HAVING DEEMING AUTHORITY; OR

19 (B) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

20 24.2 THE LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A  
21 NONREFUNDABLE FEE OF \$2,821.89.

Commented [KN30]: Moved from 24.1(D)

22 24.1 As part of the licensing process described at 6 CCR 1011-1, Chapter 2, Part 2, an applicant for  
23 an ambulatory surgical center license shall submit, in the form and manner specified by the  
24 Department, a license application with the corresponding nonrefundable fee as set forth below:

25 (A) Initial license: A license applicant shall submit with an application for licensure a  
26 nonrefundable fee of \$7,449.81.

27 (B) Renewal license: A license applicant shall submit an application for licensure with a  
28 nonrefundable fee as shown in the table below. The total renewal fee shall not exceed  
29 \$3,386.28.

30 (1) A license applicant that is accredited by an accrediting organization recognized  
31 by the Centers for Medicare and Medicaid Services as having deeming authority  
32 may be eligible for a 10 percent discount off the base renewal license fee. In  
33 order to be eligible for this discount, the license applicant shall authorize its  
34 accrediting organization to submit directly to the Department copies of all surveys  
35 and plan(s) of correction for the previous license year, along with the most recent  
36 letter of accreditation showing the license applicant has full accreditation status.  
37

BASE FEE	BASE FEE WITH DEEMING DISCOUNT	PROCEDURE ROOM FEE
\$1,625.42	\$1,462.88	\$225.75 Per Room

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

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

Commented [KN31]: Moved to 24.2

Commented [KN32]: In Ch 2, 2.4.1(E)

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

## SECTION 25 - AMBULATORY SURGICAL CENTER WITH A CONVALESCENT CENTER

25.1 General: An ambulatory surgical center with a convalescent center shall comply with the preceding sections 1 through 24 which shall apply to the operation and maintenance of the ambulatory surgical center and the convalescent center. In addition, an ambulatory surgical center with a convalescent center shall comply with this Section 25.

25.2 Patient Transfer: A licensed ambulatory surgical center with a convalescent center shall provide for the prompt and safe transfer of patients between the ambulatory surgical center and the convalescent center. Each patient transferred from the ambulatory surgical center to the convalescent center shall have a visible means of identification on his or her person.

25.3 Patient Care Services: The convalescent center shall have and follow written policies and procedures regarding the provision of direct patient care that includes, but is not limited to:

- (A) The handling of medical emergencies;
- (B) Coordination of care across multiple disciplines, as applicable;
- (C) Initial and revised patient assessments and care plans; and
- (D) Discharge planning.

25.4 Dietary Services: The convalescent center shall provide food service to admitted patients.

- (A) Persons assigned to food preparation and service shall have the appropriate training necessary to store, prepare and serve food in a manner that prevents food-borne illness
- (B) Meals shall be prepared, stored and served in a manner that prevents food-borne illness.
- (C) The food service area shall be an area separate from the employee lounge or other areas used by facility personnel or the public.
- (D) All food shall be pre-packaged and require microwave heating only and disposable products for preparation and service shall be used unless the facility develops and implements policies and procedures for the safe preparation, storage and serving of foods.
- (E) Catering and alternative methods of meal provision shall be allowed if patient needs and the intent of this part of the regulations are met.

75 25.5 Contracted Services: All contracted services shall be documented by a written agreement. The  
76 written agreement shall include the names of the owner or corporate officers authorized to sign  
77 the agreement and the center shall be ultimately responsible for quality control of the contracted  
78 services.

79 25.6 Any construction or renovation of a convalescent center initiated on or after July 1, 2020, shall  
80 conform to Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise specified in this current Chapter.

81 **25.7 LICENSE FEES**

82 (A) **AMBULATORY SURGICAL CENTER WITH A CONVALESCENT CENTER LICENSE APPLICANTS AND**  
83 **LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES AS PUBLISHED IN**  
84 **ACCORDANCE WITH CHAPTER 2, PART 2.12. APPLICABLE FEES MAY INCLUDE, BUT ARE NOT**  
85 **LIMITED TO:**

86 (1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES BASED ON THE FACILITY,  
87 THE NUMBER OF PROCEDURE ROOMS, AND WHETHER THE FACILITY IS ACCREDITED BY  
88 AN ACCREDITING ORGANIZATION RECOGNIZED BY THE CENTERS FOR MEDICARE AND  
89 MEDICAID SERVICES AS HAVING DEEMING AUTHORITY; OR

90 (2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE.

91 (B) **A CURRENT AMBULATORY SURGICAL CENTER LICENSEE THAT APPLIES TO ADD A CONVALESCENT**  
92 **CENTER LICENSE PRIOR TO THE EXPIRATION OF THE SURGICAL CENTER LICENSE SHALL SUBMIT**  
93 **AN APPLICATION FOR INITIAL LICENSURE OF THE CONVALESCENT CENTER ALONG WITH A FEE.**  
94 **UPON EXPIRATION OF THE CONVALESCENT CENTER LICENSE, THE RENEWAL LICENSE FEE SHALL**  
95 **APPLY.**

**Commented [KN33]:** Moved from 25.7(A)(2). Fee dollar amount has been removed and the sentence has been reworded slightly for clarity.

96 (C) **THE LICENSE APPLICANT MAY BE ISSUED A PROVISIONAL LICENSE UPON SUBMITTAL OF A**  
97 **NONREFUNDABLE FEE OF \$3,228.25.**

**Commented [KN34]:** Moved from 25.7(D)

98 ~~25.7 License Fees: Applicants for a new or renewal license as an ambulatory surgical center with a~~  
99 ~~convalescent center shall comply with the licensing process described at 6 CCR 1011-1, Chapter~~  
100 ~~2, Part 2, and submit, in the form and manner specified by the Department, a license application~~  
101 ~~with the corresponding nonrefundable fee as set forth below.~~

102 (A) ~~Initial license:~~

103 (1) ~~An applicant for an initial ambulatory surgical center with convalescent center~~  
104 ~~license shall submit with an application for licensure a nonrefundable fee of~~  
105 ~~\$7,856.16.~~

106 (2) ~~A current ambulatory surgical center licensee that applies to add a convalescent~~  
107 ~~center to the license prior to the expiration of the surgical center license shall~~  
108 ~~submit an application for initial licensure of the convalescent center along with a~~  
109 ~~nonrefundable fee of \$406.36. Upon expiration of the existing surgical center~~  
110 ~~license term, the licensee shall follow the procedure set forth below for a renewal~~  
111 ~~license.~~

**Commented [KN35]:** Moved to 25.7(B)

112 (B) ~~Renewal license: A license applicant shall submit an application for licensure with a~~  
113 ~~nonrefundable fee as shown in the table below. The total renewal fee shall not exceed~~  
114 ~~\$3,792.63.~~

115 (1) ~~A license applicant that is accredited by an accrediting organization recognized~~  
116 ~~by the Centers for Medicare and Medicaid Services as having deeming authority~~

may be eligible for a 10 percent discount off the base ambulatory surgical center renewal fee. In order to be eligible for this discount, the license applicant shall authorize its accrediting organization to submit directly to the Department copies of all surveys and plan(s) of correction for the previous license year, along with the most recent letter of accreditation showing the license applicant has full accreditation status.

ASC BASE FEE	ASC BASE FEE WITH DEEMING DISCOUNT	CONVALESCENT CENTER FEE	PROCEDURE ROOM FEE
\$1,625.42	\$1,462.88	\$406.36	\$225.75 Per Room

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

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

Commented [KN36]: Moved to 25.7(C)

Commented [KN37]: In Ch 2, 2.4.1(E)

(E) ~~Conditional License:~~ A center that is issued a conditional license by the Department shall submit a nonrefundable fee ranging from 10 to 25 percent of its applicable renewal fee. The percentage shall be determined by the Department. If the conditional license is issued concurrent with the initial or renewal license, the conditional license fee shall be in 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 Chapter 21

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

Adopted by the Board of Health on April 17, 2024. Effective July 1, 2024.

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SECTION 14 LICENSE FEES

14.1 HOSPICE LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT FEES IN ACCORDANCE WITH 6 CCR 1011-1 CHAPTER 2, PART 2.12.

(A) APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:

(1) INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES;

(2) CHANGE OF OWNERSHIP OF AN EXISTING LICENSE; OR

(3) WORKSTATION FEES, AS DETERMINED BY THE NUMBER OF WORKSTATIONS.

(B) FEES IN (A), ABOVE, MAY VARY BASED ON FACTORS SUCH AS THE PHYSICAL LOCATION OF THE HOSPICE, NUMBER OF ANNUAL PATIENT DAYS AS REPORTED ON THE MOST RECENT MEDICARE COST REPORT, WHETHER THE SAME BUSINESS ENTITY OWNS MORE THAN ONE SEPARATELY-LICENSED HOSPICE AT MORE THAN ONE COLORADO LOCATION, AND WHETHER THE HOSPICE HAS BEEN DEEMED BY AN ACCREDITING ORGANIZATION RECOGNIZED BY THE CENTERS FOR MEDICARE AND MEDICAID.

(C) UPON REQUEST, THE DEPARTMENT MAY WAIVE THE FEE FOR A HOSPICE THAT DEMONSTRATES IT IS A NOT FOR PROFIT ORGANIZATION THAT CHARGES NO FEES AND IS STAFFED ENTIRELY BY UNCOMPENSATED VOLUNTEERS.

14.2 HOSPICES WITH THE SAME OWNERSHIP AND GOVERNING BODY THAT PROVIDE BOTH HOME AND INPATIENT HOSPICE CARE IN THE SAME GEOGRAPHIC AREA SHALL BE LICENSED AS ONE ENTITY.

14.3 FOR THE PURPOSES OF FEES IN PART 14.1, A WORKSTATION IS AN OFFSITE LOCATION MAINTAINED SOLELY FOR THE CONVENIENCE OF HOSPICE STAFF TO ACCESS POLICIES AND PROCEDURES, OBTAIN FORMS, OR USE VARIOUS ELECTRONIC COMMUNICATION TOOLS. A WORKSTATION SHALL NOT CONTAIN PATIENT RECORDS OR BE USED FOR PATIENT ADMISSIONS AND SHALL NOT DISPLAY ANY PUBLIC SIGNAGE.

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

**Commented [KN38]:** Addresses the former 14.3(A)(1) without listing the counties or percentage of hospice services delivered outside named counties.

Also meant to account for the current 14.2(A), which is oriented around where the hospice is located/where it's services may be delivered. "Physical location" is used to refer to the 60-mile radius currently in rule.

**Commented [KN39]:** Meant to encompass 14.3(A)(2) and (3)

**Commented [KN40]:** Meant to encompass 14.3(A)(4)

**Commented [KN41]:** Addresses 14.3(A)(5) and 14.3(A)(7)(a)

**Commented [KN42]:** Moved from 14.3(A)(7)

**Commented [KN43]:** Moved from 14.4(A).



14.2 Initial License – \$7,190.20 per hospice.

- (A) If there are no licensed hospices within a 60-mile radius of the hospice applying for an initial license, the initial license fee shall be \$4,684.35 per hospice.

14.3 Annual Renewal License

- (A) For licenses expiring on or after July 1, 2020, the base renewal fee shall be \$4,402.16 per hospice. The total renewal fee shall reflect all applicable adjustments as set forth below.

- (1) For a hospice that is physically located in a county other than Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo or Weld; and that provides at least 75 percent of its services in counties other than those named in this paragraph, the fee shall be \$2,709.03 per hospice.

- (2) For hospices with less than 2000 annual patient days, as reported on the most recent Medicare cost report, the fee shall be \$1,693.13 per hospice.

- (3) For hospices with less than 1000 annual patient days, as reported on the most recent Medicare cost report, the fee shall be \$846.57 per hospice.

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

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

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

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

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

14.4 Workstation Fees

- (A) A workstation is an offsite location maintained solely for the convenience of hospice staff to access policies and procedures, obtain forms, or use various electronic communication

68 tools. A workstation shall not contain patient records or be used for patient admissions  
69 and shall not display any public signage.

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

73 14.5 Change of Ownership change of ownership shall be determined in accordance with the criteria  
74 set forth in Chapter 2, Part 2. The fee shall be \$7,190.20 per hospice.

75  
76 \*\*\*\*

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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Adopted by the Board of Health on ~~April 17, 2024~~ . Effective ~~July 1, 2024~~ .

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77 **PART 3. PLACEMENT AGENCIES**

78 \*\*\*\*

79 3.8 Registration Procedure

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

84 (1) A non-refundable annual registration fee ~~AS PUBLISHED IN ACCORDANCE WITH 6~~  
85 ~~CCR 1011-1, CHAPTER 2, PART 2.12 of \$939.69.~~ Registrations will be valid for one  
86 year from the date of issue.

87 \*\*\*\*

88 **PART 4. DEPARTMENT OVERSIGHT**

89 \*\*\*\*

90 **4.4 LICENSE FEES**

91 ~~HCA LICENSE APPLICANTS AND LICENSEES SHALL PAY AND SUBMIT LICENSE AND LICENSE-RELATED FEES~~  
92 ~~AS PUBLISHED IN ACCORDANCE WITH 6 CCR 1011-1, CHAPTER 2, PART 2.12.~~

93 (A) ~~APPLICABLE FEES MAY INCLUDE, BUT ARE NOT LIMITED TO:~~

94 (1) ~~INITIAL, RENEWAL, PROVISIONAL, OR CONDITIONAL LICENSES;~~

95 (2) ~~CHANGE OF OWNERSHIP OF AN EXISTING LICENSE;~~

96 (2) ~~BRANCH AND WORKSTATION FEES;~~

97 (3) ~~ADDITIONAL VOLUME FEES BASED ON THE PREVIOUS YEAR'S REPORTED ANNUAL~~  
98 ~~ADMISSIONS;~~

- 99 (4) REVISIT FEES; OR
- 100 (5) CHANGE OF NAME AND CHANGE OF ADDRESS.
- 101 (B) FEES IN (A), ABOVE, MAY VARY BASED ON FACTORS SUCH AS THE HCA, ITS CLASS, AND ITS
- 102 MEDICARE OR MEDICAID CERTIFICATION STATUS.
- 103 4.5 LICENSE PROCESS
- 104 (A) INITIAL LICENSURE
- 105 (1) EACH HCA LICENSE APPLICANT SHALL SPECIFY THE TYPE AND EXTENT OF SERVICES TO
- 106 BE PROVIDED AND REQUEST THE APPROPRIATE LICENSE CATEGORY BASED UPON THE
- 107 CRITERIA SET FORTH IN PART 4.1 OF THIS CHAPTER.
- 108 (2) ANY CURRENTLY LICENSED CLASS B HCA THAT DESIRES TO CHANGE ITS LICENSE
- 109 CATEGORY TO A CLASS A HCA SHALL SUBMIT AN INITIAL LICENSE APPLICATION AND
- 110 INITIAL LICENSE FEE FOR A CLASS A LICENSE.
- 111 (B) RENEWAL LICENSURE
- 112 (1) EACH HCA SHALL REPORT ITS ANNUAL ADMISSIONS FOR THE PREVIOUS YEAR ON ITS
- 113 LICENSE RENEWAL APPLICATION.
- 114 (C) BRANCH AND WORKSTATION FEES
- 115 (1) FOR EXISTING BRANCHES, THE FEE SHALL BE SUBMITTED WITH THE LICENSE
- 116 APPLICATION.
- 117 (2) FOR NEW BRANCHES, THE FEE SHALL ACCOMPANY THE NOTICE OF THE HCA'S INTENT
- 118 TO OPEN A BRANCH OFFICE PURSUANT TO PART 5.2 OF THIS CHAPTER.
- 119 (3) AN HCA THAT OPERATES ONE OR MORE WORK STATIONS SOLELY FOR THE
- 120 CONVENIENCE OF DIRECT CARE STAFF SHALL PAY A FEE PER WORKSTATION.
- 121 (E) REVISIT FEE
- 122 (1) AN HCA'S ANNUAL LICENSE FEE MAY BE INCREASED AS THE RESULT OF A LICENSURE
- 123 INSPECTION OR SUBSTANTIATED COMPLAINT INVESTIGATION WHERE A DEFICIENT
- 124 PRACTICE IS CITED THAT HAS EITHER CAUSED HARM OR HAS THE POTENTIAL TO CAUSE
- 125 HARM TO A CONSUMER AND WHICH THE HCA HAS FAILED TO DEMONSTRATE
- 126 APPROPRIATE CORRECTION OF THE CITED DEFICIENCIES AT THE FIRST ON-SITE REVISIT.
- 127 (2) THE FEE SHALL BE ASSESSED FOR THE SECOND ON-SITE INSPECTION AND EACH
- 128 SUBSEQUENT ON-SITE INSPECTION PERTAINING TO THE SAME DEFICIENCY.
- 129 4.4 License Fees
- 130 (A) Unless otherwise specified in this chapter, all license fees paid to the Department shall
- 131 be deemed non-refundable.
- 132 (B) The appropriate fee total shall accompany an HCA's initial or renewal license application.
- 133 The fee total shall include any applicable branch and workstation fees as set forth in this
- 134 section.

**Commented [KN44]:** Moved from 4.4(C)(1)

**Commented [KN45]:** Moved from 4.4(C)(2)

**Commented [KN46]:** Moved from 4.4(B)(1)

**Commented [KN47]:** Moved from 4.4(F)(1)(a)(i)

**Commented [KN48]:** Moved from 4.4(F)(1)(a)(ii)

**Commented [KN49]:** Moved from 4.4(F)(1)(b). Fee dollar amount has been removed and the sentence has been reworded slightly for clarity.

**Commented [KN50]:** Moved from 4.4(G)(1)

**Commented [KN51]:** Moved from 4.4(G)(2). Percentage for calculating fee dollar amount has been removed and the sentence has been reworded slightly for clarity.

**Commented [KN52]:** Covered in 4.4(B)

(C) Initial licensure

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

Commented [KN53]: Moved to 4.4(A)(1)

(a) Class A - \$3,240.30

(b) Class B - \$2,376.22

- (2) Any currently licensed Class B HCA that desires to change its license category to a Class A HCA shall submit an initial license application and initial license fee for a Class A license.

Commented [KN54]: Moved to 4.4(A)(2)

(D) Provisional licensure

- (1) Any HCA approved by the Department for a provisional license shall submit a fee equal to fifteen percent (15%) of the applicable initial license fee for each provisional license term.

- (2) The appropriate fee shall be submitted before issuance of the provisional license.

- (3) If the Department finds reasonable compliance by an applicant holding a provisional license, it shall issue an initial license upon receipt of the license application and total fee for initial licensure and any additional appropriate fees specified in Part 4.4.

Commented [KN55]: All covered in Ch 2

(E) Renewal licensure

- (1) Base Fee. There shall be a base fee that is determined by the license category as defined in Part 4.1 of this chapter. The renewal license base fee shall be:

Commented [KN56]: Covered in 4.4(B)

(a) Class A - \$1,674.15

(b) Class B - \$1,431.13

- (2) Additional volume fee. Each HCA shall report its annual admissions for the previous year on its license renewal application. If the number of annual admissions is fifty (50) or more, the HCA shall add the following amount to its base fee:

Commented [KN57]: Moved to 4.5(B)(1)

(a) 50 to 99 admissions - \$108.01

(b) 100 or more admissions - \$216.02

- (3) Medicare or Medicaid service discount. Each HCA that is currently certified to provide Medicaid or Medicare services shall deduct \$100 from its base fee.

- (4) Deeming discount. A license applicant that is accredited by an accrediting organization recognized by CMS as having deeming authority may be eligible for a ten percent (10%) discount off the base renewal license fee. In order to be eligible for this discount, the license applicant shall submit copies of its most recent recertification survey(s), and any plan(s) of correction with the most recent letter of accreditation showing the license applicant has full accreditation status in addition to a completed renewal application.

(F) — Branch and workstation fees

(1) — In addition to any other licensure fees, the following fees shall apply to the circumstances described. The fees shall be submitted with the license application or as otherwise specified.

Commented [KN58]: Covered in Ch 2

(a) — An HCA shall submit a \$216.02 fee for each branch office as defined in Part 2.2 of this chapter.

(i) — For existing branches, the fee shall be submitted with the license application.

Commented [KN59]: Moved to 4.5(C)(1)

(ii) — For new branches, the fee shall accompany the notice of the HCA's intent to open a branch office pursuant to Part 5.2 of this chapter.

Commented [KN60]: Moved to 4.5(C)(2)

(b) — An HCA that operates one or more work stations solely for the convenience of direct care staff shall pay a fee of \$54.01 per workstation.

Commented [KN61]: Moved to 4.5(C)(3)

(G) — Revisit fee

(1) — An HCA's annual license fee may be increased as the result of a licensure inspection or substantiated complaint investigation where a deficient practice is cited that has either caused harm or has the potential to cause harm to a consumer and which the HCA has failed to demonstrate appropriate correction of the cited deficiencies at the first on-site revisit.

Commented [KN62]: Moved to 4.4(E)(1)

(2) — The fee shall be one hundred percent (100%) of the HCA's initial or renewal license fee and shall be assessed for the second on-site inspection and each subsequent on-site inspection pertaining to the same deficiency.

Commented [KN63]: Moved to 4.4(E)(2)

(H) — Change of ownership fee

(1) — Any HCA meeting the criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6 shall pay a change of ownership fee. The fee shall be determined according to the license classifications set forth in Part 4.1 of this chapter and submitted with the change of ownership notice. The fee shall be:

(a) — Class A — \$3,240.30

(b) — Class B — \$2,376.22

(I) — Change of name and change of address fees

(1) — A licensed HCA shall conform with the notification requirements of 6 CCR 1011-1, Chapter 2, Part 2.9.6 regarding any change in the HCA name or business address.

(2) — A fee of \$81.01 shall accompany each notice of a change in HCA name or business address.

Commented [KN64]: Covered in 4.4(A)(5)

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