

**Proposed Home Care Fees  
February 13, 2009**

**1. Annual Licensure Fees**

**Base Fee:**

- Applies to:
  - HCA's operating on / before June 1, 2009 applying for a license for the first time.
  - Thereafter, licensed HCA's applying for annual license renewal.
- Payable with submission of the licensure application.
- Branch and Distance fees (described on page 2) also apply.

<b>Total Wages Paid to Direct Care Staff As Verified by the Most Recent Workers Compensation Insurance Audit</b>	<b>HCA Licensed Only</b>	<b>HCA Certified</b>
up to \$150,000	\$500	\$500
\$150,001 - \$300,000	\$500 + 0.05% x WC wages	\$500 + 0.03% x WC wages
\$300,001 - \$600,000	\$500 + 0.12% x WC wages	\$500 + 0.07% x WC wages
\$600,001 - \$1,200,000	\$500 + 0.19% x WC wages	\$500 + 0.11% x WC wages
\$1,200,001 - \$3,000,000	\$500 + 0.25% x WC wages	\$500 + 0.15% x WC wages
Greater than \$3,000,000	\$500 + 0.25% x WC wages not to exceed \$8,000	\$500 + 0.15% x WC wages not to exceed \$1,500

**Example Fees Generated by the Above Rates**

<b>Wages as described above</b>	<b>Licensed Only HCA</b>	<b>Certified HCA</b>
up to \$150,000	\$500	\$500
\$150,001	\$575	\$545
\$225,000	\$613	\$568
\$300,001	\$860	\$710
\$450,000	\$1,040	\$815
\$600,001	\$1,640	\$1,160
\$800,000	\$2,020	\$1,380
\$1,000,000	\$2,400	\$1,500 capped
\$1,200,001	\$3,500	\$1,500 capped
\$1,500,000	\$4,250	\$1,500 capped
\$1,800,000	\$5,000	\$1,500 capped
\$2,400,000	\$6,500	\$1,500 capped
\$3,000,000 and over	\$8,000 capped	\$1,500 capped

## **Performance-based Fee Adjustments:**

### **Performance Incentive -**

Applies when the inspection is completed with the full and timely cooperation of the agency, inspection findings do not document harm or potential harm to consumers, the plan of correction is acceptable and submitted on or prior to the due date and correction of deficient practice can be verified without an on-site revisit.

- Rate: 10% of the base fee.
- Paid from the Department to the license holder within 60 days following the acceptance of validation of correction of all deficient practice cited. If no deficient practice is cited, within 60 days of the inspection exit date.

### **Revisit Adjustment -**

The licensure fee may be increased in the year in which a re-licensure inspection or substantiated complaint investigation is conducted, under certain circumstances. Specifically, when deficient practice is cited that has caused, or has the potential to cause, harm to consumers; the agency fails to demonstrate correction of all cited deficiencies at the time of the first on-site revisit; and the remaining deficient practice has the potential to continue to cause harm to consumers, such that additional on-site revisit inspection is required to validate that corrections have been implemented and are effective.

- Rate: 50% of the base license fee, assessed for the 2<sup>nd</sup> on-site revisit and each additional on-site revisit thereafter.
- Will be invoiced by the Department when applicable.

## **2. Initial Licensure Fees**

Applies to an HCA opening for business after July 1, 2009.

- Fee rates:
  - Skilled HCA \$3,000
  - Personal Care HCA \$2,200
- Branch and Distance fees also apply

## **3. Other Licensure Fees**

### **Branch Fee**

Applies to HCA's operating through branches.

- Fee rate: \$200 per branch.
- Payable with submission of licensure application.

### **Distance Fee**

Related to the size of the HCA's service area.

- Applicable to services areas larger than 60 miles.
- Fee rate: \$100 for each additional 30 miles of service area in excess of 60 miles.
- Payable with submission of licensure application.

### **Workstation Fee**

Applies to HCA’s operating worksites solely for the convenience of direct care staff.

- Fee rate: \$50 per workstation for agencies with reportable wages over \$500,000.
- Payable with submission of licensure application.

### **Change of Address**

Change of address fees, applicable to all facility types, historically have been specified in the licensure rules in Chapter II – General Licensing Standards. To make it easier to reference all fees affecting HCA’s in one chapter we have decided to restate this fee within the HCA rules.

- Applies when an HCA changes its office address.
- Fee rate: \$360, paid with submission of application/notice for change of address.

### **Application for Change of Name**

Change of name fees, applicable to all facility types, historically have been specified in the licensure rules in Chapter II – General Licensing Standards. To make it easier to reference all fees affecting HCA’s in one chapter we have decided to restate this fee within the HCA rules.

- Applicable when a presently licensed HCA wants to change its legal name and/or DBA name.
- Fee rate: \$360, paid with submission of application for name change.

### **Provisional License Fee**

As allowed by statute, a provisional license may be issued when an applicant for a new licensure is temporarily unable to conform to all the minimum requirements but is making a good faith effort and compliance is expected within 90 days.

- Fee rate: 15% of the base license fee.
- Payable before issuance of each provisional license.

## **4. Changes of Ownership**

- Fee rates:
  - Skilled HCA \$3,000
  - Personal Care HCA \$2,200
- Branch and Distance fees also apply