

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMAAB Fee Schedule - Commissioner's Office

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KMAAB	~~Conference Registrations~~		~~\$ 400.00~~	~~4~~	~~\$ 400.00~~	~~4~~	~~Unit~~		Fee no longer needed	Fee removed from Fee Schedule		\$ (100)
KMAAB	Non-sufficient Check Collection Fee	A fee of \$35 or less authorized in statute that is charged	\$ 35.00	1	\$ 35.00	1	Unit	Variable Up to \$35			\$ 35.00	\$ -
KMAAB	Non-sufficient Check Service Charge	Charge for insufficient funds check when sent to collecti	\$ 20.00	1	\$ 20.00	1	Unit				\$ 20.00	\$ -
KMAAB	~~Expedited Shipping Fee~~		~~\$ 20.00~~	~~250~~	~~\$ 20.00~~	~~250~~	~~Unit~~			Fee removed from Fee Schedule		\$ (5,000)
KMAAB	Expert Testimony Fee for those without a PhD (Doct	Includes preparation, consultation, and appearance on d	\$ 78.75	1	\$ 78.75	1	hour				\$ - .00	\$ -
KMAAB	Expert Testimony Fee for those with a PhD (Doctor	Includes preparation, consultation, and appearance on d	\$ 250.00	1	\$ 250.00	1	hour				\$ 250.00	\$ -
KMAAB	<i>DTS record retrieval fee</i>	<i>For Department of Technology Services or programmer/</i>	<i>\$ 70.00</i>	<i>1</i>	<i>\$ 70.00</i>	<i>1</i>	<i>hour</i>		<i>Fee name updated to provide more clarity</i>	<i>Fee name changed</i>	\$ 70.00	\$ -
KMAAB	Records Fee for staff time.	First 15 minutes free, additional time.	\$ 35.00	1	\$ 35.00	40	hour		Fee name updated to provide more clarity	Fee name changed, Estimated quantit	\$ 1,400.00	\$ 1,365
KMAAB	11 x 8.5 Black and White Copies		\$ 0.15	1	\$ 0.15	1	page				\$ 0.15	\$ -
KMAAB	11x17 or Color Copies		\$ 0.40	1	\$ 0.40	1	page				\$ 0.40	\$ -

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMAAB	\$ 1,365.00
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TOTAL REVENUE FOR KMAAB - FY 2027	\$ 6,875.55
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMAAE Fee Schedule - Division of Data, Systems, & Evaluations

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KMAAE	Birth Certificate 1st Copy		\$ 25.00	46,000	\$ 25.00	30,000	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 750,000	\$ (400,000)
KMAAE	Stillbirth Certificate 1st Copy		\$ 18.00	70	\$ 18.00	40	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 720	\$ (540)
KMAAE	Book Copy of Birth Certificate		\$ 5.00	800	\$ 5.00	1,100	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 5,500	\$ 1,500
KMAAE	Adoption Processing - New Birth Certificate		\$ 40.00	1,700	\$ 40.00	1,100	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 44,000	\$ (24,000)
KMAAE	Sealed Record Fee		\$ 40.00	300	\$ 40.00	1	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 40	\$ (11,960)
KMAAE	Delayed Birth Registration		\$ 40.00	20	\$ 40.00	10	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 400	\$ (400)
KMAAE	Legitimation	This allows the unmarried parents, who have since the	\$ 40.00	1	\$ 40.00	1	unit			\$ 40	\$ -
KMAAE	Standard Annual Limited Data Set	The Behavioral Risk Factor Surveillance System data	\$ 300.00	10	\$ 300.00	10	Unit			\$ 3,000	\$ -
KMAAE	Healthcare Facilities Data Set - Fee Discounts	Notes: (1) The Following Discounts Apply: Utah State	\$ 1.00	1	\$ 1.00	1	Unit			\$ 1	\$ -
KMAAE	Healthcare Facilities Data Set - Standard Annual Limited Data	This fee allows a user to obtain a single year of inpatient	\$ 3,600.00	15	\$ 5,200.00	15	Unit	HCS contracts increased by 44.07% and we a	Fee increased	\$ 78,000	\$ 24,000
KMAAE	Healthcare Facilities Data Set - Standard Annual Research Data	This fee is for an all-payer claims database identifiable	\$ 6,000.00	2	\$ 8,600.00	2	Unit	HCS contracts increased by 44.07% and we a	Fee increased	\$ 17,200	\$ 5,200
KMAAE	Healthcare Facilities Data Set - Quarterly Preliminary Feeds	This fee allows a user to obtain preliminary quarterly in	\$ 4,500.00	2	\$ 6,500.00	2	Unit	HCS contracts increased by 44.07% and we a	Fee increased	\$ 13,000	\$ 4,000
KMAAE	Federal Annual Database	Database for agreements conducted under Federal govern	\$ 4,500.00	3	\$ 6,500.00	3	Unit	HCS contracts increased by 44.07% and we a	Fee increased	\$ 19,500	\$ 6,000
KMAAE	All Payer Claims Data Standard Limited Data Series - Fee Discounts	Note: The following discounts apply: (1) Utah State agree	\$ 1.00	1	\$ 1.00	1	Unit			\$ 1	\$ -
KMAAE	All Payer Claims Data Standard Limited Data Set - Single Year	This fee is for an all-payer claims database limited data	\$ 8,000.00	1	\$ 8,000.00	1	Unit			\$ 8,000	\$ -
KMAAE	All Payer Claims Data Standard Limited Data Set - Two Years	This fee is for an all-payer claims database limited data	\$ 12,000.00	1	\$ 12,000.00	1	Unit			\$ 12,000	\$ -
KMAAE	All Payer Claims Data Standard Limited Data Set - Three Year	This fee is for an all-payer claims database limited data	\$ 16,000.00	1	\$ 16,000.00	1	Unit			\$ 16,000	\$ -
KMAAE	All Payer Claims Data Standard Limited Data Set - Additional Years	This fee is for an all-payer claims database limited data	\$ 4,000.00	1	\$ 4,000.00	1	Unit			\$ 4,000	\$ -
KMAAE	All Payer Claims Data Standard Research Data Set - Fee Discounts	Notes: The following discounts apply: Utah State agree	\$ 1.00	1	\$ 1.00	1	Unit			\$ 1	\$ -
KMAAE	All Payer Claims Data Standard Research Data Set - Single Year	This fee is for an all-payer claims database identifiable	\$ 20,000.00	1	\$ 20,000.00	1	Unit			\$ 20,000	\$ -
KMAAE	All Payer Claims Data Standard Research Data Set - Two Year	This fee is for an all-payer claims database identifiable	\$ 30,000.00	1	\$ 30,000.00	1	Unit			\$ 30,000	\$ -
KMAAE	All Payer Claims Data Standard Research Data Set - Three Year	This fee is for an all-payer claims database identifiable	\$ 40,000.00	1	\$ 40,000.00	1	Unit			\$ 40,000	\$ -
KMAAE	All Payer Claims Data Standard Research Data Set - Additional Years	This fee is for an all-payer claims database limited data	\$ 10,000.00	1	\$ 10,000.00	1	Unit			\$ 10,000	\$ -
KMAAE	Other Data Series and Licenses - Fee Discounts	Notes: The following discounts apply: Non-Contributing	\$ 1.00	1	\$ 1.00	1	Unit			\$ 1	\$ -
KMAAE	Institutional License	This fee is for a multi-use, multi-user license to access	\$ 150,000.00	1	\$ 150,000.00	1	Unit			\$ 150,000	\$ -
KMAAE	Single Data Series Institutional License	1 year multi-user license to access one data series. 1	\$ 75,000.00	1	\$ 75,000.00	1	Unit			\$ 75,000	\$ -
KMAAE	Healthcare Effectiveness Data and Information Set Data Set	This fee is for the current year of the standardized limi	\$ 1,575.00	1	\$ 1,575.00	1	Unit			\$ 1,575	\$ -
KMAAE	Consumer Assessment of Healthcare Providers and Systems I	This fee is for the current year of the Consumer Asses	\$ 1,575.00	1	\$ 1,575.00	1	Unit			\$ 1,575	\$ -
KMAAE	Consumer Assessment of Healthcare Providers and Systems S	This fee is for the current year of the Consumer Asses	\$ 2,000.00	1	\$ 2,000.00	1	Unit			\$ 2,000	\$ -
KMAAE	Death Certificate First Copy		\$ 35.00	3,100	\$ 35.00	2,500	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 87,500	\$ (21,000)
KMAAE	Burial Transit Permit	Fee covers the cost to review the death record, collec	\$ 7.00	5	\$ 7.00	5	unit			\$ 35	\$ -
KMAAE	Disinterment Permit	Fee covers the cost to review the death record and en	\$ 25.00	20	\$ 25.00	20	unit			\$ 500	\$ -
KMAAE	Certificate Reprint Fee		\$ 3.00	85	\$ 3.00	35	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 105	\$ (150)
KMAAE	Custom data services	This hourly fee applies to all custom work, including bu	\$ 121.20	50	\$ 200.00	50	hour	HCS contracts increased by 44.07% and we a	Fee increased	\$ 10,000	\$ 3,940
KMAAE	Additional Fields to create a custom data set	This fee is for providing additional custom fields to	\$ 225.00	20	\$ 225.00	1	field added	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 225	\$ (4,275)
KMAAE	Individual Information Extract		\$ 400.00	4	\$ 400.00	4	person-	Fee no longer needed.	Fee removed from Fee Schedule		\$ (100)
KMAAE	Convenience Fee (for Credit or Debit Card payment)	This fee is used to cover any additional fees incur	\$ 1.00	1	\$ 1.00	15,000	transaction	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 15,000	\$ 14,999
KMAAE	Additional Certificate Copies		\$ 10.00	16,600	\$ 10.00	12,000	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 120,000	\$ (46,000)
KMAAE	Amendment Fee	This fee covers the cost to amend a record in our	\$ 25.00	1,400	\$ 25.00	13,000	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 325,000	\$ 290,000
KMAAE	Paternity Search (one hour minimum)	Provides a way for customers ordering vital recor	\$ 18.00	1,050	\$ 18.00	700	hour	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 12,600	\$ (6,300)
KMAAE	Marriage and Divorce Certificate		\$ 25.00	3,000	\$ 25.00	3,000	unit			\$ 75,000	\$ -

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMAAE Fee Schedule - Division of Data, Systems, & Evaluations

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KMAAE	Adoption Registry		\$ 25.00	70	\$ 25.00	70	unit			\$ 1,750	\$ -
KMAAE	Adoption Expedite Fee		\$ 25.00	175	\$ 25.00	350	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 8,750	\$ 4,375
KMAAE	Birth Parent Information Adoption Registry Registration		\$ 25.00	300	\$ 25.00	300	Unit-	Fee no longer needed.	Fee removed from Fee Schedule		\$ (7,500)
KMAAE	Adoption Records Access Fee		\$ 25.00	300	\$ 25.00	1	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 25	\$ (7,475)
KMAAE	Adoption Registry Amendment Fee		\$ 10.00	50	\$ 10.00	5	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 50	\$ (450)
KMAAE	Death Research (one hour minimum)		\$ 20.00	5	\$ 20.00	5	hour			\$ 100	\$ -
KMAAE	Death Notification Subscription Fee (organization less than or equal to 100,000 lives)		\$ 500.00	1	\$ 500.00	1	Unit			\$ 500	\$ -
KMAAE	Death Notification Subscription Fee (organizations greater than 100,000 lives)		\$ 1,000.00	2	\$ 1,000.00	2	Unit			\$ 2,000	\$ -
KMAAE	Death Notification Fee		\$ 1.00	26,500	\$ 1.00	41,000	matched death	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 41,000	\$ 14,500
KMAAE	Court Order Paternity		\$ 40.00	100	\$ 40.00	100	unit			\$ 4,000	\$ -
KMAAE	Online Access to Computerized Vital Records	This is a fee other state agencies pay (per user) to	\$ 12.00	1,200	\$ 12.00	150	month	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 1,800	\$ (12,600)
KMAAE	Ad-hoc Statistical Requests (1 hour minimum)		\$ 45.00	30	\$ 45.00	30	hour			\$ 1,350	\$ -
KMAAE	Online Convenience Fee	This fee is sent to Tyler Technologies and covers t	\$ 4.00	36,000	\$ 4.00	15,000	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 60,000	\$ (84,000)
KMAAE	Online Identity Verification	Provides a way for customers ordering vital recor	\$ 2.00	16,000	\$ 2.00	20,000	Unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 40,000	\$ 8,000
KMAAE	Expedite Fee	This fee is charged to expedite processing a requ	\$ 25.00	6,500	\$ 25.00	13,000	unit	Agency estimated quantity was adjusted to	Estimated quantity changed	\$ 325,000	\$ 162,500
KMAAE	Delay of File Fee		\$ 50.00	1	\$ 50.00	1	Unit			\$ 50	\$ -
KMAAE	Home Birth Registration		\$ 75.00	1,300	\$ 75.00	1,300	Unit			\$ 97,500	\$ -
KMAAE	International Shipping		\$ 2.00	200	\$ 2.00	200	Unit			\$ 400	\$ -
KMAAE	Gestational Carrier Registration		\$ 45.00	150	\$ 45.00	150	Unit			\$ 6,750	\$ -
KMAAE	Shipping Fee		\$ 1.00	60,000	\$ 1.00	60,000	Unit			\$ 60,000	\$ -
KMAAE	Enhanced ID verification		\$ 7.00	3,750	\$ 7.00	3,750	Request			\$ 26,250	\$ -
KMAAE	Court Ordered Delayed Death Certificate		\$ 70.00	10	\$ 70.00	10	Unit			\$ 700	\$ -
KMAAE	Review and authorize cremation permit		\$ 10.00	9,600	\$ 10.00	9,600	Unit			\$ 96,000	\$ -
KMAAE	Expedited Shipping Fee	2-day shipping of online ordered vital records certifica	\$ 30.00	3,600	\$ 30.00	3,600	Unit			\$ 108,000	\$ -

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	Fee name changed
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMAAE	\$ (87,736.00)
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TOTAL REVENUE FOR KMAAE - FY 2028	\$ 2,829,494.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMBAB Fee Schedule - Office of the Medical Examiner

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KMBAB	Handling of requested samples for shipping to outside	Processing of Office of the Medical Examiner samples f	\$ 25.00	15	\$ 25.00	15	unit			\$ 375	\$ -
KMBAB	Handling and storage of requested samples by outside	Storage fee (outside normal Office of the Medical Exam	\$ 25.00	15	\$ 25.00	15	year			\$ 375	\$ -
KMBAB	Return request by immediate relative as defined in cod	Sample return fee	\$ 55.00	15	\$ 55.00	15	unit			\$ 825	\$ -
KMBAB	Daily charge for use of Medical Examiner Storage Fac	Beginning 24 hours after notification that body is ready t	\$ 30.00	10	\$ 30.00	10	day			\$ 300	\$ -
KMBAB	Review and authorize cremation permit.	\$10.00 per permit payable to Vital Records for processi	\$ 150.00	11,500	\$ 150.00	11,500	unit			\$ 1,725,000	\$ -
KMBAB	Autopsy, full or partial	plus cost of body transportation	\$ 2,500.00	7	\$ 2,500.00	7	unit			\$ 17,500	\$ -
KMBAB	External Examination	~~plus cost of body transportation~~	~~\$ 500.00~~	~~2~~	~~\$ 500.00~~	~~2~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (1,000)
KMBAB	Criminal cases, out of state	\$4,000.00 max/day	\$ 500.00	15	\$ 500.00	15	hour			\$ 7,500	\$ -
KMBAB	Non-jurisdictional criminal and all civil cases	\$4,000.00 max/day	\$ 500.00	15	\$ 500.00	15	hour			\$ 7,500	\$ -
KMBAB	Consultation on non-Medical Examiner cases	\$4,000.00 max/day	\$ 500.00	10	\$ 500.00	10	hour			\$ 5,000	\$ -
KMBAB	Use of facilities and staff for autopsy		\$ 500.00	2	\$ 600.00	2	unit	This is the updated calculation based on current expe	Fee Increased	\$ 1,200	\$ 200
KMBAB	~~Use of facilities and staff for external examinations~~		~~\$ 300.00~~	~~4~~	~~\$ 300.00~~	~~4~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (300)
KMBAB	Glass Slides (re-cuts, routine stains) per slide		\$ 20.00	20	\$ 20.00	20	unit			\$ 400	\$ -
KMBAB	Glass slides - Immunohistochemical stains per slide		\$ 50.00	20	\$ 50.00	20	unit			\$ 1,000	\$ -
KMBAB	Histochemical stains per slide		\$ 30.00	20	\$ 30.00	20	unit			\$ 600	\$ -
KMBAB	Digital Photos - Copies for immediate relative or legal representative as outlined in UCA 26B-8-217(2)(a)(i)-(ii)		\$ 10.00	15	\$ 10.00	15	case			\$ 150	\$ -
KMBAB	Digital Photos - All Other Requestors	No charge for copies for law enforcement, physicians, a	\$ 35.00	20	\$ 35.00	20	case			\$ 700	\$ -
KMBAB	Digital X-ray images from Digital Source (Digital Imaging and Communications in Medicine).		\$ 10.00	15	\$ 10.00	15	unit			\$ 150	\$ -
KMBAB	Copied from color slide negatives.	Digital photographic images.	\$ 5.00	5	\$ 5.00	5	image			\$ 25	\$ -
KMBAB	OME Reports - All Requestors	No charge for copies for (1) immediate relative or legal r	\$ 35.00	500	\$ 25.00	500	unit	Just trying to match the fee to actual cost. We found t	Fee Decreased	\$ 12,500	\$ (5,000)
KMBAB	Copies for immediate relative or legal representative a		\$ 10.00	200	\$ 25.00	200	unit	Just trying to match the fee to actual cost.	Fee Increased	\$ 5,000	\$ 3,000
KMBAB	Case File Copies - All Other Requestors	No charge for copies for law enforcement, physicians, a	\$ 35.00	290	\$ 25.00	290	unit	Just trying to match the fee to actual cost. We found t	Fee Decreased	\$ 7,250	\$ (2,900)
KMBAB	~~Use of Tissue Harvest Room for Acquisition – Skin Gra~~	~~—~~	~~\$ 133.00~~	~~20~~	~~\$ 133.00~~	~~20~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (2,660)
KMBAB	~~Use of Tissue Harvest Room for Acquisition – Bone~~	~~—~~	~~\$ 266.00~~	~~200~~	~~\$ 266.00~~	~~200~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (53,200)
KMBAB	~~Use of Tissue Harvest Room for Acquisition – Heart Va~~	~~—~~	~~\$ 70.00~~	~~30~~	~~\$ 70.00~~	~~30~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (2,100)
KMBAB	~~Use of Tissue Harvest Room for Acquisition – Saphene~~	~~—~~	~~\$ 70.00~~	~~25~~	~~\$ 70.00~~	~~25~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (1,750)
KMBAB	~~Use of Tissue Harvest Room for Acquisition – Eye~~	~~—~~	~~\$ 35.00~~	~~500~~	~~\$ 35.00~~	~~500~~	~~unit~~	OME adjusted their fee structure and this fee was rep	Fee removed from Fee Schedule		\$ (17,500)
KMBAB	Online Convenience Fee	This fee is sent to Tyler Technologies and covers the	\$ 4.00	3,000	\$ 4.00	1	Unit	Estimated quantity updated.	Estimated quantity changed	\$ 4	\$ (11,996)
KMBAB	Autopsy and Toxicology Report	The cost for a copy of the autopsy and toxicology report			\$ 25.00	1	unit	Fee is being added to cover the administrative costs t	New fee	\$ 25	\$ 25
KMBAB	Copy of case-related correspondence within the case	Staff time to search, compile, and otherwise prepare rec			\$ 65.00	1	unit	Fee is being added to cover the administrative costs t	New fee	\$ 65	\$ 65
KMBAB	Copy of case-related correspondence outside the case	Staff time to search, compile, and otherwise prepare rec			\$ 215.00	1	unit	Fee is being added to cover the administrative costs t	New fee	\$ 215	\$ 215
KMBAB	Copy of investigative report	The cost of locating, printing, and reviewing report prior t			\$ 15.00	1	unit	Fee is being added to cover the administrative costs t	New fee	\$ 15	\$ 15
KMBAB	Copy of fingerprints	The cost of locating and retrieving prints.			\$ 15.00	1	unit	Fee is being added to cover the administrative costs t	New fee	\$ 15	\$ 15
KMBAB	Post-mortem sperm recovery	Use of facilities and cordination with Office of the Medica			\$ 340.00	1	unit	Fee is being added to cover the costs to provide this	New fee	\$ 340	\$ 340
KMBAB	Use of facilities for examinations, private autopsy	The cost for an outside pathologist to use Utah Office of			\$ 260.00	1	unit	Fee is being added to cover the costs to provide this	New fee	\$ 260	\$ 260
KMBAB	Use of facilities for examinations, second look by outsi	The cost for an outside pathologist to use Utah Office of			\$ 600.00	1	unit	Fee is being added to cover the costs to provide this	New fee	\$ 600	\$ 600
KMBAB	Use of tissue recovery room for tissue acquisition	The cost for Donor Connect to use the Utah Office of the			\$ 8,500.00	1	Month	Fee structure is being simplified to reduce administrat	New fee	\$ 8,500	\$ 8,500
KMBAB	Use of tissue recovery room for cornea acquisition	The cost for Utah Lions Eye Bank to use the Utah Office			\$ 1,200.00	1	Month	Fee structure is being simplified to reduce administrat	New fee	\$ 1,200	\$ 1,200
KMBAB	Use of tissue harvest room and other spaces for dona	The cost per hour for an outside donation or research ac			\$ 150.00	1	unit	Fee structure is being simplified to reduce administrat	New fee	\$ 150	\$ 150

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMBAB Fee Schedule - Office of the Medical Examiner

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
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Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMBAB	\$ (83,821.00)
TOTAL REVENUE FOR KMBAB - FY 2028	\$ 1,804,739.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMCAB Fee Schedule - Division of Licensing & Background Checks

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KMCAB	Abortion Clinics New and Renewal Fee	Assessed for the services rendered associated with review	\$ 1,800.00	4	\$ 1,800.00	4	unit				\$ 7,200	\$ -
KMCAB	Additional Inspection Fee	The charge per extra follow-up visit begins with the se	\$ 160.00	91	\$ 160.00	76	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 12,160	\$ (2,400)
KMCAB	Adult Day Care 0-50 Consumers Renewal License Fee		\$ 360.00	6	\$ 360.00	6	unit				\$ 2,160	\$ -
KMCAB	Adult Day Care Initial Licensing Fee	Initial licensing fee assessed per licensed Adult Day Ca	\$ 990.00	2	\$ 990.00	11	unit		The fee for a capacity of 50 or less an	Fee name changed, Estimated	\$ 10,890	\$ 8,910
KMCAB	Adult Day Care More Than 50 Consumers Initial Licensing	—	\$ 990.00	4	\$ 990.00	4	unit		No longer needed. The fee for a capacity	Fee removed from Fee Schedule		\$ (990)
KMCAB	Adult Day Care More Than 50 Consumers Renewal License		\$ 660.00	1	\$ 660.00	1	unit				\$ 660	\$ -
KMCAB	Adult Day Care Per Capacity Fee	Fee assessed per capacity to license an Adult Day Car	\$ 24.00	242	\$ 24.00	11	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 264	\$ (5,544)
KMCAB	Assisted Living Facilities Type I Per Licensed Bed New		\$ 37.19	1,301	\$ 37.19	1,080	licensed bed		Agency estimated quantity was adjus	Estimated quantity changed	\$ 40,165	\$ (8,219)
KMCAB	Assisted Living Facilities Type II Per Licensed Bed New		\$ 37.19	4,571	\$ 37.19	6,135	licensed bed		Agency estimated quantity was adjus	Estimated quantity changed	\$ 228,161	\$ 58,165
KMCAB	Assisted Living Limited Capacity and Small Health Care Ty	Assessed for services rendered for providers seeking initia	\$ 464.90	1	\$ 464.90	1	unit				\$ 465	\$ -
KMCAB	Assisted Living Type I and Type II Plan Review and Inspect		\$ 598.00	1	\$ 598.00	1	unit				\$ 598	\$ -
KMCAB	Assisted Living Type I and Type II Plan Review and Inspect		\$ 7,247.50	1	\$ 7,247.50	1	unit				\$ 7,248	\$ -
KMCAB	Assisted Living Type I and Type II Plan Review and Inspect		\$ 2,762.50	1	\$ 2,762.50	1	unit				\$ 2,763	\$ -
KMCAB	Assisted Living Type I and Type II Plan Review and Inspect		\$ 5,167.50	1	\$ 5,167.50	1	unit				\$ 5,168	\$ -
KMCAB	Assisted Living Type I and Type II Plan Review and Inspect		\$ 1,196.00	1	\$ 1,196.00	1	unit				\$ 1,196	\$ -
KMCAB	Background Check Fee	This fee will be assessed for background checks comp	\$ 20.00	19,671	\$ 20.00	69,692	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 1,393,840	\$ 1,000,420
KMCAB	Background Screening Fee - Public Safety	This fee should be the same as that charged by the De	\$ 32.00	12,000	\$ 45.00	69,692	Unit	Variable	Fee increased because this fee is mos	Estimated quantity changed, F	\$ 3,136,140	\$ 2,752,140
KMCAB	Birthing Centers New and Renewal Fee	This fee is assessed for Birthing Centers per licensed t	\$ 743.83	4	\$ 743.83	3	licensed unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 2,231	\$ (744)
KMCAB	Child Care Center Conditional Monitoring Fee	Charge is per each visit required due to non-complianc	\$ 253.00	5	\$ 253.00	4	visit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 1,012	\$ (253)
KMCAB	Child Care Center New License Fee		\$ 200.00	28	\$ 200.00	62	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 12,400	\$ 6,800
KMCAB	Child Care Center Per Child Fee	Assessed for services rendered providers seeking initia	\$ 1.75	46,188	\$ 1.75	49,530	capacity		Agency estimated quantity was adjus	Estimated quantity changed	\$ 86,678	\$ 5,849
KMCAB	Child Care Center Per Child Fee Late Fee		\$ 0.75	1	\$ 0.75	685	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 514	\$ 513
KMCAB	Child Care Changes Fee	This fee is charged for any license or certificate chang	\$ 44.34	3	\$ 44.34	7	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 310	\$ 177
KMCAB	Child Care Home Conditional Monitoring Fee	Charge is per each visit required due to non-complianc	\$ 245.00	5	\$ 245.00	1	visit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 245	\$ (980)
KMCAB	Child Care Late Fee	Within 1 - 30 days after expiration of license facility wil	\$ 31.00	11	\$ 31.00	9	unit	Variable	Agency estimated quantity was adjus	Estimated quantity changed	\$ 279	\$ (62)
KMCAB	Child Care License/Certificate Fee	Assessed for services rendered for providers seeking t	\$ 62.00	1,415	\$ 62.00	1,478	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 91,636	\$ 3,906
KMCAB	Child Placing Adoption Initial Licensing Fee	The initial licensing of a child-placing adoption agency	\$ 990.00	1	\$ 990.00	4	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 3,960	\$ 2,970
KMCAB	Child Placing Adoption Renewal License Fee	The renewal license of a child-placing adoption agency	\$ 825.00	13	\$ 825.00	11	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 9,075	\$ (1,650)
KMCAB	Child Placing Foster Initial & Renewal License Fee	The initial and renewal licensing for Child-placing Fost	\$ 650.00	53	\$ 650.00	49	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 31,850	\$ (2,600)
KMCAB	Credit and Debit Card Fee	-Convenience Fee (for debit or credit card payment)-	\$ 1.25	51,806	\$ 1.25	51,806	transaction	-Not to exceed 3%	Fee no longer needed. Online Processin	Fee removed from Fee Schedule		\$ (64,758)
KMCAB	DACS Contractor Fee		\$ 100.00	10	\$ 300.00	9	unit		Fee rate was adjusted to align with es	Estimated quantity changed, F	\$ 2,700	\$ 1,700
KMCAB	DACS Contractor Renewal Fee		\$ 100.00	10	\$ 300.00	10	Unit		Adjusted fee to align with estimated actu	Fee Increased	\$ 3,000	\$ 2,000
KMCAB	DACS Facility Initial or Change of ownership	This fee is assessed for the initial licensing and chang	\$ 100.00	50	\$ 100.00	72	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 7,200	\$ 2,200
KMCAB	DACS Facility Renewal	This fee is assessed for the renewal licensing for acces	\$ 200.00	240	\$ 200.00	318	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 63,600	\$ 15,600
KMCAB	Day Treatment Initial License Fee		\$ 990.00	49	\$ 990.00	126	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 124,740	\$ 76,230
KMCAB	Day Treatment Renewal Fee		\$ 495.00	472	\$ 495.00	438	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 216,810	\$ (16,830)
KMCAB	Detailed on-site inspection in lieu of the plan review	Assessed for architectural plan reviews for detailed on	\$ 559.00	11	\$ 559.00	16	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 8,944	\$ 2,795
KMCAB	End Stage Renal Disease Centers Per Licensed Station		\$ 260.34	242	\$ 260.34	30	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 7,810	\$ (55,192)
KMCAB	End Stage Renal Disease Facilities Plan Review and Ins		\$ 175.50	15	\$ 175.50	2	service unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 351	\$ (2,282)
KMCAB	Fingerprint Cloning Fee	If an applicant has previously been fingerprinted and is	\$ 10.00	200	\$ 10.00	300	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 3,000	\$ 1,000
KMCAB	Freestanding Ambulatory Surgery Centers New and Ren		\$ 4,277.04	26	\$ 4,277.04	29	facility		Agency estimated quantity was adjus	Estimated quantity changed	\$ 124,034	\$ 12,831
KMCAB	Freestanding Ambulatory Surgical Facilities Plan Review		\$ 1,722.50	6	\$ 1,722.50	4	operating room		Agency estimated quantity was adjus	Estimated quantity changed	\$ 6,890	\$ (3,445)
KMCAB	Health Care Facilities New Provider and Change in Own	Assessed for services rendered for providers seeking i	\$ 1,069.26	56	\$ 1,069.26	90	unit		Agency estimated quantity was adjus	Fee name changed, Estimated	\$ 96,233	\$ 36,355
KMCAB	Health Care Facility Licensing Rules	-Assessed to providers for mailing licensing rules (if neede	\$ 1.00	4	\$ 1.00	4	unit	-Actual cost-		Fee removed from Fee Schedule		\$ (1)
KMCAB	Health Facilities 1 Year New and Renewal Base Fee	A base fee for health facilities plus the appropriate fee	\$ 371.92	244	\$ 371.92	4	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 1,488	\$ (89,261)
KMCAB	Health Facilities 2 Year New and Renewal Base Fee	A base fee for health facilities plus the appropriate fee	\$ 743.83	444	\$ 743.83	491	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 365,221	\$ 34,960
KMCAB	Health Facilities Change Fee	Charged for making changes to existing licenses.	\$ 185.96	163	\$ 185.96	216	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 40,167	\$ 9,856

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMCAB Fee Schedule - Division of Licensing & Background Checks

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KMCAB	Health Facilities Conditional Monitoring Fee	Fee assessed per on-site visit required for Health Facilities	\$ 393.37	8	\$ 393.37	11	Unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 4,327	\$ 1,180
KMCAB	Health Facilities Late fee 1-14 days after expiration		\$ 1.00	1	\$ 1.00	1	unit	50% of scheduled fee			\$ 1	\$ -
KMCAB	Health Facilities Late fee 15-30 days after expiration		\$ 1.00	1	\$ 1.00	1	unit	75% of scheduled fee			\$ 1	\$ -
KMCAB	Home Health Agencies New and Renewal Fee		\$ 2,138.52	65	\$ 2,138.52	59	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 126,173	\$ (12,831)
KMCAB	Hospice Agencies New and Renewal Fee		\$ 2,138.52	50	\$ 2,138.52	50	unit				\$ 106,926	\$ -
KMCAB	Hospital Per Licensed Bed New and Renewal Fee		\$ 55.79	6,256	\$ 55.79	3,824	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 213,341	\$ (135,681)
KMCAB	Hospital Plan Review and Inspection Fee - 1-16 beds		\$ 3,445.00	2	\$ 3,445.00	3	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 10,335	\$ 3,445
KMCAB	Hospital Plan Review and Inspection Fee - 101-200 beds	This fee is assessed for architectural plan reviews for a hospital	\$ 12,870.00	1	\$ 12,870.00	1	unit				\$ 12,870	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - 17-50 beds		\$ 6,890.00	1	\$ 6,890.00	2	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 13,780	\$ 6,890
KMCAB	Hospital Plan Review and Inspection Fee - 201-300 beds	This fee is assessed for architectural plan reviews for a hospital	\$ 15,470.00	1	\$ 15,470.00	1	unit				\$ 15,470	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - 301-400 beds		\$ 17,192.50	1	\$ 17,192.50	1	unit				\$ 17,193	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - 51-100 beds		\$ 10,335.00	1	\$ 10,335.00	1	unit				\$ 10,335	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - Complex or unusual hospital plan		\$ 1.00	1	\$ 1.00	1	Unit	Variable amount			\$ 1	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - each additional 100 beds		\$ 37.50	1	\$ 37.50	1	unit				\$ 38	\$ -
KMCAB	Hospital Plan Review and Inspection Fee - Over 400 beds		\$ 17,192.50	1	\$ 17,192.50	1	unit				\$ 17,193	\$ -
KMCAB	Hospitals Remodel, Freestanding Surgery Facilities	This fee is assessed for architectural plan reviews for hospitals	\$ 0.29	24,035	\$ 0.29	187,880	square foot		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 54,485	\$ 47,515
KMCAB	Human Services 1 time adoption Fingerprint Fee	Assessed for services rendered for fingerprint services	\$ 32.00	50	\$ 32.00	68	Unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 2,176	\$ 576
KMCAB	Human Services Conditional Monitoring Fee	Charge is per each visit required due to non-compliance	\$ 393.37	25	\$ 393.37	20	Unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 7,867	\$ (1,967)
KMCAB	Human Services Late Fee	This fee is assessed 1-30 days after expiration of a license	\$ 60.00	10	\$ 60.00	48	Unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 2,880	\$ 2,280
KMCAB	Human Services Non-DACS Background Check Fee	This fee will be assessed at the Division level for background checks	\$ 20.00	25,000	\$ 20.00	25,000	Unit		The difference between this fee and a recheck	Fee removed from Fee Schedule		\$ (500,000)
KMCAB	Intermediate Secure Treatment Initial License Fee		\$ 990.00	1	\$ 990.00	1	unit				\$ 990	\$ -
KMCAB	Intermediate Secure Treatment Per Capacity Fee		\$ 24.00	12	\$ 24.00	278	capacity		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 6,672	\$ 6,384
KMCAB	Intermediate Secure Treatment Renewal License Fee		\$ 825.00	10	\$ 825.00	9	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 7,425	\$ (825)
KMCAB	Live Scan Fee	Assessed for services rendered for live scan fingerprinting	\$ 15.00	2,250	\$ 15.00	2,500	Unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 37,500	\$ 3,750
KMCAB	Mammography Screening Facilities New and Renewal Fee		\$ 743.83	26	\$ 743.83	34	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 25,290	\$ 5,951
KMCAB	New and Renewal fee for each satellite and branch office	Online reads: Each Satellite & Branch Office New and Renewal	\$ 371.92	54	\$ 371.92	127	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 47,234	\$ 27,150
KMCAB	Nursing Care Facilities and Small Health Care Facilities Number of Beds 101 to 200		\$ 8,580.00	1	\$ 8,580.00	1	unit				\$ 8,580	\$ -
KMCAB	Nursing Care Facilities, Small Health Care Facilities Per Licensed Bed New and Renewal Fee		\$ 44.63	3,429	\$ 44.63	4,437	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 198,023	\$ 44,987
KMCAB	Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 1-5 beds		\$ 1,118.00	1	\$ 1,118.00	1	unit				\$ 1,118	\$ -
KMCAB	Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 17-50 beds		\$ 3,900.00	1	\$ 3,900.00	1	unit				\$ 3,900	\$ -
KMCAB	Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 51-100 beds		\$ 6,890.00	1	\$ 6,890.00	1	unit				\$ 6,890	\$ -
KMCAB	Nursing Care Facilities, Small Health Care Facilities Plan Review and Inspection Fee - 6-16 beds		\$ 1,716.00	1	\$ 1,716.00	1	unit				\$ 1,716	\$ -
KMCAB	Online Processing Fee	Convenience fee to cover the cost of Utah Interactive processing	\$ 2.00	51,806	\$ 2.00	51,806	transaction	not to exceed 3%			\$ 103,612	\$ -
KMCAB	Other Freestanding Ambulatory Facilities Plan Review and Inspection Fee	This fee is assessed for Other Freestanding Ambulatory Facilities	\$ 442.00	2	\$ 442.00	3	service unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 1,326	\$ 442
KMCAB	Outdoor Youth Program Initial License Fee and Renewal Fee		\$ 1,548.80	4	\$ 1,548.80	4	unit				\$ 6,195	\$ -
KMCAB	Outpatient Treatment Initial License Fee		\$ 990.00	34	\$ 990.00	88	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 87,120	\$ 53,460
KMCAB	Outpatient Treatment Renewal License Fee		\$ 375.00	515	\$ 375.00	504	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 189,000	\$ (4,125)
KMCAB	Personal Care Agencies New and Renewal Fee		\$ 1,430.45	54	\$ 1,430.45	70	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 100,132	\$ 22,887
KMCAB	Plan Review Additional Inspection fee	If an existing facility has obtained an exemption from the fee	\$ 559.00	53	\$ 559.00	68	unit	See Notes	Agency estimated quantity was adjusted	Estimated quantity changed	\$ 38,012	\$ 8,385
KMCAB	Previously Reviewed or Approved Plan Onsite Inspection	A facility that uses plans and specifications previously reviewed	\$ 1.00	1	\$ 1.00	1	Unit	60% of sched. fee			\$ 1	\$ -
KMCAB	Recovery Residences Initial Licensing Fee		\$ 1,424.50	18	\$ 1,424.50	36	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 51,282	\$ 25,641
KMCAB	Recovery Residences Renewal License Fee		\$ 550.00	115	\$ 550.00	122	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 67,100	\$ 3,850
KMCAB	Remodel All Others Excluding Home Health Agencies	This fee is assessed for architectural plan reviews for remodels	\$ 0.25	14,300	\$ 0.25	35,046	square foot		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 8,762	\$ 5,187
KMCAB	Remodels of Licensed Facilities Each additional required review	This fee is assessed for architectural plan reviews for remodels	\$ 559.00	5	\$ 559.00	8	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 4,472	\$ 1,677
KMCAB	Residential Support Initial License Fee		\$ 990.00	60	\$ 990.00	78	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 77,220	\$ 17,820
KMCAB	Residential Support Renewal License Fee		\$ 640.00	348	\$ 640.00	344	unit		Agency estimated quantity was adjusted	Estimated quantity changed	\$ 220,160	\$ (2,560)
KMCAB	Residential Treatment Initial License Fee		\$ 990.00	7	\$ 1,030.00	26	unit		\$1,030 was approved in the 10/1/25 fee schedule	Estimated quantity changed, Fee removed from Fee Schedule	\$ 26,780	\$ 19,850

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMCAB Fee Schedule - Division of Licensing & Background Checks

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KMCAB	Residential Treatment Per Capacity Fee		\$ 24.00	5,267	\$ 24.00	6,165	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 147,955	\$ 21,547
KMCAB	Residential Treatment Renewal License Fee		\$ 940.00	107	\$ 940.00	221	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 207,740	\$ 107,160
KMCAB	Satellite Emergency Department Licensing Fee	Assessed for each satellite emergency department tha	\$ 6,000.00	10	\$ 6,000.00	13	Unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 78,000	\$ 18,000
KMCAB	Social Detoxification Initial Licensing Fee		\$ 990.00	2	\$ 990.00	8	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 7,920	\$ 5,940
KMCAB	Social Detoxification Renewal License Fee		\$ 660.00	33	\$ 660.00	36	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 23,760	\$ 1,980
KMCAB	<i>Special Equipment Facility Additional or Remodel</i>	<i>For a facility making additions or remodels that house</i>	\$ 0.52	11,847	\$ 0.52	10,211	<i>square foot</i>		<i>Fee name updated for clarity. Agency</i>	<i>Fee name changed, Estimated</i>	\$ 5,310	\$ (851)
KMCAB	Therapeutic School Program Initial Licensing Fee		\$ 990.00	1	\$ 990.00	1	unit				\$ 990	\$ -
KMCAB	Therapeutic School Program Per Capacity Fee		\$ 24.00	28	\$ 24.00	19	unit		Agency estimated quantity was adjus	Estimated quantity changed	\$ 456	\$ (216)
KMCAB	Therapeutic School Program Renewal License Fee		\$ 730.00	2	\$ 730.00	2	unit				\$ 1,460	\$ -
KMCAB	Youth Transportation Registration Fee	To establish and maintain a registration system for youth tra	\$ 500.00	3	\$ 500.00	3	Unit				\$ 1,500	\$ -
KMCAB	Youth Transportation Registration Renewal Fee	To establish and maintain a registration system for youth tra	\$ 250.00	23	\$ 250.00	23	Unit				\$ 5,750	\$ -
KMCAB	Adoption Agency Consortium Membership	Utah Child-Placing Adoption Agencies membership to advis			\$ 1,100.00	5	facility		Adding based on 2026 GS H.B. 51	New fee	\$ 5,500	\$ 5,500
KMCAB	Background Check Renewal Fee	A renewal fee applicable to all background check renewals			\$ 5.00	46,272	Unit		Add new fee to fee schedule to help brid	New fee	\$ 231,360	\$ 231,360
KMCAB	Detailed On-site Inspection in Lieu of the Plan Review Milea				\$ 0.44	1,738	mile		Unbundled the Plan Review Mileage rev	New fee	\$ 765	\$ 765
KMCAB	Plan Review Additional Inspection Mileage				\$ 0.44	10,220	mile		Adding this fee to DLBC fee schedule to	New fee	\$ 4,497	\$ 4,497
KMCAB	Behavioral Health Receiving Centers Initial and Renewal Fe	This fee is assessed for initial and renewal applications to o			\$ 990.00	7	Unit		Adding this fee based on the amendmen	New fee	\$ 6,930	\$ 6,930

Legend	
	No change
Strike out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMCAB	\$ 3,834,096.59
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TOTAL REVENUE FOR KMCAB - FY 2028	\$ 8,833,249.49
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMDAB Fee Schedule - Correctional Health Services

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KMDAB	Prisoner Co-pay	Co-pay for each Doctor, Physician Assistant, Optomet	\$ 5.00	23,400	\$ 5.00	23,400	unit	We added why a partial payment may be collected a	Fee Explanation	\$ 117,000	\$ -
KMDAB	Prisoner Various Prostheses Co-pay	Prostheses Health Care (DHHS / CHS Policy: ADM-17	\$ 2.00	6,100	\$ 2.00	6,100	unit	We added why a partial payment may be collected a	Fee Explanation	\$ 12,200	\$ -
KMDAB	Prisoner Prescription	Prescription Medication - 30-day or less supply (DHHS	\$ 2.00	125,000	\$ 2.00	125,000	unit	We added why a partial payment may be collected a	Fee Explanation	\$ 250,000	\$ -
KMDAB	Inmate Support Collections	Prescription Medication - 30-day or less supply (DHHS	\$ 1.00	250,300	\$ 1.00	250,300	unit	We added why a partial payment may be collected a	Fee Explanation	\$ 250,300	\$ -

Legend	
	No change
Strike out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMDAB	\$ -
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TOTAL REVENUE FOR KMDAB - FY 2028	\$ 629,500.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KPAAB Fee Schedule - Integrated Health Care Administration

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KPAAB	Medicaid application fee for prospective or re-enr	This fee is set by the federal government (Centers for M	\$ 803.00	8	\$ 824.00	8	unit	Fee amount increased based on what we estimate	Fee Increased	\$ 6,592	\$ 168

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KPAAB	\$ 168.00
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TOTAL REVENUE FOR KPAAB - FY 2028	\$ 6,592.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KPBBB Fee Schedule - Office of Substance Use and Mental Health

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KPBBB	On Premise and Off Premise Sales	To cover the cost of administering the alcohol sale	\$ 3.50	39,000	\$ 3.50	39,000	unit			\$ 136,500	\$ -

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KPBBB	\$ -
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TOTAL REVENUE FOR KPBBB - FY 2028	\$ 136,500.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KPBBC Fee Schedule - Utah State Hospital

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KPBBC	Photo Shoots	Fee for use of the Utah State Hospitals (USH) outdoor	\$ 20.00	300	\$ 20.00	300	2 hours			\$ 6,000	\$ -
KPBBC	<i>Facility Use: Groups Up To 50 People</i>	<i>Fee for use of the castle or other group gathering ar</i>	\$ 75.00	20	\$ 75.00	20	day	<i>Updated fee name for clarity.</i>	<i>Fee name changed</i>	\$ 1,500	\$ -
KPBBC	<i>Facility Use: Groups Over 50 People</i>	<i>Fee for use of the castle or other group gathering ar</i>	\$ 150.00	20	\$ 150.00	20	day	<i>Updated fee name for clarity.</i>	<i>Fee name changed</i>	\$ 3,000	\$ -

Legend	
	No change
~~Strike out~~	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KPBBC	\$ -
TOTAL REVENUE FOR KPBBC - FY 2028	\$ 10,500.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTAAH Fee Schedule - Division of Population Health: Communicable Disease & Emerging Infections

App.	Fee Name	Fee Explanation (this will appear in the Fee Bill)	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAH	Match-on Immunization Records in Database	~~This fee covers the per record immunization record~~	\$ 12.00	4	\$ 12.00	4	~~record~~		Fee removed from schedule to make way for an update	Fee removed from schedule		\$ (12)
KTAAH	Match-on Immunization Records in Database	~~This fee covers the immunization record matching s~~	\$ 20,000.0	4	\$ 20,000.0	4	~~Year~~		Fee removed from schedule to make way for an update	Fee removed from schedule		\$ (20,000)
KTAAH	Match-on Immunization Records in Database	~~This fee covers the immunization record matching s~~	\$ 40,000.0	3	\$ 40,000.0	3	~~Year~~		Fee removed from schedule to make way for an update	Fee removed from schedule		\$ (120,000)
KTAAH	Match-on Immunization Records in Database	~~This fee covers the immunization record matching s~~	\$ 160,000.	4	\$ 160,000.	4	~~Year~~		Fee removed from schedule to make way for an update	Fee removed from schedule		\$ (160,000)
KTAAH	Match-on Immunization Records in Database	~~This fee covers the immunization record matching s~~	\$ 10,000.0	2	\$ 10,000.0	2	~~Year~~		Fee removed from schedule to make way for an update	Fee removed from schedule		\$ (20,000)
KTAAH	USIIS Record Maintenance and Matching – Pe	This fee supports maintenance of patient records wi			\$ 0.32	7,733,750	Lookup	Per Patient Record Lookup	Replaces the existing tiered record-matching fee stru	New fee	\$ 2,474,800	\$ 2,474,800

Legend	
	No change
Strike out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KTAAH	\$ 2,154,788.00
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TOTAL REVENUE FOR KTAAH - FY 2028	\$ 2,474,800.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KMBAF Fee Schedule - Office of Health Equity

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAJ	Community Health Worker Certification Renewal F	Community Health Worker Certification Renewal F	\$ 25.00	1	\$ 25.00	1	certification			\$ 25	\$ -
KTAAJ	Community Health Worker Certification	For Community Health Worker seeking to bec	\$ 50.00	200	\$ 50.00	15	certification	Agency estimated quantity was adjusted to align	Estimated quantity changed	\$ 750	\$ (9,250)
KTAAJ	Community Health Worker Certification Penalty Fe	Community Health Worker Certification Penalty F	\$ 100.00	4	\$ 100.00	4	certification			\$ 400	\$ -

Legend	
	No change
~~Strike-out~~	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KMBAF	\$ (9,250.00)
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TOTAL REVENUE FOR KMBAF - FY 2028	\$ 1,175.00
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTAAV Fee Schedule - Utah Public Health Laboratory

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAV	Laboratory Testing of Public Health Significance	The emergence of diseases and subsequent testing	\$ 550.00	1	\$ 550.00	1	Unit		Appropriation updated due to line item change		\$ 550	\$ -
KTAAV	Chain of Custody Request Fee		\$ 20.00	27	\$ 20.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 20	\$ (520)
KTAAV	Rush Fee		\$ 50.00	14	\$ 50.00	7	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 350	\$ (350)
KTAAV	Environmental Protection Agency 200.8 Copper and Lead		\$ 26.40	1	\$ 26.40	36	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 950	\$ 924
KTAAV	Standard Method 2330B Corrosivity		\$ 6.05	1	\$ 6.05	1	Unit		Appropriation updated due to line item change		\$ 6	\$ -
KTAAV	Environmental Protection Agency 353.2 Nitrite	This fee covers the cost for the analysis of Nitrat	\$ 17.60	2	\$ 17.60	59	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,038	\$ 1,003
KTAAV	Environmental Protection Agency 353.2 Nitrate	This fee covers the cost for the analysis of Nitrat	\$ 17.60	140	\$ 17.60	45	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 792	\$ (1,672)
KTAAV	Environmental Protection Agency 200.7 - Magnesium		\$ 13.20	1,500	\$ 13.20	1,018	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 13,438	\$ (6,362)
KTAAV	Environmental Protection Agency 200.7 - Iron		\$ 13.20	1,500	\$ 13.20	1,106	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 14,599	\$ (5,201)
KTAAV	Environmental Protection Agency 200.8 Lithium		\$ 13.20	1,500	\$ 13.20	6	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 79	\$ (19,721)
KTAAV	Environmental Protection Agency 200.7 - Potassium		\$ 13.20	1,500	\$ 13.20	280	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,696	\$ (16,104)
KTAAV	Environmental Protection Agency 200.8 - Strontium		\$ 13.20	1,500	\$ 13.20	17	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 224	\$ (19,576)
KTAAV	Environmental Protection Agency 200.8 Digestion		\$ 24.20	15	\$ 24.20	446	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 10,793	\$ 10,430
KTAAV	Environmental Protection Agency 200.8 Tin		\$ 13.20	1	\$ 13.20	1	Unit		Appropriation updated due to line item change		\$ 13	\$ -
KTAAV	Environmental Protection Agency 200.8 Cobalt		\$ 13.20	1,500	\$ 13.20	19	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 251	\$ (19,549)
KTAAV	Environmental Protection Agency 200.8 Vanadium		\$ 13.20	1,500	\$ 13.20	82	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,082	\$ (18,718)
KTAAV	Environmental Protection Agency 245.1 - Mercury	May include a digestion fee	\$ 27.50	1,000	\$ 27.50	1,287	unit		Appropriation updated due to line item char	Fee name changed, Estimated quan	\$ 35,393	\$ 7,893
KTAAV	Environmental Protection Agency 200.8 Aluminum		\$ 13.20	1,500	\$ 13.20	1,136	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 14,995	\$ (4,805)
KTAAV	Environmental Protection Agency 200.8 Antimony		\$ 13.20	30	\$ 13.20	407	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 5,372	\$ 4,976
KTAAV	Environmental Protection Agency 200.8 Arsenic		\$ 13.20	1,500	\$ 13.20	33	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 436	\$ (19,364)
KTAAV	Environmental Protection Agency 200.8 Barium		\$ 13.20	1,500	\$ 13.20	240	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,168	\$ (16,632)
KTAAV	Environmental Protection Agency 200.8 Beryllium		\$ 13.20	1,500	\$ 13.20	238	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,142	\$ (16,658)
KTAAV	Environmental Protection Agency 200.8 Cadmium		\$ 13.20	1,500	\$ 13.20	1,054	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 13,913	\$ (5,887)
KTAAV	Environmental Protection Agency 200.8 Chromium		\$ 13.20	1,500	\$ 13.20	1,166	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 15,391	\$ (4,409)
KTAAV	Environmental Protection Agency 200.8 Copper		\$ 13.20	1,500	\$ 13.20	1,345	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 17,754	\$ (2,046)
KTAAV	Environmental Protection Agency 200.8 Lead		\$ 13.20	1,500	\$ 13.20	2,582	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 34,082	\$ 14,282
KTAAV	Environmental Protection Agency 200.8 Manganese		\$ 13.20	1,500	\$ 13.20	267	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,524	\$ (16,276)
KTAAV	Environmental Protection Agency 200.8 Molybdenum		\$ 13.20	1,500	\$ 13.20	32	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 422	\$ (19,378)
KTAAV	Environmental Protection Agency 200.8 Nickel		\$ 13.20	1,500	\$ 13.20	1,286	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 16,975	\$ (2,825)
KTAAV	Environmental Protection Agency 200.8 Selenium		\$ 15.00	1,800	\$ 15.00	1,424	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 21,360	\$ (5,640)
KTAAV	Environmental Protection Agency 200.8 Silver		\$ 13.20	1,500	\$ 13.20	948	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 12,514	\$ (7,286)
KTAAV	Environmental Protection Agency 200.8 Thallium		\$ 13.20	30	\$ 13.20	581	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 7,669	\$ 7,273
KTAAV	Environmental Protection Agency 200.8 Zinc		\$ 13.20	1,500	\$ 13.20	1,358	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 17,926	\$ (1,874)
KTAAV	Environmental Protection Agency 200.8 Boron		\$ 13.20	1,500	\$ 13.20	1,315	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 17,358	\$ (2,442)
KTAAV	Environmental Protection Agency 200.7 Calcium		\$ 13.20	1,500	\$ 13.20	1,161	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 15,325	\$ (4,475)
KTAAV	Environmental Protection Agency Sodium 200.7		\$ 13.20	1,500	\$ 13.20	946	unit		Appropriation updated due to line item char	Fee name changed, Estimated quan	\$ 12,487	\$ (7,313)
KTAAV	Hardness Standard Method 2340B	Requires Calcium & Magnesium tests	\$ 6.05	1	\$ 6.05	1	Unit		Appropriation updated due to line item change		\$ 6	\$ -
KTAAV	Alkalinity (Total) Standard Method 2320B		\$ 25.00	1,000	\$ 25.00	652	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 16,300	\$ (8,700)
KTAAV	Bromate Environmental Protection Agency 300.1		\$ 30.25	1	\$ 30.25	1	unit		Appropriation updated due to line item change		\$ 30	\$ -
KTAAV	Chlorate Environmental Protection Agency 300.1		\$ 30.25	1	\$ 30.25	1	unit		Appropriation updated due to line item change		\$ 30	\$ -
KTAAV	Chlorite Environmental Protection Agency 300.1		\$ 30.25	1	\$ 30.25	1	unit		Appropriation updated due to line item change		\$ 30	\$ -
KTAAV	Chloride Environmental Protection Agency 300.0	Lab test for chloride in water sources.	\$ 25.00	2	\$ 25.00	10	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 250	\$ 200
KTAAV	Environmental Protection Agency 300.0 Fluoride	Lab test to identify fluoride in water sources	\$ 20.35	30	\$ 20.35	43	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 875	\$ 265
KTAAV	Environmental Protection Agency 300.0 Sulfate		\$ 25.00	45	\$ 25.00	72	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,800	\$ 675
KTAAV	Cyanide, Total 335.4		\$ 55.00	28	\$ 55.00	35	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,925	\$ 385
KTAAV	Environmental Protection Agency 353.2 Nitrate +	This fee covers the cost for the analysis of Nitrat	\$ 20.00	5,000	\$ 20.00	2,195	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 43,900	\$ (56,100)
KTAAV	pH (Test of acidity or alkalinity) 150.1		\$ 12.00	15	\$ 12.00	12	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 144	\$ (36)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTAAV Fee Schedule - Utah Public Health Laboratory

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAV	Environmental Protection Agency 375.2 Sulfate		\$ 25.00	800	\$ 25.00	523	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 13,075	\$ (6,925)
KTAAV	Environmental Protection Agency 180.1 Turbidity		\$ 12.00	500	\$ 12.00	442	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 5,304	\$ (696)
KTAAV	Standard Method 2150 B - Odor		\$ 30.25	1	\$ 30.25	1	Unit		Fee name updated to provide more clarity on th	Fee name changed	\$ 30	\$ -
KTAAV	Organic Carbon, Total Standard Method 5310B		\$ 30.00	1,300	\$ 30.00	1,899	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 56,970	\$ 17,970
KTAAV	Environmental Protection Agency 300.1 Bromide		\$ 30.25	1	\$ 30.25	1	Unit				\$ 30	\$ -
KTAAV	Anatoxin by Enzyme-Linked Immunosorbent Assay		\$ 300.00	20	\$ 300.00	1	Unit		Appropriation updated due to line item change	Estimated quantity changed	\$ 300	\$ (5,700)
KTAAV	Chlorophyll A Corrected for Pheophytin A Environmental Protection Agency 445, 446 or equivalent		\$ 25.00	600	\$ 25.00	14	Unit		Fee no longer needed. This test is no longer us	Fee removed from Fee Schedule		\$ (15,000)
KTAAV	Cylindrospermopsin by Enzyme-Linked Immunosorbent Assay		\$ 300.00	20	\$ 300.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 300	\$ (5,700)
KTAAV	Periphyton Standard Method 10300C		\$ 30.00	50	\$ 30.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 30	\$ (1,470)
KTAAV	Organic Wet Chemistry		\$ 200.00	1	\$ 200.00	1	Unit				\$ 200	\$ -
KTAAV	Legionella Standard Methods 9260J	Liter of water	\$ 68.20	815	\$ 142.55	865	unit		This is a fee that we knew needed to be upd	Estimated quantity changed, Fee Inc	\$ 123,306	\$ 67,723
KTAAV	Solids, Total Dissolved Standard Method 2540C		\$ 14.03	1	\$ 14.03	2,095	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 29,393	\$ 29,379
KTAAV	Environmental Protection Agency 325.2 Chloride		\$ 20.00	1,500	\$ 20.00	762	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 15,240	\$ (14,760)
KTAAV	Standard Method 5210B Carbonaceous Biochemical Soluble Oxygen Demand		\$ 36.30	4	\$ 36.30	4	Unit		This lab test is no longer needed.	Fee removed from Fee Schedule		\$ (36)
KTAAV	Standard Method 2120B Color		\$ 13.20	1	\$ 13.20	1	Unit		Appropriation updated due to line item change		\$ 13	\$ -
KTAAV	Legiolert Standard Method 9223B		\$ 49.27	1	\$ 49.27	1	Unit		Appropriation updated due to line item change		\$ 49	\$ -
KTAAV	Total Coliforms/Escherichia coli Standard Method	Colilert/Colisure	\$ 20.90	1,218	\$ 47.82	1,394	unit		Fee name changed to provide more clarity.	Fee name changed, Estimated quan	\$ 66,661	\$ 41,205
KTAAV	Heterotrophic Plate Count by 9215 B Pour Plate		\$ 14.30	49	\$ 91.79	57	unit		This fee increase was requested and approv	Estimated quantity changed, Fee Inc	\$ 5,232	\$ 4,531
KTAAV	Standard Method 4500-NH3 H - Ammonian as N		\$ 22.00	2,600	\$ 22.00	2,253	unit		Fee name changed to provide more clarity,	Fee name changed, Estimated quan	\$ 49,566	\$ (7,634)
KTAAV	Chlorophyll A Standard Method 10200H - Chlorophyll-A		\$ 18.70	1	\$ 18.70	51	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 954	\$ 935
KTAAV	Phosphorus, Total 365.1	This fee covers the cost of analyzing and prepar	\$ 23.00	5,000	\$ 23.00	2,482	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 57,086	\$ (57,914)
KTAAV	Standard Method 4500-SiO2 F - Silica as SiO2		\$ 20.00	20	\$ 20.00	9	unit		Fee name changed to provide more clarity c	Fee name changed, Estimated quan	\$ 180	\$ (220)
KTAAV	Solids, Total Volatile, Standard Method 2540E		\$ 22.50	1,200	\$ 22.50	996	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 22,410	\$ (4,590)
KTAAV	Solids, Total Suspended Standard Method 2540D		\$ 15.00	2,500	\$ 15.00	1,949	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 29,235	\$ (8,265)
KTAAV	Standard Method 2510 B - Conductivity		\$ 10.00	400	\$ 10.00	53	unit		Fee name changed to provide more clarity c	Fee name changed, Estimated quan	\$ 530	\$ (3,470)
KTAAV	Environmental Protection Agency 376.2 Sulfide		\$ 50.00	20	\$ 50.00	1	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 50	\$ (950)
KTAAV	Primary Method Addition for Recognition Laboratories		\$ 1,250.00	53	\$ 1,250.00	38	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 47,500	\$ (18,750)
KTAAV	Application Fee for Primary Out of State Laborato	Plus reimbursement of all travel expenses	\$ 3,250.00	24	\$ 3,250.00	29	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 94,250	\$ 16,250
KTAAV	Application for National Environmental Accreditation Program Recognition		\$ 1,250.00	36	\$ 1,250.00	28	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 35,000	\$ (10,000)
KTAAV	Certification change		\$ 500.00	10	\$ 500.00	6	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,000	\$ (2,000)
KTAAV	Zika Immunoglobulin M		\$ 45.00	11	\$ 45.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 45	\$ (450)
KTAAV	Bacterial Sequencing		\$ 107.00	1	\$ 107.00	1	Unit		Appropriation updated due to line item change		\$ 107	\$ -
KTAAV	Bacterial Sequencing Analysis		\$ 40.00	1	\$ 40.00	1	Unit		Appropriation updated due to line item change		\$ 40	\$ -
KTAAV	Bacterial Sequencing and Identification		\$ 108.00	50	\$ 108.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 108	\$ (5,292)
KTAAV	Bacterial Sequencing, Identification, Analysis		\$ 122.00	50	\$ 122.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 122	\$ (5,978)
KTAAV	Microbial Source Tracking via shotgun metagenomics sequencing		\$ 194.00	1	\$ 194.00	1	Unit		Appropriation updated due to line item change		\$ 194	\$ -
KTAAV	Microbial Source Tracking via culture based		\$ 150.00	1	\$ 150.00	1	Unit		Appropriation updated due to line item change		\$ 150	\$ -
KTAAV	Anti-Hepatitis B Antibody	This fee covers testing costs in assessing if an i	\$ 22.00	215	\$ 22.00	248	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 5,456	\$ 726
KTAAV	Anti-Hepatitis B Antigen	This fee covers testing costs in assessing if an i	\$ 22.00	55	\$ 22.00	195	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4,290	\$ 3,080
KTAAV	C (Anti-Hepatitis C Virus) Antibody	This fee covers testing costs in assessing if an i	\$ 27.00	366	\$ 27.00	256	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 6,912	\$ (2,970)
KTAAV	1/2 and O, Antigen/Antibody Combo	This fee covers testing costs in assessing if an i	\$ 33.00	1,484	\$ 33.00	1,622	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 53,526	\$ 4,554
KTAAV	Supplemental Testing (HIV-1/HIV-2 differentiation)		\$ 42.00	178	\$ 42.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 42	\$ (7,434)
KTAAV	Immunoglobulin G (IgG) Antibody (including refle	This fee covers two tests used in the diagnostic	\$ 14.00	3,722	\$ 14.00	3,419	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 47,866	\$ (4,242)
KTAAV	TP-PA (Treponema Pallidum - Particle Agglutination) Confirmation		\$ 22.00	421	\$ 22.00	177	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,894	\$ (5,368)
KTAAV	BioFire FilmArray Respiratory Panel		\$ 160.00	5	\$ 160.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 160	\$ (640)
KTAAV	Herpesvirus (Herpes Simplex Virus-1, Herpes Simplex Virus-2, Varicella Zoster Virus) Detection and		\$ 51.00	660	\$ 51.00	501	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 25,551	\$ (8,109)
KTAAV	Rabies - Not epidemiological indicated or pre-authorized		\$ 180.00	37	\$ 180.00	124	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 22,320	\$ 15,660
KTAAV	Influenza (Polymerase Chain Reaction)		\$ 150.00	1	\$ 150.00	1	Unit		Appropriation updated due to line item change		\$ 150	\$ -

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTAAV Fee Schedule - Utah Public Health Laboratory

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAV	Chlamydia trachomatis and Neisseria gonorrhoea	Fee-for-service sexually transmitted disease test	\$ 27.00	34,305	\$ 27.00	10,633	unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 287,091	\$ (639,144)
KTAAV	Trichomonas vaginalis detection PCR Polymerase	This fee covers testing costs in assessing if an i	\$ 37.00	1,000	\$ 37.00	84	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,108	\$ (33,892)
KTAAV	Bacterial and yeast species identification		\$ 4.00	500	\$ 4.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4	\$ (1,996)
KTAAV	BioFire FilmArray Gastrointestinal Panel		\$ 185.00	50	\$ 185.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 185	\$ (9,065)
KTAAV	Laboratory Testing and Follow-up Services	Covers the cost of screening for common disord	\$ 148.00	46,000	\$ 158.00	47,168	unit		Fee was increased due to bringing on 3 new	Estimated quantity changed, Fee Inc	\$ 7,452,605	\$ 644,605
KTAAV	Out of State Screening		\$ 116.00	1	\$ 116.00	1	Unit		Appropriation updated due to line item change		\$ 116	\$ -
KTAAV	Atomic Absorption/Atomic Emission		\$ 300.00	120	\$ 300.00	70	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 21,000	\$ (15,000)
KTAAV	Radiological chemistry - Alpha spectrometry		\$ 300.00	41	\$ 300.00	9	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 2,700	\$ (9,600)
KTAAV	Radiological chemistry - Beta		\$ 300.00	48	\$ 300.00	9	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 2,700	\$ (11,700)
KTAAV	Calculation of Analytical Results		\$ 50.00	52	\$ 50.00	32	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,600	\$ (1,000)
KTAAV	Organic Clean Up		\$ 200.00	29	\$ 200.00	15	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 3,000	\$ (2,800)
KTAAV	Toxicity/Synthetic Extractions Characteristics Procedure		\$ 200.00	50	\$ 200.00	29	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 5,800	\$ (4,200)
KTAAV	Radiological chemistry - Gamma		\$ 300.00	42	\$ 300.00	15	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4,500	\$ (8,100)
KTAAV	Simple Gas Chromatography		\$ 300.00	99	\$ 300.00	68	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 20,400	\$ (9,300)
KTAAV	Complex Gas Chromatography		\$ 600.00	31	\$ 600.00	25	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 15,000	\$ (3,600)
KTAAV	Semivolatile Gas Chromatography		\$ 500.00	76	\$ 500.00	53	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 26,500	\$ (11,500)
KTAAV	Volatile Gas Chromatography		\$ 500.00	122	\$ 500.00	77	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 38,500	\$ (22,500)
KTAAV	Radiological chemistry - Gas Proportional Counter		\$ 300.00	62	\$ 300.00	27	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 8,100	\$ (10,500)
KTAAV	Gravimetric		\$ 100.00	119	\$ 100.00	97	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 9,700	\$ (2,200)
KTAAV	High Pressure Liquid Chromatography		\$ 300.00	48	\$ 300.00	75	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 22,500	\$ 8,100
KTAAV	Inductively Coupled Plasma Metals Analysis		\$ 400.00	119	\$ 400.00	81	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 32,400	\$ (15,200)
KTAAV	Inductively Coupled Plasma Mass Spectrometry		\$ 500.00	112	\$ 500.00	90	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 45,000	\$ (11,000)
KTAAV	Ion Chromatography		\$ 200.00	109	\$ 200.00	85	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 17,000	\$ (4,800)
KTAAV	Ion Selective Electrode base methods		\$ 100.00	140	\$ 100.00	112	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 11,200	\$ (2,800)
KTAAV	Radiological chemistry - Liquid Scintillation		\$ 300.00	37	\$ 300.00	15	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4,500	\$ (6,600)
KTAAV	Metals Digestion		\$ 100.00	55	\$ 100.00	7	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 700	\$ (4,800)
KTAAV	Simple Microbiological Testing		\$ 100.00	68	\$ 100.00	45	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4,500	\$ (2,300)
KTAAV	Complex Microbiological Testing		\$ 300.00	23	\$ 300.00	16	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 4,800	\$ (2,100)
KTAAV	Organic Extraction		\$ 200.00	47	\$ 200.00	26	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 5,200	\$ (4,200)
KTAAV	Physical Properties		\$ 100.00	102	\$ 100.00	19	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 1,900	\$ (8,300)
KTAAV	Titrimetric		\$ 100.00	83	\$ 100.00	63	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 6,300	\$ (2,000)
KTAAV	Spectrometry		\$ 200.00	144	\$ 200.00	99	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 19,800	\$ (9,000)
KTAAV	Whole Effluent Toxicity		\$ 600.00	10	\$ 600.00	11	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 6,600	\$ 600
KTAAV	Emergency Waiver	Under certain conditions of public health import (e.g.	\$ 1.00	1	\$ 1.00	1	Unit		Appropriation updated due to line item change		\$ 1	\$ -
KTAAV	Shipping Costs		\$ 1.00	1	\$ 1.00	1	Referral lab's inv		Fee name updated to clarify the lab test being	Fee name changed	\$ 1	\$ -
KTAAV	Repeat Testing	A normal fee will be charged if repeat testing is requi	\$ 1.00	1	\$ 1.00	1	sample, each rea	Variable	Appropriation updated due to line item change		\$ 1	\$ -
KTAAV	Environmental Protection Agency 180.1 _M Turbid	Screening test to determine if digestion is requir	\$ 5.00	1,500	\$ 5.00	2,106	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 10,530	\$ 3,030
KTAAV	Total Microcystins and Nodularins by ELISA		\$ 300.00	1	\$ 300.00	1	Unit		Appropriation updated due to line item change		\$ 300	\$ -
KTAAV	CHLOROPHYLL+PHEOPHYTIN Standard Method 10200H		\$ 25.00	500	\$ 25.00	257	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 6,425	\$ (6,075)
KTAAV	Norovirus detection by Polymerase Chain Reaction		\$ 80.00	5	\$ 80.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 80	\$ (320)
KTAAV	Environmental Protection Agency 533 - Per-and F		\$ 505.00	10	\$ 505.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 505	\$ (4,545)
KTAAV	Residual Chlorine Standard Method 4500CL-G		\$ 13.00	10	\$ 13.00	4	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 52	\$ (78)
KTAAV	Measles Virus Detection by Polymerase Chain Reaction		\$ 100.00	5	\$ 100.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 100	\$ (400)
KTAAV	Total Nitrogen ASTMD8083		\$ 35.00	4,000	\$ 35.00	3,725	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 130,375	\$ (9,625)
KTAAV	Standard Method 9230 D - ENTEROCOCCUS (ENTEROLERT)		\$ 48.68	1	\$ 48.68	1	Unit		Fee name updated to clarify the lab test being	Fee name changed	\$ 49	\$ -
KTAAV	Respiratory Syncytial Virus-Flu-COVID detection	Test to detect RSV, Influenza A and B, and SARS	\$ 100.00	100	\$ 100.00	1	Unit		Fee name updated to clarify the lab test bei	Estimated quantity changed	\$ 100	\$ (9,900)
KTAAV	Hepatitis B Virus Core Total Antibody	Test to detect the presence of antibodies to the H	\$ 22.00	300	\$ 22.00	1	Unit		Appropriation updated due to line item char	Estimated quantity changed	\$ 22	\$ (6,578)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTAAV Fee Schedule - Utah Public Health Laboratory

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTAAV	Mycoplasma Genitalium Detection by Nucleic Acid Amplification	This fee covers testing costs in assessing if an individual has a sexually transmitted infection.	\$ 31.00	800	\$ 31.00	169	Unit		Appropriation updated due to line item change.	Estimated quantity changed	\$ 5,239	\$ (19,561)
KTAAV	EPA 200.8 - Potassium	The fee covers the cost to test levels of Potassium in water			\$50.00	3	Unit		New test/ service available.	New fee	\$ 150	\$ 150
KTAAV	EPA 300.0 - Orthophosphate	The fee covers the cost to test levels of Orthophosphate in water			\$25.00	147	Unit		New test/ service available.	New fee	\$ 3,675	\$ 3,675
KTAAV	EPA 365.1 Low Concentrate Phosphorus	The fee covers the cost to test levels of Phosphorus in water using a low concentration.			\$34.10	1,991	Unit		New test/ service available.	New fee	\$ 67,893	\$ 67,893
KTAAV	EPA200.7 - Boron	The fee covers the cost to test levels of Boron in water			\$13.20	1,119	Unit		New test/ service available.	New fee	\$ 14,771	\$ 14,771

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KTAAV	\$ (447,617.42)
TOTAL REVENUE FOR KTAAV - FY 2028	\$ 9,534,485.01

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTBAB Fee Schedule - Division of Child and Family Services

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KTBAB	DCFS - Interstate Compact on the Placemen	This fee does not apply to adoption ICPC req	\$ 40.00	2,750	\$ 40.00	2,750	Request			\$ 110,000	\$ -
KTBAB	Live Scan Testing	DCFS charges a nominal fee to cover a porti	\$ 10.00	4,500	\$ 10.00	4,500	unit			\$ 45,000	\$ -

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KTBAB	\$ -
TOTAL REVENUE FOR KTBAB - FY 2028	\$ 155,000.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTBAM Fee Schedule - Division of Family Health

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Proposed Amount	Agency Estimated Quantity	Per	Justification of changes	Change	Total Revenue	Total Revenue Change
KTBAM	Household income 101% to 186% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 11.00	3,672	\$ 11.00	870	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 9,570	\$ (30,822)
KTBAM	Household income 187% to 200% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 20.00	3,700	\$ 22.00	2,975	Unit	This \$22 increased amount was presente	Estimated quantity chan	\$ 65,450	\$ (8,550)
KTBAM	Household income 201% to 250% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 33.00	4,790	\$ 33.00	2,700	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 89,100	\$ (68,970)
KTBAM	Household income 251% to 300% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 44.00	4,639	\$ 44.00	4,215	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 185,460	\$ (18,656)
KTBAM	Household income 301% to 400% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 55.00	2,204	\$ 55.00	2,365	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 130,075	\$ 8,855
KTBAM	Household income 401% to 500% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 66.00	891	\$ 66.00	1,075	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 70,950	\$ 12,144
KTBAM	Household income 501% to 600% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 88.00	454	\$ 88.00	665	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 58,520	\$ 18,568
KTBAM	Household income 601% to 700% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 125.00	284	\$ 125.00	340	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 42,500	\$ 7,000
KTBAM	Household income 701% to 800% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 150.00	135	\$ 150.00	305	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 45,750	\$ 25,500
KTBAM	Household income 801% to 900% of Federal Pove	Baby Watch Early Intervention Program Fam	\$ 175.00	44	\$ 175.00	80	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 14,000	\$ 6,300
KTBAM	Household income above 900% of Federal Poverty	Baby Watch Early Intervention Program Fam	\$ 200.00	606	\$ 200.00	500	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 100,000	\$ (21,200)
KTBAM	No show fee for families who miss three or more s	Fee assessed to families who miss three or r	\$ 100.00	360	\$ 100.00	200	Unit	Agency estimated quantity was adjusted	Estimated quantity chan	\$ 20,000	\$ (16,000)

Legend	
	No change
~~Strike-out~~	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KTBAM	\$ (85,831)
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TOTAL REVENUE FOR KTBAM- FY 2028	\$ 831,375
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

KTCAC Fee Schedule - Office of Recovery Services

App.	Fee Name	Fee Explanation	Auth. Amount	Auth. Quantity	Agency Amount	Agency Quantity	Per	Alt Text	Justification of changes	Change	Total Revenue	Total Revenue Change
KTCAC	Collections Processing	Administrative fee for payment processing; 6% of eac	\$ 12.00	223,000	\$ 12.00	225,000	unit	6% up to \$12	The estimated quantity was up	Estimated quantity changed	\$ 2,700,000	\$ 24,000
KTCAC	Federal Offset	This fee of up to \$25.00 is charged when a federal tax inte	\$ 25.00	3,200	\$ 25.00	3,200	unit				\$ 80,000	\$ -
KTCAC	Annual Collection	Annual fee of \$35 charged after \$550 collected on a "neve	\$ 35.00	24,100	\$ 35.00	24,100	unit				\$ 843,500	\$ -

Legend	
	No change
Strike-out	Fee removed from schedule
<i>Italics</i>	<i>Fee name changed</i>
Bold	Estimated quantity changed
	Fee Increased
	New fee
	Fee Decreased

TOTAL REVENUE CHANGE FOR KTCAC	\$ 24,000.00
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TOTAL REVENUE FOR KTCAC - FY 2028	\$ 3,623,500.00
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