

## **902 KAR 28:060. Kentucky Trauma System Fees.**

RELATES TO: KRS 211.490, 211.492, 211.494, 211.496

STATUTORY AUTHORITY: 211.494(8)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.494(8) authorizes the Department for Public Health to promulgate administrative regulations in accordance with KRS Chapter 13A to implement a statewide trauma care system. This administrative regulation establishes the fee structure for the Kentucky Trauma Care System.

### **Section 1. State Trauma Center Application.**

(1) A facility applying for Level I, Level II, Level III, or Level IV trauma center designation in the state trauma care system shall:

(a) Complete the application process as established in 902 KAR 28:020; and

(b) Submit an application fee of:

1. \$500 if applying for a Level I, Level II, or Level III designation; or

2. \$1000 if applying for a Level IV designation.

(2) The application fee shall be:

(a) Paid by check made payable to the Kentucky State Treasurer; and

(b) Sent to the Department for Public Health with the application.

### **Section 2. Level I, Level II, and Level III Verification and Designation Fees.**

(1) A site visit for a Level I, Level II, or Level III trauma system verification shall be conducted by ACS COT.

(2) Any cost or additional fees associated with these site visits shall be determined by ACS COT and paid by the applicant in accordance with ACS COT policies.

### **Section 3. Fees for Level IV Trauma System Verification and Designation.**

(1) Prior to submission of an application, an applicant seeking Level IV designation shall have a verification site visit in accordance with 902 KAR 28:030, Section 2.

(2) Fees for any site visit shall be the responsibility of the applicant.

(3) Site visit expenses shall be \$1,000 per team member per day honorarium in addition to the travel expenses specified by the Finance and Administration Cabinet in 200 KAR 2:006, Section 7.

(4) The hospital may request the Commissioner for Public Health to appoint additional team members. The requesting hospital shall be responsible for any additional cost associated with the request as outlined in subsection (2) of this section.

(5) The applicant shall be notified by the department of the estimated costs associated with any site visit prior to the visit.

(6) Payment for these charges shall be made by check payable to the Kentucky State Treasurer and forwarded to the Department for Public Health upon confirmation of the scheduled site visit.

(38 Ky.R. 1689; 1865; eff. 6-1-2012; Crt eff. 9-11-2019.)