

Dental Board of California Final Report – User Fee Audit



Protecting and promoting the oral health and safety of California consumers by ensuring the quality of dental health care within the State.



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INTRODUCTION AND SCOPE

The mission of the Dental Board of California is to *protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State*. As such, it provides an important public safety function. This project aligns with the mission of the Board by developing the resources so that this mission can be fully executed.

This is a draft report covering the processes, procedures, and findings of the Dental Board of California's fee audit. This draft reports on the analysis of cost in an effort to calculate individual licenses and permits issued by the Board to Dentist and Dental Assistants. As a draft we would expect to see minor modifications before the final. However, we are comfortable stating that any modifications to either the report or the analysis should be minor.

This report also does not take into consideration any adjustments to fees based on policy considerations or directives by the Board of Directors.

As part of its effort to manage its financial resources wisely, the Dental Board of California engaged Capital Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to Dentists and Dental Assistants for permits and licenses fully recover the costs of the program.

The scope of this study included the following objectives:

- Calculate full cost of fee based services;
- Determine allocation methodology for enforcement activities;
- Develop revenue projections for 5-10 years; and
- Pass high level audits.

The process used for collecting and analyzing the data required active participation by the Board's management and staff. We want to take this opportunity to recognize their participation, time, and effort to collect the data and discuss the analysis, results, and recommendations.

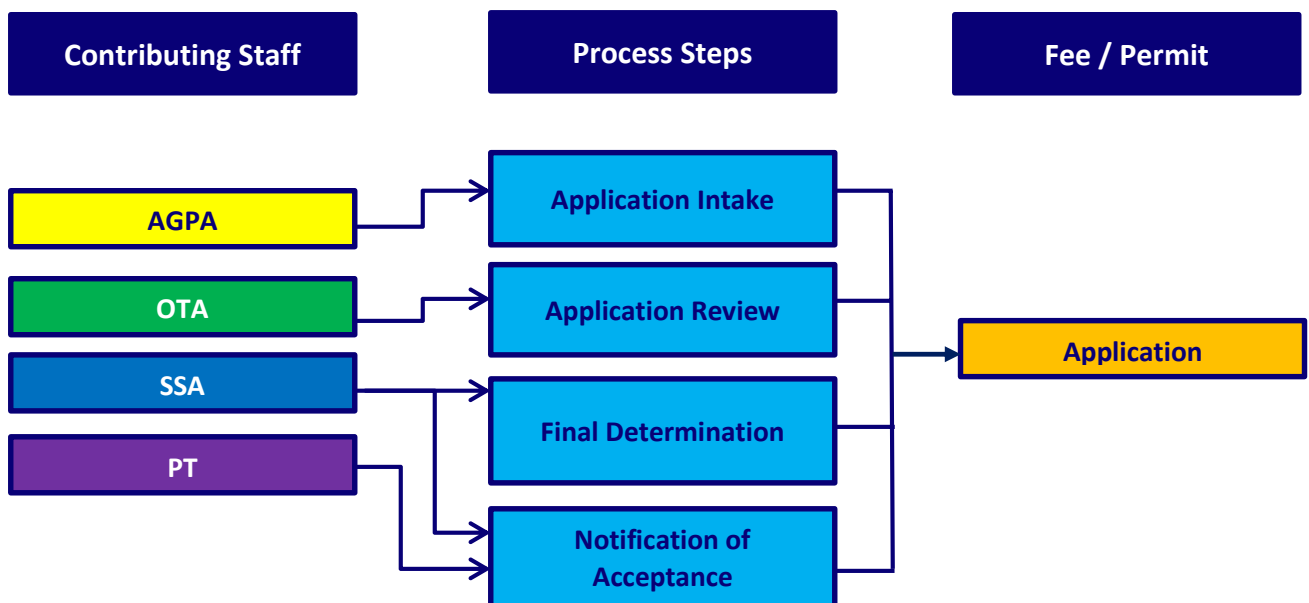
SUMMARY OF COSTING METHODOLOGIES

DRIVER BASED COSTING MODELS

Developing driver based costing models are a detailed and robust method of calculating the cost of a specific service. It is based on the principles of activity based costing so it seeks to understand cost at an operational level. This means it relies on understanding the time staff invests in core business processes to process permits and licenses as well as enforcement and administrative services. Graphically, the following figure illustrates this methodology.



Hypothetical Illustration of a Driver Based Costing Model



Step 1: Collect Data – This first step involves discussions with staff to identify those positions within each program that provide and support direct services. It also involves collecting program budget and expenditure data, identifying the salary and benefits for each position, and identifying non-personnel expenditures, as well as any program and Board overhead. Specifically, the steps involve the following:

- **Identifying staff positions** – This includes identifying both position titles and names.
- **Calculating the number of productive hours** – For each position, vacation time, sick leave, paid holidays, professional development (training), routine staff meetings, and daily work breaks are deducted from the standard 2,080 annual hours. The result is a range of hours available for each position on an annual basis. This range is typically in the area of 1,600 hours. Factors that influence this range are length of service with the organization and policies for holiday and personal leave time.



- **Identifying and allocating non-personnel costs** – Costs for materials and supplies are allocated to the salary and benefits for each position.
- **Assigning any other expenses that are budgeted in other areas** – There are often expenses that should be included with the total cost of services. Examples of such costs might include amortized capital expenses for vehicles and technology.
- **Identifying core business processes or activities** – This step also involves discussions with staff to understand, at an operational level, the work of the operating unit. Core business processes used to provide services are identified and then defined by the tasks that are involved. Processes are also organized by direct and indirect categories:
- **Direct processes and activities** – Those processes that directly contribute to the processing of an application or permit are first identified. Examples of a direct activity are initial data entry of permits and certifications.
- **Indirect processes and activities** – Those processes that support, but do not directly apply to the processing of a specific permit or certification. An example of an indirect activity is customer service or staff training to maintain certifications.

Step 2: Building cost structures – This second step involves significant interaction with staff and the development of time estimates for both direct and indirect processes in each program area. Specifically, this step is at the core of the analysis. There are three processes that comprise this step:

- **Gathering time estimates for direct processes** – By interviewing staff in individual and group meetings, an estimate of time was assigned to each service by the process that is indicated. For example, in Investigative Unit we identified the following activities and staff estimated their time to each.
 - Complaint is filed;
 - Fact finding;
 - SME review;
 - Prepare investigative report;
 - PRA & Subpoena;
 - Admin – monitor enforcement statistics; and
 - Monitor as required.

The sum of all the process steps is the total time that is required to provide that specific service.

- **Assigning indirect time** – An annual time estimate is gathered from staff for those indirect or support processes in which they are involved. These include Board as well as program administration, customer service, and IT.
- **Calculating fully loaded hourly rates and the cost of service** – Once the total time for each direct and indirect service is estimated, the cost of service is calculated by using the fully loaded hourly rates for each staff member or position that is involved with the service. The fully loaded hourly rate for each employee is based on the employee's salary and benefit costs plus a share of non-personnel and Board overhead costs divided by the employee's available work hours (i.e. 2,080



hours minus all leave hours). Thus, the direct and indirect cost by activity also includes program and Board overhead as well as non-labor costs.

- **Gathering activity or volume data** – A critical element in the analysis is the number of times a given permit or certification is provided on an annual basis. This is critical data for three reasons:
 - It allows a calculated projection of current revenue based on current prices. This is compared with actual revenue to see if there is a close match as the data should match.
 - It allows for a calculated projection of revenue at full cost. This is compared to actual expenditures to see if there is a close match as the data should match.
 - It allows for a calculation of total hours consumed. Hours consumed must closely match actual hours available.

If any of the three calculations do not approximate actual numbers, then time estimates and/or volume data need to be re-evaluated. These are critical quality checks for costing accuracy.

Step 3: Allocating Enforcement Activities – This third step allocates enforcement activities to arrive at the full cost of service for each direct permit or certification. Thus, the final cost layers are brought together to establish the full cost of service. For the Dental Board of California, this is a significant step as a high percentage of its costs are centered in enforcement activities.

Step 4: Set cost recovery policy – Depending on Board policies and other considerations, the level of cost recovery is a decision that should be made for each type or group of permits and certifications. For example, the Board might want to subsidize one type of permits and licenses with revenues from others.

Step 5: Set fees

Based on any new, existing, or revised cost recovery policies, the recommended fees can be established. The recommended fees will be established based on Board staff recommendations and Council discussion in the future. The fee analyses in this report are based on full cost recovery.

SUMMARY OF FINDINGS AND RESULTS

CHALLENGES TO MANAGING THE BOARD

In our study, we found two significant issues that, from our perspective, bring significant challenges to the leadership and staff of the Board. From our observation, these challenges may inhibit the effective financial management of the Board and its ability to effectively carry out its mission. This is not to say, that the current staff and leadership are doing a poor job. Just the opposite may be true. It is to say that their ability to effectively manage the Board may be inhibited.

BUDGET STRUCTURE

The Board has a clear and understandable organizational structure. Duties between the various work units seem to be well defined. However, the budget structure has little in common with the organizational structure. Structurally, the budget has two sections:

1. Dental Assistant Fund; and
2. Administrative –which means everything else.



This means that all of the four different enforcement divisions, the division that processes Dentist permits and licenses, the customer service work unit, IT, and Board administration are all in one budget unit. Therefore, any analysis of cost for any of these divisions cannot be done without significant effort.

RESERVES

It is our understanding that the Board is operating without reserves or a reserve policy. It is not clear to us how any organization can effectively manage its operations, set strategy, execute strategy or plan for future value added programs without any financial buffer. Therefore, as part of our analysis, we both included costs to building a reserve fund and formally recommend the adoption of reserve policies that will guide the Board going forward. We generally recommend 3-9 months of operating expenses to be held in reserve. Based on discussions with staff we targeted 6 months as a reasonable objective. We then built 6 months of operating expenses into the budget as a non-budgeted expense item. However, it would not be appropriate to accumulate this amount in a single year so we divided the amount by 3, to account for a three year buildup of reserves. The calculations follow:

Reserve Fund Calculation	
Total labor cost	\$ 6,675,346.47
Total operating services & supplies	\$ 4,812,451.00
Total Operating Expenses	\$11,487,797.47
Value of 6 months operating reserve	\$ 5,743,898.74
Annual cost to build up over three years	\$ 1,914,632.91

ALLOCATING COSTS OF ENFORCEMENT

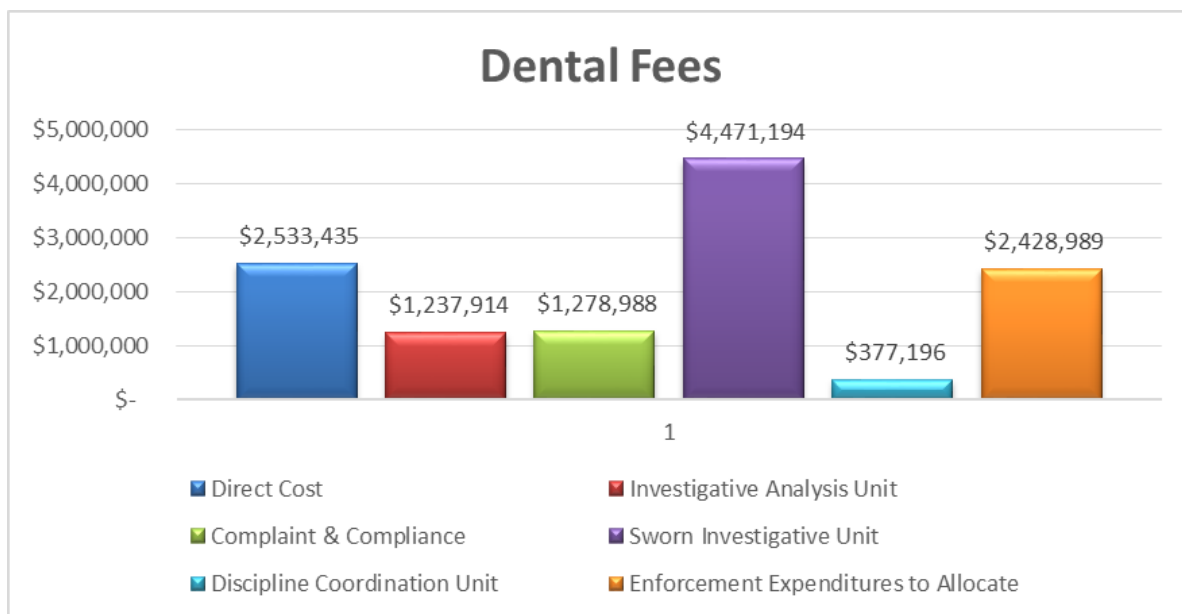
We calculated the total cost of staff involved with enforcement activities to be in excess of \$8.1 million. This is both direct staff costs, as well as allocated overhead and materials & supplies. Not included in this figure is the \$2.4 million of budgeted cost to pay for costs associated with fees from the State Attorney General’s office, court fees, etc. These costs represent the largest component of expense to the Board. When reserves are calculated into the total, the staff costs alone represent nearly half of total Board costs.

Therefore, allocating these costs to each permit and license was a critical component of the project. To do this, we worked with staff to determine numerical drivers of enforcement cost. These turned out to be two types: Dentist and Dental Assistants. We then allocated enforcement costs based on these two cost drivers. For example, 89% of the cases for the Complaint & Compliance Unit are triggered by Dentists. Therefore, 89% of the cost for this work unit was allocated to Dentists. The following table will detail these allocations.



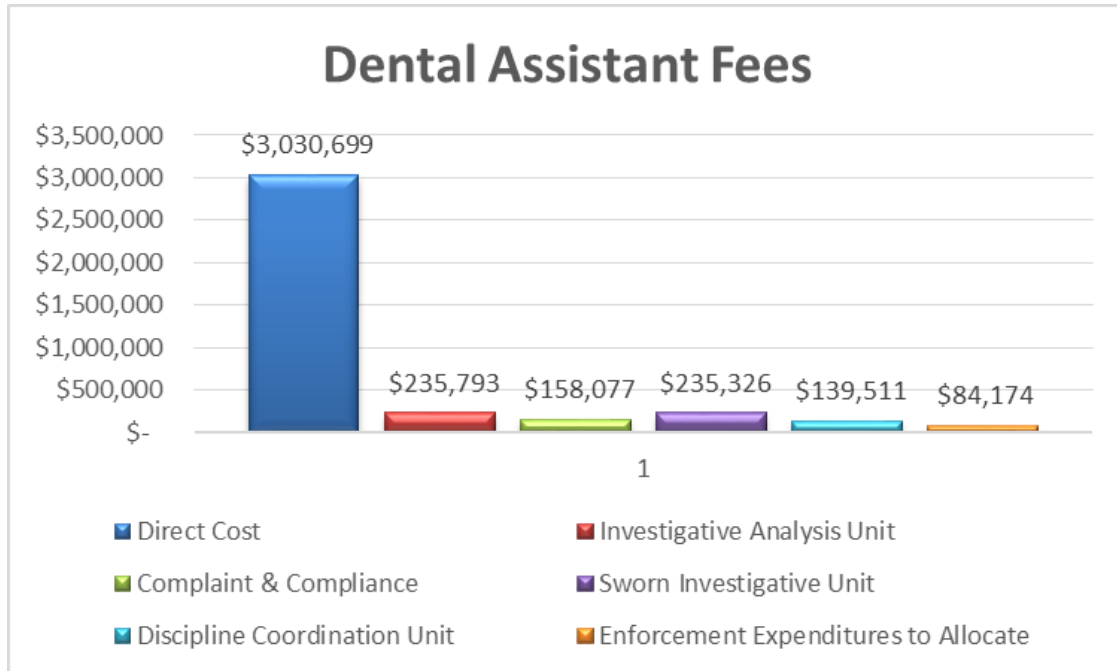
Enforcement Unit	Total Costs To Allocate	Allocation Basis To Dentist	Allocation Basis To Dental Assistants	Total Allocated Costs To Dentist	Total Allocated Costs To Dental Assistants
Complaint & Compliance	\$ 1,437,065	89%	11%	\$ 1,278,988	\$ 158,077
Discipline Coordination	\$ 516,706	73%	27%	\$ 377,196	\$ 139,511
Investigative Analysis	\$ 1,473,707	84%	16%	\$ 1,237,914	\$ 235,793
Investigations	\$ 4,706,520	95%	5%	\$ 4,471,194	\$ 235,326
Total Costs To Allocate	\$ 8,133,998			\$ 7,365,291	\$ 768,707

Graphically the allocated cost of enforcement activities to Dental fees can be illustrated in the following manner:





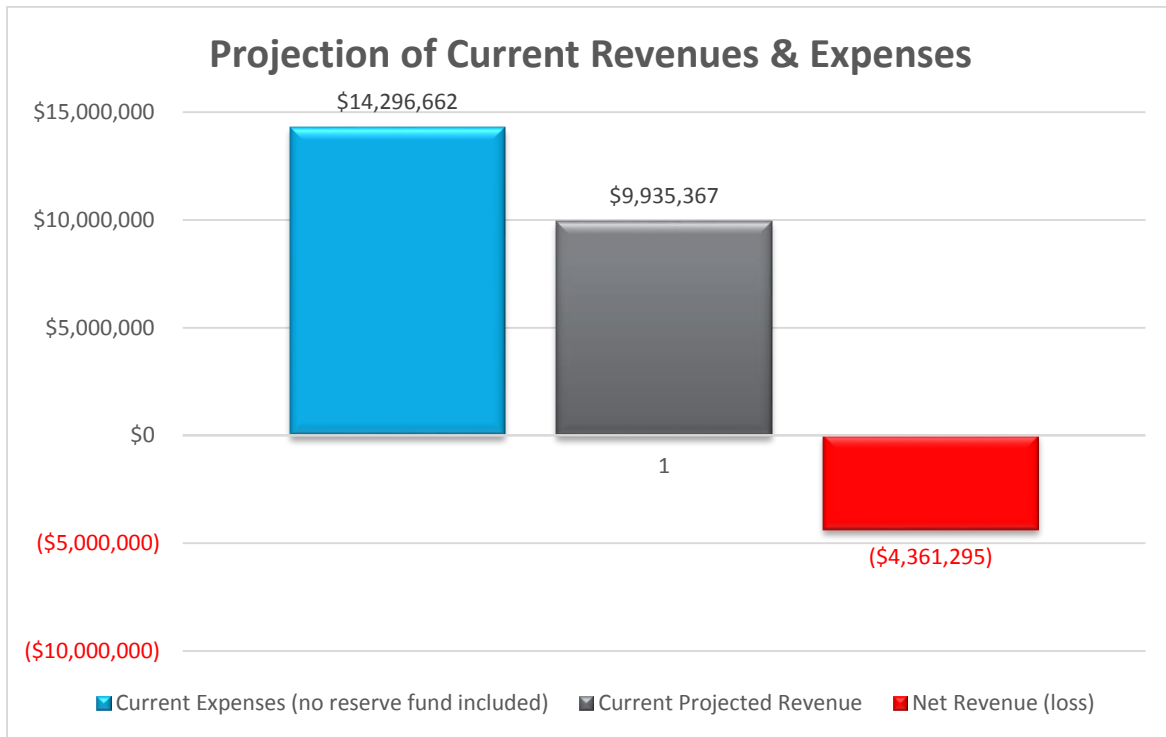
The cost of enforcement activities allocated to Dental Assistant Fees can be illustrated in the following graphic:



SUMMARY REVENUES & EXPENSES

Including the cost of reserves, our analysis indicates that fees for both Dental licenses & permits and Dental Assistants are significantly under recovering their costs. There are a multitude of reasons why individual licenses are not fully recovering costs. Since prices have only recently been adjusted after 16 years, the reasons are immaterial and were not worth committing project resources to investigate.

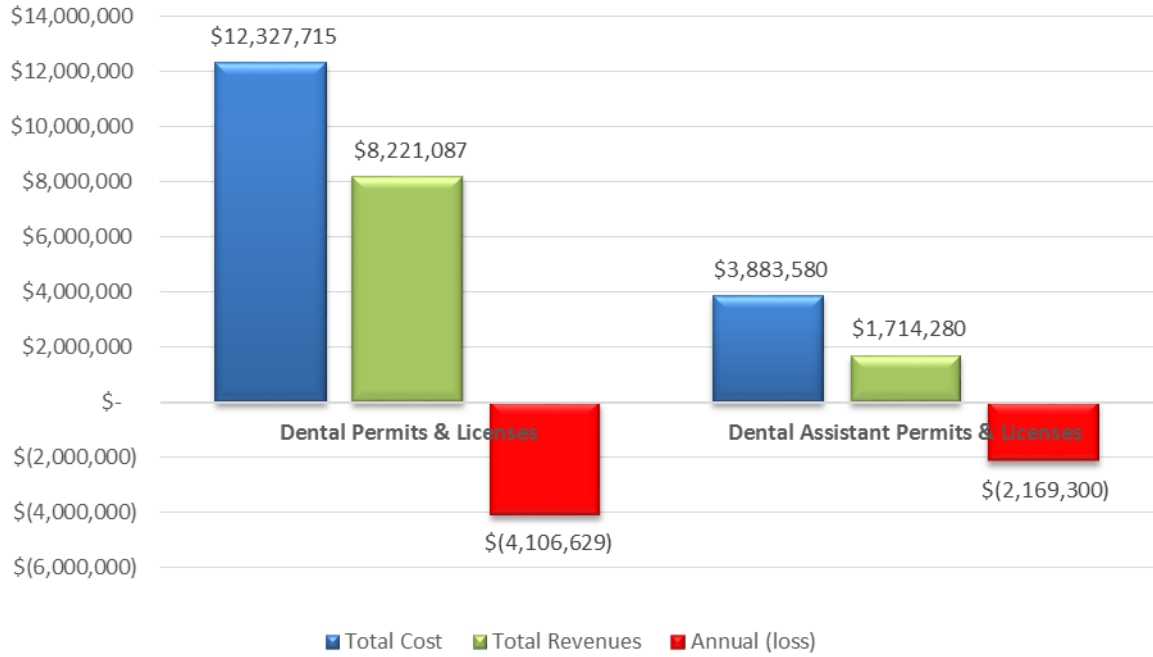
The following graphic summarizes the current state of the Board and its economic reality. This graphic does not include any reserve funds. In summary it shows that the Board will lose \$4.3 million this fiscal year.



Throughout this report, and in discussions with staff, the value and importance of reserves have been emphasized. The following graphic includes \$1.9 in reserve funding and separates revenues and expenses by fee category (Dentists and Dental Assistants).



Summary Revenues & Expenses By Category





OBSERVATIONS AND RECOMMENDATIONS

GENERAL OBSERVATIONS

As stated earlier, we observe two significant management challenges in managing the Board.

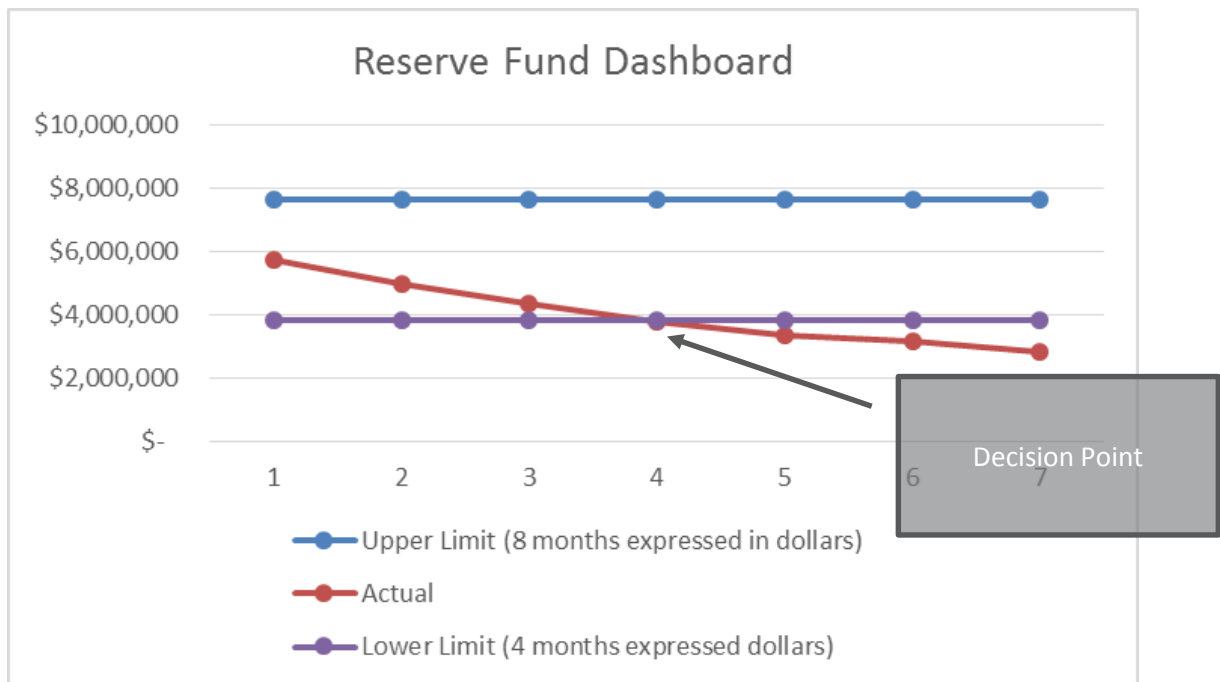
1. Budget structure does not match the organizational structure; and
2. Lack of reserves and a reserve policy.

RECOMMENDATIONS CONCERNING BUDGET STRUCTURE

We understand that the budget structure may be set by the State Department of Consumer Affairs and therefore may not be able to be modified. However, the Board may find its ability to manage individual work units and divisions to be enhanced if it would set up an Excel Workbook which would have individual worksheets for each division. These worksheets would show total labor, benefits, Materials & Supplies, etc. There would then be a roll up worksheet that would match the budget provided by the Department of Consumer Affairs.

RECOMMENDATIONS CONCERNING RESERVE FUND POLICY

We also recommend setting a reserve policy that would set a target of 6 month of reserves. On a quantified basis, this amount equals 11.8% of revenues and should be applied to a reserve account. We generally recommend for most of our clients, that a separate account be set up called “reserves” and be kept separate from any budget surpluses. Furthermore, since it is nearly impossible to maintain this exact target over time we suggest that upper and lower control limits be established as part of the policy and a dashboard be created to track it. Graphically, a dashboard would look like this:





Decision points would be established anytime the actual reserve fund either exceeds the upper limit or falls below the lower limit. Anytime the lines cross, this should be a call to action which may include any or all of the following:

1. Lower costs, either labor, or materials & supplies;
2. Raise revenues by raising all or selected fees; or
3. Some combination of both.

However, staff and the Board is recommending targeting 4 months of operating expenses for a reserve and building this up over 5 years rather than 3 years. We have no conflict with this. The Dental Board of California has stable revenues from issuing license and permits. Therefore, a slower buildup of reserves and a lower target is well within an acceptable range from our viewpoint. In addition, in our view, the most important long term outcome that arises from a costing exercise are policy decisions concerning cost recovery and reserves. These will insure long term sustainability.

RECOMMENDATIONS – COST RECOVERY POLICY

In our view, setting policies regarding reserves and how costs should be recovered are the two most important outcomes of this project. Recommendations concerning reserves have already been stated. Regarding broader cost recovery policy we generally suggest setting these based on specific values. For example:

- **Value** – Dentists oversee Dental Assistants therefore, the cost of enforcement as applied to Dental Assistants should be recovered from the Dental licenses and permits;
- **Value** – Dentists and Dental Assistants should pay their fair share of cost regardless of anyone's ability to pay the fee.
- **Value** – Passing Dental Assistant exams is expensive so to encourage people entering the field Dentist should help pay for these exams.
- **Value** - The primary beneficiary of licensed Dental Assistants are the Dentists, therefore, they should pay for ___% of the cost for Dental Assistant fees.

ADJUSTING THE FEE SCHEDULE

GENERAL RECOMMENDATION ON ADJUSTING FEE SCHEDULES

We recommend annual adjustments to fees wherever possible. Typically this is done annually based on a simple labor adjustment. If labor goes up by 2.5% then fees go up by this same amount. We also recommend that a complete review of costs (fee audit) be done every 4-5 years. There are several reasons for these recommendations:

1. Annual adjustments mean that Board will be able to maintain a consistent level of services over time and not experience the disruptions caused by not adjusting fees for 16 years;
2. Annual adjustments are easier to manage and account for;
3. Periodic review of costs results in fee prices that can be adjusted for major changes in the regulatory environment; and
4. Periodic review of costs usually identify opportunities to improve processes, lower total cost, and improve value added services.



APPENDICES

UNIT COST CALCULATIONS AND ANNUAL REVENUE SUMMARY

This table will show the full cost of individual fee items, compare this with the current price, and calculate the difference. It will also show, at current activity levels, the annual revenue impacts of individual fee items.

TEN YEAR PROJECTED COST

This table will show the annual cost for individual fees at a 2.5% inflation factor. It will provide a comparison with the current CAP that is in effect.

APPENDICES

UNIT COST CALCULATIONS AND ANNUAL REVENUE SUMMARY

This table will show the full cost of individual fee items, compare this with the current price, and calculate the difference. It will also show, at current activity levels, the annual revenue impacts of individual fee items.

Dental Board of California

Dental and Dental Assist Fees



Fee Name	Total Unit Costs/Comparisons		Annual Cost Summary		
	Total Cost Assigned Per Unit	Current Fee / Revenue Per Unit	Annual Revenue at Full Cost	Current (Projection) Annual Cost Recovery	Difference at Full Cost Recovery
Dentistry Fund					
Initial Permits, Licenses, and Certifications					
Init'l Application Elective Facial Cosmetic surgery	\$ 3,627	\$ 500	\$ -	\$ 2,000	\$ (12,509)
Permit Oral/Maxillofacial	\$ 849	\$ 150	\$ 2,548	\$ 450	\$ (2,098)
Initial Application Clinical Exam		\$ 450	\$ -	\$ -	\$ -
Initial Application WREB (pathway)	\$ 745	\$ 100	\$ 591,737	\$ 79,400	\$ (512,337)
Initial Application by Residency (pathway)	\$ 876	\$ 100	\$ 168,161	\$ 19,200	\$ (148,961)
Initial Application by Credential (pathway)	\$ 789	\$ 283	\$ 134,050	\$ 48,110	\$ (85,940)
Initial Application by Portfolio (pathway)	\$ 1,638	\$ 350	\$ 573,243	\$ 122,500	\$ (450,743)
Initial License (prorated amount)	\$ 288	\$ 525	\$ 134,422	\$ 245,302	\$ 110,880
Fictitious Name Application	\$ 570	\$ 525	\$ 111,626	\$ 102,900	\$ (8,726)
Special Permit Application	\$ 1,183	\$ 300	\$ 7,097	\$ 1,800	\$ (5,297)
Cont. Ed RP Application	\$ 827	\$ 250	\$ 102,545	\$ 31,000	\$ (71,545)
Onsite Insp – GA/CS Permit	\$ 3,982	\$ 250	\$ 748,682	\$ 47,000	\$ (701,682)
Conscious Sedation Application	\$ 716	\$ 200	\$ 36,509	\$ 10,200	\$ (26,309)
Gen Anesthesia Permit	\$ 716	\$ 250	\$ 30,782	\$ 10,750	\$ (20,032)
Additional Office Application	\$ 437	\$ 100	\$ 135,975	\$ 31,100	\$ (104,875)
Application for Clinical Re-Exam	\$ -	\$ 75	\$ -	\$ -	\$ -
License Certification	\$ 364	\$ 2	\$ 326,207	\$ 1,790	\$ (324,417)
Fictitious Name ½	\$ 437	\$ 225	\$ 48,968	\$ 25,200	\$ (23,768)
Oral Conscious Sedation Certification	\$ 368	\$ 200	\$ 78,481	\$ 42,600	\$ (35,881)
Law and Ethics Exam	\$ 311	\$ -	\$ 282,936	\$ -	\$ (282,936)
Renewal of Permits, Licenses, and Certifications					
DDS Biennial Renewal	\$ 405	\$ 525	\$ 6,931,769	\$ 6,282,360	\$ (649,409)
Oral/Maxillofacial Renewal Fee	\$ 354	\$ 525	\$ 14,521	\$ 21,525	\$ 7,004
CE Registered Provider Renewal	\$ 355	\$ 250	\$ 197,301	\$ 138,750	\$ (58,551)
Gen Anesthesia Permit Renewal	\$ 237	\$ 200	\$ 102,014	\$ 86,000	\$ (16,014)
Conscious Sedation Renewal	\$ 237	\$ 200	\$ 54,803	\$ 46,200	\$ (8,603)
DDS Biennial Ren-Retired	\$ 237	\$ 225	\$ 122,654	\$ 116,325	\$ (6,329)
Renewal Elective Facial Cosmetic	\$ 368	\$ 200	\$ 3,311	\$ 1,800	\$ (1,511)
Special Permit Renewal	\$ 247	\$ 100	\$ 6,919	\$ 2,800	\$ (4,119)

Dental Board of California

Dental and Dental Assist Fees



Fee Name	Total Unit Costs/Comparisons		Annual Cost Summary		
	Total Cost Assigned Per Unit	Current Fee / Revenue Per Unit	Annual Revenue at Full Cost	Current (Projection) Annual Cost Recovery	Difference at Full Cost Recovery
DDS Add '1 Office Permit Renewal	\$ 136	\$ 100	\$ 134,627	\$ 99,100	\$ (35,527)
Mobile Dental Clinic License Renewal	\$ 136	\$ 100	\$ 1,494	\$ 1,100	\$ (394)
Fictitious Name Permit Renewal	\$ 136	\$ 150	\$ 355,789	\$ 392,850	\$ 37,061
Oral Conscious Sedation Renewal	\$ 136	\$ 75	\$ 148,619	\$ 82,050	\$ (66,569)
		\$ -	\$ -	\$ -	\$ -
Renewal of Delinquent Permits, Licenses, and Certifications			\$ -	\$ -	\$ -
Change of Practice Late Fee	\$ 136	\$ 50	\$ -	\$ -	\$ -
DDS Delinquent	\$ 34	\$ 150	\$ 12,060	\$ 52,500	\$ 40,440
Oral/Maxillofacial Delinquent	\$ 136	\$ 150	\$ 136	\$ 150	\$ 14
Mobile Dental Clinic Delinquent	\$ 136	\$ 150	\$ 68	\$ 75	\$ 7
DDS Delinquent – Retired	\$ 136	\$ 132	\$ 1,223	\$ 1,184	\$ (39)
Special Permit Delinquent	\$ 225	\$ 91	\$ 225	\$ 91	\$ (134)
Fictitious Name Delinquent	\$ 136	\$ 75	\$ 16,166	\$ 8,925	\$ (7,241)
Additional Office Permit Delinquent	\$ 136	\$ 25	\$ 8,015	\$ 1,475	\$ (6,540)
Prior Year Accrual Delinquent	\$ -	\$ -	\$ -	\$ -	\$ -
Delinquent Renewal Gen Anesthesia	\$ 136	\$ 100	\$ 543	\$ 400	\$ (143)
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Dental Assisting Fund		\$ -			
Initial Licenses, Permits, and Certifications			\$ -		\$ -
Duplicate License/Certification Fee	\$ 63	\$ 25	\$ 41,004	\$ 16,325	\$ (24,679)
RDA Practical Exam Fee	\$ 355	\$ 60	\$ 1,454,467	\$ 245,880	\$ (1,208,587)
RDAEF Clinical Fee	\$ 2,112	\$ 250	\$ 276,625	\$ 32,750	\$ (243,875)
OA Permit Course Application	\$ 3,168	\$ 300	\$ 76,041	\$ 7,200	\$ (68,841)
DSA Permit Course Application	\$ 3,168	\$ 300	\$ 6,337	\$ 600	\$ (5,737)
Infection Control Course Application	\$ 2,866	\$ 300	\$ 20,061	\$ 2,100	\$ (17,961)
Coronal Polish Course Application	\$ 2,866	\$ 300	\$ 54,452	\$ 5,700	\$ (48,752)
Pit and Fissure Course Application	\$ 2,977	\$ 300	\$ 53,582	\$ 5,400	\$ (48,182)
Radiation Safety Course Application	\$ 2,977	\$ 300	\$ 17,861	\$ 1,800	\$ (16,061)
Dental Sedation Assistant Application	\$ 2,342	\$ 20	\$ 16,396	\$ 140	\$ (16,256)
Orthodontic Assistant Application	\$ 2,176	\$ 20	\$ 287,264	\$ 2,640	\$ (284,624)

Dental Board of California

Dental and Dental Assist Fees



Fee Name	Total Unit Costs/Comparisons		Annual Cost Summary		
	Total Cost Assigned Per Unit	Current Fee / Revenue Per Unit	Annual Revenue at Full Cost	Current (Projection) Annual Cost Recovery	Difference at Full Cost Recovery
RDAEF Program Application	\$ 7,486	\$ 1,400	\$ -	\$ -	\$ -
RDA Program Application	\$ 7,486	\$ 1,400	\$ 22,458	\$ 4,200	\$ (18,258)
RDA Application Fee	\$ 72	\$ 20	\$ 260,868	\$ 72,460	\$ (188,408)
RDAEF Application Fee	\$ 87	\$ 20	\$ 6,095	\$ 1,400	\$ (4,695)
RDAEF2 Application Fee	\$ 87	\$ 20	\$ 1,829	\$ 420	\$ (1,409)
Renewal of Licenses, Permits, and Certifications			\$ -	\$ -	\$ -
RDA Biennial Renewal	\$ 50	\$ 70	\$ 860,520	\$ 1,199,450	\$ 338,930
RDAEF Biennial Renewal	\$ 50	\$ 70	\$ 32,191	\$ 44,870	\$ 12,679
DSA Biennial Renewal	\$ 50	\$ 70	\$ 402	\$ 560	\$ 158
OAP Biennial Renewal	\$ 50	\$ 70	\$ 1,707	\$ 2,380	\$ 673
Renewal of Delinquent Licenses, Permits, and Certifications			\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
RDA Delinquent Renewal Fee	\$ 52	\$ 35	\$ 97,192	\$ 65,905	\$ (31,287)
RDAEF Delinquent Renewal Fee	\$ 52	\$ 35	\$ 3,045	\$ 2,065	\$ (980)
DSA Delinquent Renewal Fee	\$ 52	\$ 35	\$ -	\$ -	\$ -
OAP Delinquent Renewal Fee	\$ 52	\$ 35	\$ 52	\$ 35	\$ (17)
			\$ -	\$ -	\$ -

Annual Cost Summary By Fund			
By Fund Category	Annual Revenue at Full Cost	Current (Projection) Annual Cost Recovery	Difference at Full Cost Recovery
Dental Fund	\$11,640,735	\$8,156,962	(\$3,483,773)
Dental Assisting Fund	\$ 3,590,447	\$ 1,714,280	(\$1,876,167)
Totals	\$15,231,181	\$9,871,242	(\$5,359,940)

APPENDICES

TEN YEAR PROJECTED COST

This table will show the annual cost for individual fees at a 2.5% inflation factor. It will provide a comparison with the current CAP that is in effect.

Dental Board of California

Dental and Dental Assist Fees



	Total Unit Costs/Comparisons		Ten Year Fee Projections										Current CAP
	Total Cost Assigned Per Unit	Current Fee / Revenue Per Unit	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
			Projected annual fee adjustment: 2.5%										
Init'l Application Elective Facial Cosmetic surgery	\$ 3,627	\$ 500	\$ 3,718	\$ 3,811	\$ 3,906	\$ 4,004	\$ 4,104	\$ 4,206	\$ 4,312	\$ 4,419	\$ 4,530	\$ 500	
Permit Oral/Maxillofacial	\$ 849	\$ 150	\$ 871	\$ 892	\$ 915	\$ 937	\$ 961	\$ 985	\$ 1,010	\$ 1,035	\$ 1,061	\$ 150	
Initial Application Clinical Exam		\$ 450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	n/a	
Initial Application WREB (pathway)	\$ 745	\$ 100	\$ 764	\$ 783	\$ 803	\$ 823	\$ 843	\$ 864	\$ 886	\$ 908	\$ 931	\$ 500	
Initial Application by Residency (pathway)	\$ 876	\$ 100	\$ 898	\$ 920	\$ 943	\$ 967	\$ 991	\$ 1,016	\$ 1,041	\$ 1,067	\$ 1,094	\$ 500	
Initial Application by Credential (pathway)	\$ 789	\$ 283	\$ 808	\$ 828	\$ 849	\$ 870	\$ 892	\$ 914	\$ 937	\$ 961	\$ 985	\$ 283	
Initial Application by Portfolio (pathway)	\$ 1,638	\$ 350	\$ 1,679	\$ 1,721	\$ 1,764	\$ 1,808	\$ 1,853	\$ 1,899	\$ 1,947	\$ 1,996	\$ 2,045	\$ 350	
Initial License (prorated amount)	\$ 288	\$ 525	\$ 295	\$ 302	\$ 310	\$ 318	\$ 325	\$ 334	\$ 342	\$ 351	\$ 359	\$ 525	
Fictitious Name Application	\$ 570	\$ 525	\$ 584	\$ 598	\$ 613	\$ 629	\$ 644	\$ 660	\$ 677	\$ 694	\$ 711	\$ 525	
Special Permit Application	\$ 1,183	\$ 300	\$ 1,212	\$ 1,243	\$ 1,274	\$ 1,306	\$ 1,338	\$ 1,372	\$ 1,406	\$ 1,441	\$ 1,477	\$ 300	
Cont. Ed RP Application	\$ 827	\$ 250	\$ 848	\$ 869	\$ 891	\$ 913	\$ 936	\$ 959	\$ 983	\$ 1,008	\$ 1,033	\$ 250	
Onsite Insp – GA/CS Permit	\$ 3,982	\$ 250	\$ 4,082	\$ 4,184	\$ 4,289	\$ 4,396	\$ 4,506	\$ 4,618	\$ 4,734	\$ 4,852	\$ 4,973	\$ 350	
Conscious Sedation Application	\$ 716	\$ 200	\$ 734	\$ 752	\$ 771	\$ 790	\$ 810	\$ 830	\$ 851	\$ 872	\$ 894	\$ 250	
Gen Anesthesia Permit	\$ 716	\$ 250	\$ 734	\$ 752	\$ 771	\$ 790	\$ 810	\$ 830	\$ 851	\$ 872	\$ 894	\$ 250	
Additional Office Application	\$ 437	\$ 100	\$ 448	\$ 459	\$ 471	\$ 483	\$ 495	\$ 507	\$ 520	\$ 533	\$ 546	\$ 200	
Application for Clinical Re-Exam	\$ -	\$ 75	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	n/a	
License Certification	\$ 364	\$ 2	\$ 374	\$ 383	\$ 393	\$ 402	\$ 412	\$ 423	\$ 433	\$ 444	\$ 455	\$ 2	
Fictitious Name ½	\$ 437	\$ 225	\$ 448	\$ 459	\$ 471	\$ 483	\$ 495	\$ 507	\$ 520	\$ 533	\$ 546	\$ 263	
Oral Conscious Sedation Certification	\$ 368	\$ 200	\$ 378	\$ 387	\$ 397	\$ 407	\$ 417	\$ 427	\$ 438	\$ 449	\$ 460		
law and Ethics Exam	\$ 311	\$ -	\$ 319	\$ 327	\$ 335	\$ 344	\$ 352	\$ 361	\$ 370	\$ 379	\$ 389		
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
DDS Biennial Renewal	\$ 405	\$ 525	\$ 415	\$ 425	\$ 436	\$ 447	\$ 458	\$ 470	\$ 481	\$ 493	\$ 506	\$ 525	
Oral/Maxillofacial Renewal Fee	\$ 354	\$ 525	\$ 363	\$ 372	\$ 381	\$ 391	\$ 401	\$ 411	\$ 421	\$ 432	\$ 442	\$ 525	
CE Registered Provider Renewal	\$ 355	\$ 250	\$ 364	\$ 373	\$ 383	\$ 392	\$ 402	\$ 412	\$ 423	\$ 433	\$ 444	\$ 250	
Gen Anesthesia Permit Renewal	\$ 237	\$ 200	\$ 243	\$ 249	\$ 255	\$ 262	\$ 268	\$ 275	\$ 282	\$ 289	\$ 296	\$ 250	
Conscious Sedation Renewal	\$ 237	\$ 200	\$ 243	\$ 249	\$ 255	\$ 262	\$ 268	\$ 275	\$ 282	\$ 289	\$ 296	\$ 250	
DDS Biennial Ren-Retired	\$ 237	\$ 225	\$ 243	\$ 249	\$ 255	\$ 262	\$ 268	\$ 275	\$ 282	\$ 289	\$ 296	\$ 263	
Renewal Elective Facial Cosmetic	\$ 368	\$ 200	\$ 377	\$ 387	\$ 396	\$ 406	\$ 416	\$ 427	\$ 437	\$ 448	\$ 459	\$ 200	
Special Permit Renewal	\$ 247	\$ 100	\$ 253	\$ 260	\$ 266	\$ 273	\$ 280	\$ 287	\$ 294	\$ 301	\$ 309	\$ 100	
DDS Add '1 Office Permit Renewal	\$ 136	\$ 100	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 100	
Mobile Dental Clinic License Renewal	\$ 136	\$ 100	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 100	
Fictitious Name Permit Renewal	\$ 136	\$ 150	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170		
Oral Conscious Sedation Renewal	\$ 136	\$ 75	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170		
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Change of Practice Late Fee	\$ 136	\$ 50	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 75	
DDS Delinquent	\$ 34	\$ 150	\$ 35	\$ 36	\$ 37	\$ 38	\$ 39	\$ 40	\$ 41	\$ 42	\$ 43	\$ 150	
Oral/Maxillofacial Delinquent	\$ 136	\$ 150	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 150	
Mobile Dental Clinic Delinquent	\$ 136	\$ 150	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 50	
DDS Delinquent – Retired	\$ 136	\$ 132	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 131	
Special Permit Delinquent	\$ 225	\$ 91	\$ 231	\$ 236	\$ 242	\$ 248	\$ 254	\$ 261	\$ 267	\$ 274	\$ 281	\$ 50	
Fictitious Name Delinquent	\$ 136	\$ 75	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 150	
Additional Office Permit Delinquent	\$ 136	\$ 25	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 50	
Prior Year Accrual Delinquent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Delinquent Renewal Gen Anesthesia	\$ 136	\$ 100	\$ 139	\$ 143	\$ 146	\$ 150	\$ 154	\$ 158	\$ 161	\$ 166	\$ 170	\$ 125	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Duplicate License/Certification Fee	\$ 63	\$ 25	\$ 64	\$ 66	\$ 68	\$ 69	\$ 71	\$ 73	\$ 75	\$ 77	\$ 78	\$ 25	
RDA Practical Exam Fee	\$ 355	\$ 60	\$ 364	\$ 373	\$ 382	\$ 392	\$ 402	\$ 412	\$ 422	\$ 432	\$ 443	\$ 60	
RDAEF Clinical Fee	\$ 2,112	\$ 250	\$ 2,164	\$ 2,219	\$ 2,274	\$ 2,331	\$ 2,389	\$ 2,449	\$ 2,510	\$ 2,573	\$ 2,637	\$ 300	
OA Permit Course Application	\$ 3,168	\$ 300	\$ 3,248	\$ 3,329	\$ 3,412	\$ 3,497	\$ 3,585	\$ 3,674	\$ 3,766	\$ 3,860	\$ 3,957	\$ 300	
DSA Permit Course Application	\$ 3,168	\$ 300	\$ 3,248	\$ 3,329	\$ 3,412	\$ 3,497	\$ 3,585	\$ 3,674	\$ 3,766	\$ 3,860	\$ 3,957	\$ 300	
Infection Control Course Application	\$ 2,866	\$ 300	\$ 2,938	\$ 3,011	\$ 3,086	\$ 3,163	\$ 3,242	\$ 3,324	\$ 3,407	\$ 3,492	\$ 3,579	\$ 300	

Dental Board of California

Dental and Dental Assist Fees



Fee Name	Total Unit Costs/Comparisons		Ten Year Fee Projections										Current CAP
	Total Cost Assigned Per Unit	Current Fee / Revenue Per Unit	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Coronal Polish Course Application	\$ 2,866	\$ 300	\$ 2,938	\$ 3,011	\$ 3,086	\$ 3,163	\$ 3,242	\$ 3,324	\$ 3,407	\$ 3,492	\$ 3,579	\$ 300	
Pit and Fissure Course Application	\$ 2,977	\$ 300	\$ 3,051	\$ 3,127	\$ 3,206	\$ 3,286	\$ 3,368	\$ 3,452	\$ 3,538	\$ 3,627	\$ 3,718	\$ 300	
Radiation Safety Course Application	\$ 2,977	\$ 300	\$ 3,051	\$ 3,127	\$ 3,206	\$ 3,286	\$ 3,368	\$ 3,452	\$ 3,538	\$ 3,627	\$ 3,718	\$ 300	
Dental Sedation Assistant Application	\$ 2,342	\$ 20	\$ 2,401	\$ 2,461	\$ 2,522	\$ 2,585	\$ 2,650	\$ 2,716	\$ 2,784	\$ 2,854	\$ 2,925	\$ 50	
Orthodontic Assistant Application	\$ 2,176	\$ 20	\$ 2,231	\$ 2,286	\$ 2,344	\$ 2,402	\$ 2,462	\$ 2,524	\$ 2,587	\$ 2,652	\$ 2,718	\$ 50	
RDAEF Program Application	\$ 7,486	\$ 1,400	\$ 7,673	\$ 7,865	\$ 8,062	\$ 8,263	\$ 8,470	\$ 8,681	\$ 8,898	\$ 9,121	\$ 9,349	\$ 1,400	
RDA Program Application	\$ 7,486	\$ 1,400	\$ 7,673	\$ 7,865	\$ 8,062	\$ 8,263	\$ 8,470	\$ 8,681	\$ 8,898	\$ 9,121	\$ 9,349	\$ 1,400	
RDA Application Fee	\$ 72	\$ 20	\$ 74	\$ 76	\$ 78	\$ 79	\$ 81	\$ 84	\$ 86	\$ 88	\$ 90	\$ 50	
RDAEF Application Fee	\$ 87	\$ 20	\$ 89	\$ 91	\$ 94	\$ 96	\$ 99	\$ 101	\$ 104	\$ 106	\$ 109	\$ 50	
RDAEF2 Application Fee	\$ 87	\$ 20	\$ 89	\$ 91	\$ 94	\$ 96	\$ 99	\$ 101	\$ 104	\$ 106	\$ 109	\$ 50	
Renewal of Licenses, Permits, and Certifications													
RDA Biennial Renewal	\$ 50	\$ 70	\$ 51	\$ 53	\$ 54	\$ 55	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 80	
RDAEF Biennial Renewal	\$ 50	\$ 70	\$ 51	\$ 53	\$ 54	\$ 55	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 80	
DSA Biennial Renewal	\$ 50	\$ 70	\$ 51	\$ 53	\$ 54	\$ 55	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 80	
OAP Biennial Renewal	\$ 50	\$ 70	\$ 51	\$ 53	\$ 54	\$ 55	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 80	
Renewal of Delinquent Licenses, Permits, and Certifications													
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
RDA Delinquent Renewal Fee	\$ 52	\$ 35	\$ 53	\$ 54	\$ 56	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 64	1/2 of renewal fee	
RDAEF Delinquent Renewal Fee	\$ 52	\$ 35	\$ 53	\$ 54	\$ 56	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 64	1/2 of renewal fee	
DSA Delinquent Renewal Fee	\$ 52	\$ 35	\$ 53	\$ 54	\$ 56	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 64	1/2 of renewal fee	
OAP Delinquent Renewal Fee	\$ 52	\$ 35	\$ 53	\$ 54	\$ 56	\$ 57	\$ 58	\$ 60	\$ 61	\$ 63	\$ 64	1/2 of renewal fee	
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		