Oklahoma State Department of Health
Protective Health Services, Medical Facilities
123 Robert S. Kerr, Suite 1702, Oklahoma City, OK 73102-6406
p. (405)426-8620|planreview@health.ok.gov

Medical Facility Plan Review Submittal Form

Submittal Type: ☐**Hard Copy Submittal** ☐**Electronic Submittal**

EXISTING LICENSED FACILITY	**PROPOSED NEW OR RELOCATED FACILITY**
LICENSED NAME (parent facility if project affects satellite or hospital campus)	PROPOSED LICENSED NAME
STREET ADDRESS & SUITE#	STREET ADDRESS & SUITE#
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE
License #	Total of Beds for License

Brief Project Description: ____

Building/Floor Location: ______________________________ Certificate of Need Number*:________________________

Date of Establishment Application (for Assisted Living Facilities): ____________________________

TYPE OF PLAN REVIEW REQUESTED:
(see Plan Review Types summary on Page 3)
☐Self-Certification
☐Full Review ☐Stage 1 ☐Stage 2
☐Revision

ACTUAL CONSTRUCTION COST: $___________

CHECK FOR PLAN REVIEW FEE $___________

- Plan Review Fee Formula is available on Page 3
- Check payable to Oklahoma State Department of Health

PROJECT CONTACTS:

Licensee/Applicant's Contact Person	Architect's Contact Person
NAME	NAME
TITLE	TITLE
LICENSEE/APPLICANT	FIRM
ADDRESS	ADDRESS
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE
TELEPHONE	TELEPHONE
EMAIL ADDRESS	EMAIL ADDRESS

PROJECT TYPE:

☐New Licensed Facility
☐Building Addition to Existing Licensed Facility
☐Renovations to Existing Licensed Facility
☐Add Satellite to Hospital License
☐Relocation of Existing Licensed Facility/Department
☐Equipment Upgrade/Replacement

TYPE OF FACILITY & SERVICES INVOLVED IN THE PROPOSED PROJECT:

☐**Acute Care Hospital**
- ☐Medical/Surgical Unit
- ☐Critical Care Unit
- ☐Coronary Care Unit
- ☐Pediatric Intensive Care Unit
- ☐Rehabilitation Unit
- ☐Physical Therapy
- ☐Occupational Therapy
- ☐Psychiatric Unit: ☐Locked ☐Unlocked
- ☐Pediatric Unit
- ☐Postpartum Unit
- ☐Labor/Delivery: ☐ LDR ☐ LDRP
- ☐Neonatal Intensive Care Unit(s)
- ☐Nursery: ☐ Well Baby ☐ Special Care
- ☐Nuclear Medicine
- ☐Outpatient Department
- ☐Surgery
- ☐Ambulatory Surgery
- ☐Recovery
- ☐Emergency
- ☐Radiology
- ☐Mammography
- ☐Laboratory: ☐ Hospital Based ☐ Independent
- ☐Dialysis: ☐ Chronic ☐ Acute
- ☐MRI
- ☐Cardiac Catheterization
- ☐Radiation Therapy
- ☐Inpatient Hospice
- ☐Pharmacy
- ☐Endoscopy
- ☐Dietary
- ☐Administration
- ☐Central Services
- ☐Other____________________

☐**Hospital Outpatient Satellite**
- ☐Medical
- ☐Radiology
- ☐Mental Health
- ☐Ambulatory Surgical
- ☐Rehabilitation
- ☐Laboratory
- ☐MRI
- ☐Radiation Therapy
- ☐Mammography
- ☐Endoscopy
- ☐Other: ___________________

☐**Psychiatric Hospital**

☐**Rehabilitation Hospital**

☐**Ambulatory Surgical Center**

☐**Long Term Care Facility**
- ☐Skilled Nursing
- ☐IID/ICF
- ☐Assisted Living Facility
- ☐Residential Care Home
- ☐Adult Day Care

☐**Hospice Inpatient Freestanding Facility**

☐**Birthing Center**

BED COUNT/NUMBER OF PARTICIPANTS:

Current Licensed Bed Count: ______ Additional Beds Requested: _____

Number of Participants Requested (Adult Day Care): _____

Number of Residents (Residential Care Home): _____

CONSTRUCTION TYPE & PHASES:

☐New Construction ☐Modification

☐Addition ☐Renovation/Remodel

☐Change of Use or Occupancy Classification

☐Phased Project How Many Phases? ______________

REQUIRED DOCUMENTS TO BE SUBMITTED: **(If electing electronic submittal, a Box invite will be sent allowing for required items to be uploaded)**

☐Project Narrative* (description of services and functional program, changes in bed count or number of patient stations; scope of construction).

☐ICRA (Construction - Infection Control Risk Assessment)

☐SRA (Safety Risk Assessment)

☐Check for Plan Review Fee made payable to: Oklahoma State Department of Health

☐Copy of Certificate of Need or Establishment Application, if applicable

☐Plans for Full Review Process per Stage of Submission**

☐Construction Plans for Self-Certification Review process**

MAILING ADDRESS FOR CHECK: The check must be mailed to the following address WITH a copy of the first page of the Plan Review Application Form to:

Oklahoma State Department of Health
Financial Management-Receipting Unit
PO Box 268823
Oklahoma City, OK 73126-8823.

PLAN REVIEW FEE FORMULA:

Self-Certification submission is a flat fee of $1,000 for hospitals/ASC

Self-Certification submission is a flat fee of $500 for applicable LTC facilities

Full Review submission fee schedule:

1. Hospital, Ambulatory Surgical Center, Inpatient Hospice, Abortion Facilities and Birthing Center refer to fee Schedule A
2. Skilled Nursing, Assisted Living, Residential Care Homes, and Adult Day Care refer to fee Schedule B

Fee Schedule A

1. Project cost less than $10,000 — $250.00 Fee
2. Project cost $10,000 to $50,000 — $500.00 Fee
3. Project cost $50,001 to $250,000 — $1,000.00 Fee
4. Project cost $250,001 to $1,000,000 — $1,500.00 Fee
5. Project cost greater than $1,000,000 — $2,000.00 Fee

Fee Schedule B

1. Design and construction plans and specifications fee: two one-hundredths percent (0.02%) of the cost of design and construction of the project, with a minimum fee of Fifty Dollars ($50.00) and a maximum fee of One Thousand Dollars ($1,000.00).
   Example: Project cost is $250,000 X 0.0002 = $50.00

PLAN REVIEW TYPES:

☐Self-Certification Review Process

(Construction cost is less than $15,000,000 for hospital and clinics; applicable to all non-patient areas in Hospitals; applicable to selected projects for long-term care facilities).

☐Full Review Process

The full review process is a minimum two-part review process in which the licensee submits a set of preliminary plans for first plan submission (Stage1). The department performs a detailed review of the preliminary plans and sends review comments to the licensee and architect. The licensee/architect is expected to review and incorporate the Department's preliminary plan review comments into the plans and submit a set of construction plans (Stage 2). The Department conducts a detailed review of the construction plans before plan approval is issued.