



Project Documents Review Application

For questions about how to fill out the application or what a term may mean, reference the [Instruction Guide](#) below.

OSDH ASSIGNED PROJECT NUMBER: _____

(Will be assigned after the first fee submittal.)

PROPOSED OR ASSIGNED PROJECT NAME: (6 Words or Less): _____

SUBMITTAL REQUIREMENTS:

- Each submittal must include an application.
- Mail the first submittal with the fee attached for processing.
- If no fees are required, applications may be sent directly to the plan reviewer.
- In all cases, copy planreview@health.ok.gov on submissions for documentation and tracking.

SUBMITTALS RECOMMENDED FOR FGI CODE REQUIRED PROJECTS:

- Functional Program.
- Space Program
- (Note: Not providing will increase likelihood of code comments and inspection issues)

UPLOADING PROCESS AND COMMUNICATION:

- Once your application is approved, you will receive a link to the OSDH Box account. Drag and drop the files into the designated folder. After the upload is complete, email planreview@health.ok.gov. Access will be removed once the upload is approved.
- The project will be placed in a queue for review in the order that the upload is approved. When the submittal process is complete, the review period begins according to the OSDH Plan Review process.
- To ensure a timely acknowledgment and/or reply to questions/concerns, refrain from emailing OSDH Plan Review team members directly. All emails must be sent to planreview@health.ok.gov and include the project number and "Attn: [Enter the Appropriate OSDH Contact Name Here]."
- Each submitted document must include the assigned OSDH project number.

FACILITY INFORMATION:

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, STATE & ZIP CODE	CITY, STATE & ZIP CODE
LICENSE #	CERTIFICATE OF NEED NUMBER (Skilled Nursing OAC 675 Only)

PROJECT REPRESENTATIVES:

FACILITY/APPLICANT'S REPRESENTATIVE	ARCHITECT'S REPRESENTATIVE (If Applicable)
NAME	NAME
TITLE	TITLE
FIRM/FACILITY	FIRM
ADDRESS	ADDRESS
CITY, STATE & ZIP CODE	CITY, STATE & ZIP CODE
TELEPHONE	TELEPHONE
EMAIL ADDRESS	EMAIL ADDRESS

BED COUNT/NUMBER OF PARTICIPANTS OR RESIDENTS CHANGED:

FACILITY WITH LICENSED BEDS			ADULT DAYCARE			RESIDENTIAL CARE HOME		
Applicable	Yes	No	Applicable	Yes	No	Applicable	Yes	No
CURRENT LICENSED BED COUNT:	NUMBER		CURRENT NUMBER OF PARTICIPANTS:	NUMBER		CURRENT NUMBER OF RESIDENTS:	NUMBER	
ADDITIONAL BEDS REQUESTED:	NUMBER		ADDITIONAL PARTICIPANTS REQUESTED:	NUMBER		ADDITIONAL RESIDENTS REQUESTED:	NUMBER	
TOTAL:	NUMBER		TOTAL:	NUMBER		TOTAL:	NUMBER	

PLAN REVIEW TYPES:

☐ Revision

Any submittal which occurs after approval of the submissions. Signed and sealed construction documents are required as well as a description of what was revised.

☐ Full Review Process

The OSDH Plan Review process typically involves two stages. Both stages require signed and sealed construction documents. Adult Day Care are exempt from this requirement.

1. Stage 1: Optional Preliminary Review – This early-stage review allows the preliminary documents and Project Narrative/Functional Program to receive feedback from the department. Approval of Stage 1 is not required. If an application was submitted, and a report was issued the responses may be incorporated into stage 2.
2. Stage 2: Required Final Review – Submit final construction documents and a Project Narrative/Functional Program for a detailed review. The department must approve these documents before beginning construction.

STAGE REQUESTED:

(Select one option for each category: Type, Stage, and Submittal.)

- | | | |
|--------------------------------------|--------------------------------------|-----------------------------|
| <input type="checkbox"/> Stage 1 | <input type="checkbox"/> Stage 2 | <input type="checkbox"/> NA |
| <input type="checkbox"/> Submittal 1 | <input type="checkbox"/> Submittal 1 | |
| <input type="checkbox"/> Submittal 2 | <input type="checkbox"/> Submittal 2 | |

DOCUMENTATION FORMAT:

- The following are the document requirements for uploading:
 - File Naming Convention:
 - Project #-Project Name-Type of document-Stage-Submittal-Phase-Date
 - All Documents
 - Format: Documents must be in PDF
 - Text:
 - Copyable
 - Searchable
 - Page Quality:
 - Straight and clear pages
 - No streaks
 - Contrast: High
 - Plans
 - Complete Sets
 - Not combined with any other documents
 - Drawing Layers:
 - Flattened
 - Bookmarks: Include
 - sheet number and title
 - Page Orientation:
 - Landscape
 - Sheet Order:
 - Consistent with the cover sheet index
 - Security:
 - Documents must be unsecured to allow plan reviewers to add marks, notes and/or comments

PROJECT FACILITY TYPE:

MEDICAL FACILITIES	HUMAN RESOURCE DEVELOPMENT SERVICES (HRDS)
<input type="checkbox"/> Hospital (<u>OAC:667</u>)	<input type="checkbox"/> Skilled Nursing (<u>OAC:675</u>)
<input type="checkbox"/> Acute Care	<input type="checkbox"/> IID/ICF (<u>OAC:675</u>)
<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Continuum Care and Assisted Living Facility (<u>OAC:663</u>)
<input type="checkbox"/> Rehabilitation Hospital	<input type="checkbox"/> Residential Care Home (<u>OAC:680</u>)
<input type="checkbox"/> Long Term Acute Care (LTAC)	<input type="checkbox"/> Adult Day Care (<u>OAC:605</u>)
<input type="checkbox"/> Hospital Outpatient Department (HOD)	
<input type="checkbox"/> Rural Emergency Hospital (REH)	
<input type="checkbox"/> Ambulatory Surgical Center (ASC) (<u>OAC:615</u>)	If other specify below:
<input type="checkbox"/> Hospice Inpatient Freestanding Facility (<u>OAC:661</u>)	

PROJECT/CONSTRUCTION SCOPE: (Licensed facilities only.)

- | | |
|---|---|
| <input type="checkbox"/> New Facility | <input type="checkbox"/> Equipment Upgrade/Replacement |
| <input type="checkbox"/> Existing Building with New License | <input type="checkbox"/> Add Satellite to Hospital |
| <input type="checkbox"/> Building Addition to Existing Facility | <input type="checkbox"/> Relocation of Existing Facility/Department |
| <input type="checkbox"/> Renovations to Existing Facility | |
| <input type="checkbox"/> Change of Use or Occupancy Classification in Licensed Facility | |

FEE AMOUNT:

- Hospital, Ambulatory Surgical Center, and Inpatient Hospice
 - Project cost less than \$10,000.00 \$250.00
 - Project cost \$10,000.00 to \$50,000.00 \$500.00
 - Project cost \$50,001.00 to \$250,000.00 \$1,000.00
 - Project cost \$250,001.00 to \$1,000,000.00 \$1,500.00
 - Project cost greater than \$1,000,000.00 \$2,000.00
- Skilled Nursing, Assisted Living, (ICF/IID-16), and Residential Care Homes
 - Two one-hundredths percent (0.02%) of the cost of design and construction of the project, with a minimum fee of \$50.00 and a maximum fee of \$1,000.00.
 - Example: Project cost is \$1,000,000.00 X 0.0002 = \$200.00
- Adult Day Care – No Fee
- Estimated Construction Cost: _____
- Document Review Fee: _____

FEE AND APPLICATION PROCESSING OPTIONS:

- **Mail to:** Oklahoma State Department of Health
Financial Management – Receipting Unit
PO Box 268823
Oklahoma City, OK 73126-8823
- **Important Notes: In Person:**
 - Submit the fee to the cashier located in the OSDH Vital Records Office breezeway, immediately east of the Strata Tower. The cashier is available Monday through Friday from 2:00 PM to 4:00 PM, except on state holidays.
 - Applications will not be accepted by anyone other than the cashier.
- **Important Notes:**
 - Fees received without a submittal will not be accepted.
 - Plan Review/Medical Facilities staff will not accept any fees.
 - Fees must be paid by check or money order, payable to the Oklahoma State Department of Health.

COMMUNICATION AUTHORIZATION:

- The facility must provide below the organizations authorized to discuss this project. Communicate any changes in the list via e-mail to planreview@health.ok.gov.

ARCHITECTURAL RERESENTATIVE	CONSULTING ENGINEER RERESENTATIVE	FACILITY RERESENTATIVE
NAME	NAME	CONTACT NAME
DATE OF AUTHORIZATION	DATE OF AUTHORIZATION	DATE OF AUTHORIZATION
EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)	EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)	EXPIRATION OF AUTHORIZATION BY DATE OR EVENT (e.g., construction complete)
E-Mail Address	E-Mail Address	E-Mail Address

Instruction Guide for Completing the Project Documents Review Application

Follow these steps to complete the OSDH Plan Review Submission. Ensure all information is accurate and properly formatted to avoid delays in the review process.

Step 1: OSDH Assigned Project Number

1. Initial Submission Without a Project Number:
 - For the first submittal, leave the "Project Number" field blank.
 - Once OSDH assigns a Project Number, include it on all future documents and correspondence.
2. Include the Assigned Project Number in Future Correspondence:
 - Use the Project Number provided by OSDH to ensure proper tracking.

Examples:

- Project Number: P-1234
- Email subject: SC-0319: Attn: John Doe

Step 2: Proposed Project Name (6 Words or Less)

1. Enter a Short, Descriptive Name:
 - Limit the name to six words or fewer.

Examples:

- "New Facility"
- "ED Expansion and Remodel"
- "CT Replacement Phase 1"

2. Use the OSDH-Assigned Project Title After Submission:
 - Once OSDH assigns a formal title, use it consistently in all communications.

Step 3: Submittal Requirements

1. Complete the Application Form:
 - Ensure all required fields are filled accurately.
2. Mail the Application with Payment (if applicable):
 - If a fee is required, include it with your application.

Step 4: Submittals Recommended for FGI Code-Required Projects

1. Include a Functional Program:
 - Describe the operational functions of the facility.

Example:

"The facility will house a 20-participant adult day care facility in a commercial property"
2. Include a Space Program:
 - Provide a breakdown of spaces.

Example:

 - 10 private patient rooms (200 sq. ft. each)
 - 2 therapy rooms (300 sq. ft. each)
 - Nurse station (150 sq. ft.)

Step 5: Uploading Process and Communication

1. Application Approval:
 - Wait for OSDH approval notification your project has been submitted.
 - You will receive an e-mail with a link to upload your documents
 2. Upload Files to OSDH Box:
 - Use the link provided by OSDH to upload files.
 3. Confirm Upload:
 - Email planreview@health.ok.gov after uploading.
-

Step 6: Facility Information

1. For Existing Licensed Facilities:
 - Provide the facility's licensed name, address, city/state/zip, and license number.

Example:

 - Licensed Name: Springfield Skilled Nursing Facility
 - Address: 456 Oak Street, Suite 200, Springfield, OK 74001
 - License Number: SNF-98765
 2. For Proposed New or Relocated Facilities:
 - Provide the proposed licensed name, address, city/state/zip, and Certificate of Need number (if applicable).

Example:

 - Proposed Name: Tulsa Assisted Living Center
 - Address: 789 Maple Drive, Tulsa, OK 74133
 - Certificate of Need Number: CON-12345 (Skilled Nursing Only)
-

Step 7: Project Contacts Representative

1. Licensee/Applicant's Representative:
 - Include their name, title, firm, address, phone number, and email.

Example:

 - Name: Jane Doe
 - Title: Administrator
 - Facility: Springfield Skilled Nursing Facility
 - Address: 456 Oak Street, Suite 200, Springfield, OK 74001
 - Phone: (405) 555-1234
 - Email: jane.doe@example.com
 2. Architect's Representative (if applicable):
 - Provide similar information.
-

Step 8: Bed Count/Number of Participants

1. State the Current Bed Count:
 - Specify the current number of licensed beds or participants.

Example:

 - Current: 100 licensed beds
 - Adding: 10 additional beds
 - Total: 110 licensed beds
 2. Match the License Type:
 - Ensure numbers correspond to the correct license type.
-

Step 9: Plan Review Types

1. Choose the Appropriate Review Type:
 - Self-Certification:
For projects that meet all regulatory requirements without additional changes, such as minor renovations, repairs, or upgrades.
Example: Replacing existing HVAC systems in a clinic without altering the structure.
 - Revision:
For changes to an already submitted or approved project.
Example: Adding an extra therapy room to an approved hospital plan.
 - Full Review:
For new construction, major renovations, or projects that require full compliance verification.
Example: Building a new 50-bed nursing facility or adding a new wing to an existing hospital.
 2. Refer to the Glossary for Additional Details:
 - Check the Glossary for definitions and explanations of each type to ensure proper selection.
-

Step 10: Plan Review Type Requested

1. Indicate Review Type, Stage, and Submittal:
 - Select options such as Stage 1, Stage 2, or Submittal 1.

Example:

- Review Type: Full Review
 - Stage: Stage 1
 - Submittal Number: 1
-

Step 11: Documentation Format

1. Ensure Clear Formatting:
 - Title, relevant dates, project identifiers, and a detailed description.
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Step 12: Project Facility Type

1. Select the Correct Facility Type:
 - Choose from options like Hospital, Skilled Nursing Facility, etc.

Example:

- Facility Type: Ambulatory Surgical Center
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Step 13: Project/Construction Scope (Licensed Facilities Only)

1. Check All That Apply:
 - Indicate the scope, such as new facility or equipment upgrade.
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Step 14: Fee Amount

1. Determine the Fee:
 - Calculate based on the provided table.

Example:

- Estimated construction cost: \$2,000,000
 - Fee: \$2,000
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Step 15: Fees and Submittals Processing Options

1. Submit Fees and Application:
 - Complete the process by mailing fees and forms to OSDH.
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Step 16: Communication Authorization**1. Provide Authorized Organizations:**

- Include firm name, scope of authorization, and expiration date.

Example:

- Firm: Tulsa Design Associates
- Scope: Plan review and design changes
- Expiration: December 31, 2024