

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

SUBCHAPTER 41. GENERAL CONSTRUCTION PROVISIONS

310:667-41-1. General [AMENDED]

SUBCHAPTER 47. SUBMITTAL REQUIREMENTS

310:667-47-1. Submission of plans and specifications and related requests for services [AMENDED]

310:667-47-2. Preparation of plans and specifications [AMENDED]

310:667-47-10. Self-certification of plans [NEW]

SUMMARY:

The proposal amends physical plant requirements in Subchapter 41 by updating references to the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition, and the Life Safety Code adopted by the Centers for Medicare & Medicaid Services on July 5, 2016. Added are criteria and a process for hospitals to request exceptions and temporary waivers of the requirements of this Chapter for design or construction techniques that represent innovations or improvements.

Subchapter 47 is updated by revising the requirements for stage one, stage two, and special construction plan submittals, and by giving hospitals the option to move directly to the stage two plan submittal. The proposal sets fees for related services including review of temporary waivers and applications for self-certification. The proposal establishes a process to ensure timely review of design and construction documents. The proposal establishes requirements and a process for hospitals to self-certify compliance of their plans for certain types of projects.

AUTHORITY:

Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; 63 O.S. Section 1-705; and 63 O.S. Section 1-707.

COMMENT PERIOD:

December 15, 2016 through January 17, 2017. Interested persons may informally discuss the proposed rules with the contact person listed below; or may, through January 17, 2017, submit written comment to the contact person identified below; or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303 (A), the public hearing for the proposed rulemaking in this chapter shall be on January 17, 2017, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10:00 a.m. In the event of state offices closing due to inclement weather, there will be an alternate hearing date on January 19, 2017, at the same location in room 1102 beginning at 10:00 a.m. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional

services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing before January 17, 2017, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available from the contact person identified below or via the agency website at www.health.ok.gov.

CONTACT PERSON:

Lee Martin, Director, Medical Facilities Service, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-6576, or by e-mail to LeeM@health.ok.gov.

RULE IMPACT STATEMENT

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 667. HOSPITAL STANDARDS

1. **DESCRIPTION:**

The proposal amends physical plant requirements in Subchapter 41 by updating references to the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition, and the Life Safety Code adopted by the Centers for Medicare & Medicaid Services on July 5, 2016. Added are criteria and a process for hospitals to request exceptions and temporary waivers of the requirements of this Chapter for design or construction techniques that represent innovations or improvements.

Subchapter 47 is updated by revising the requirements for stage one, stage two, and special construction plan submittals, and by giving hospitals the option to move directly to the stage two plan submittal. The proposal sets fees for related services including review of temporary waivers and applications for self-certification. The proposal establishes a process to ensure timely review of design and construction documents. The proposal establishes requirements and a process for hospitals to self-certify compliance of their plans for certain types of projects.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:**

The classes of persons affected are hospitals proposing to construct new buildings or make major alterations to existing buildings. Additionally, affected professionals working with hospitals may include architects, engineers, clinicians, and attorneys. The OSDH requested in the notice of rulemaking intent information from businesses on cost impacts.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:**

Persons benefiting will include hospitals, associated professionals, and customers of hospitals. The benefits include updating the rule to incorporate current life-safety codes adopted by the Centers for Medicare & Medicaid Services, and design and construction requirements adopted by the Facility Guidelines Institute. The addition of the exception and waiver process affords hospitals a method to resolve differences between national standards and Oklahoma State Department of Health (OSDH) requirements. Hospitals will benefit from access to an optional and expedited self-certification process to reduce the time required for review and approval of design and construction documents. The proposal was developed in cooperation with representatives of health care facilities, architects, attorneys and engineers. The goal of the working group is to reduce the time from concept to market for health services, by ensuring that OSDH reviews are timely completed while reducing the proportion of plans denied or requiring rework. Health facility customers will benefit from more timely access to health services with lower project development and implementation costs.

For the period from July 2015 to August 2016, the average time from submittal of plans to approval by the OSDH was 94 days for design documents, with 27% completed in less than 45 days. For final construction documents, the time from original submittal to OSDH approval averaged 60 days, with 50% completed in less than 45 days. The objective of the proposed changes is to complete all reviews within 45 days after submittal.

The average time from original submittal of plans to completion of construction averaged just over 400 days from July to December 2015. The average improved slightly to about 380 days from July to September 2016. An objective of the project is to achieve 15% annual

reductions in total project completion times until the review process demonstrates statistical control.

Note: The data above are for projects submitted by hospitals and ambulatory surgical centers. The OSDH processing times referenced include time taken by facilities to correct or revise plans following comments or rejections by OSDH. Actual OSDH review days are about one-third of total construction completion statistics.

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:**

Hospitals may benefit economically from reduced times required to obtain clearance to start construction. The upgraded codes and guidelines are anticipated to include a combination of cost increases and decreases as a result of new construction technologies and methods. The rule includes fee increases for operational services. The fee increases are as follows:

- (A) Request for exception or temporary waiver fee: Five Hundred Dollars (\$500.00);
- (B) Application for self-certification fee: One Thousand Dollars (\$1,000.00);
- (C) Courtesy construction inspection fee: Five Hundred Dollars (\$500.00);
- (D) Professional consultation or technical assistance fee: Five Hundred Dollars (\$500.00) for each eight hours or major fraction thereof of staff time. For technical assistance requiring travel, the fee may be increased to include the OSDH's costs for travel.

Based on SFY2016 experience, the changes are projected to generate a total of \$62,500 for SFY2018, based on the following:

- \$2,500 in exception or temporary waiver fees, assuming 5 requests at \$500
- \$15,000 in self-certification fees, assuming 15 certifications at \$1,000 each
- \$40,000 in courtesy inspection fees, assuming 80 inspections at \$500 each
- \$5,000 in professional consultation fees, assuming 10 projects at \$500 each
- \$62,500 total increased fees.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:**

The cost to the OSDH to implement the amendments will be approximately \$3,252.32 to cover the costs of rule drafting, adoption, publication, distribution, and education. The proposed rules will be implemented and enforced by existing OSDH personnel and will not result in an increase in authorized full-time equivalent personnel. For SFY2017, health facility plan review fees of \$162,958 are projected to exceed expenses of \$469,349, for a deficit of \$330,836. The deficit in SFY2017 and subsequent years will need to be covered by state appropriations. This proposal has the potential to reduce the OSDH's use of state appropriations by approximately \$60,000 in FY 2018 and subsequent years. No impacts on other agencies are anticipated.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

Hospitals operated by political subdivisions may be affected by the upgrade in codes and guidelines, the new review process, and the fees for optional services.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

The new fees for optional construction-related services may have an adverse effect on small businesses that engage in construction projects. Additionally, the costs of commissioning required in the updated construction guidelines may have an adverse effect on small businesses. OSDH has requested comments by January 17, 2017 from businesses

identifying direct and indirect costs expected to be incurred to comply with this rule. Comments from businesses entities will be considered by OSDH and the State Board of Health and may result in additional modifications to the rule proposal prior to adoption.

8. **EFFORTS TO MINIMIZE COSTS OF RULE:**

The proposed changes add flexibility and minimize costs by providing a waiver and exception process, by allowing for self-certification of plans, and by providing fees for optional services.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

This change will enable health care facilities to use the most current national codes and guidelines, which represent enhancements to patient safety and health care quality. Additionally, the rule makes provisions to ensure OSDH reviews are timely accomplished.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

If this change is not made, Oklahoma will continue to have outdated life safety and design and construction requirements. The OSDH review process will not offer a predictable method for resolving discrepancies, and it will not include a provision for expedited self-certification. Without this change, the OSDH will continue to review and approve functional programs, which in the past has contributed to project delays and uses the OSDH's limited clinical staff resources who would otherwise be performing hospital surveys.

If OSDH incurs additional cuts in state appropriations, OSDH may be unable to continue to support the optional services provided by OSDH for construction projects.

11. This rule impact statement was prepared on December 15, 2016.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 667. HOSPITAL STANDARDS**

SUBCHAPTER 41. GENERAL CONSTRUCTION PROVISIONS

310:667-41-1. General [AMENDED]

- ~~(a) These requirements are intended as minimum standards for constructing and equipping hospital and specialized hospital projects. For brevity and convenience these standards are presented in "code language". Use of words such as "shall" is mandatory. Insofar as practical, these standards relate to desired performance or results or both. Details of construction and engineering are assumed to be part of good design practice and local building regulations. Design and construction shall conform to the requirements of these standards. Requirements set forth in these standards shall be considered as minimum. For aspects of design and construction not included, local governing building codes shall apply. Where there is no local governing building code, the prevailing model code used within the geographic area is hereby specified for all requirements not otherwise specified in these standards. (See OAC 310:667-41-4(b) for wind and seismic local requirements.) Where American Society of Civil Engineers (ASCE 9-72) is referenced, similar provisions in the model building code are considered substantially equivalent.~~
- ~~(b) These standards are not intended to restrict innovations and improvements in design or construction techniques. Accordingly, the Department may approve plans and specifications which contain deviations if it is determined that the respective intent or objective has been met.~~
- ~~(c) Some projects may be subject to the regulations of several different programs, including those of other state agencies, local agencies, and federal authorities. While every effort has been made for coordination, individual project requirements shall be verified, as appropriate.~~
- ~~(d) The Centers for Medicare & Medicaid Services (CMS), which is responsible for Medicare and Medicaid reimbursement, has adopted the National Fire Protection Association 101 Life Safety Code (NFPA 101). To ensure non-conflicting requirements, the 2000 version of this code is hereby adopted by the Department and all new construction shall comply with that code. Existing construction may continue to comply with the version of NFPA 101 for which construction was approved.~~
- ~~(e) The health care provider shall supply for each project a functional program for the facility that describes the purpose of the project, the projected demand or utilization, staffing patterns, departmental relationships, space requirements, and other basic information relating to fulfillment of the institution's objectives. This program shall include a description of each function or service; the operational space required for each function; the quantity of staff or other occupants of the various spaces; the numbers, types, and areas (in net square feet) of all spaces; the special design features; the systems of operation; and the interrelationships of various functions and spaces. The functional program shall include a description of those services necessary for the complete operation of the facility and shall also include the Infection Control Risk Assessment (ICRA). Services available elsewhere in the institution or community need not be duplicated in the facility. The functional program shall also address the potential future expansion of essential services which may be needed to accommodate increased demand. The approved functional program shall be available for use in the development of project design and construction documents.~~
- ~~(f) An ICRA is a determination of the potential risk of transmission of various agents in the facility. This continuous process is an essential component of a facility functional or master~~

~~program to provide a safe environment of care. The ICRA shall be conducted by a panel with expertise in infection control, risk management, facility design, construction, ventilation, safety, and epidemiology. The design professional shall incorporate the specific, construction related requirements of the ICRA in the contract documents. The contract documents shall require the contractor to implement these specific requirements during construction. The ICRA is initiated in design and planning and continues through construction and renovation. After considering the facility's patient population and programs, The ICRA shall address but not be limited to the following key elements:~~

- ~~(1) The impact of disrupting essential services to patients and employees;~~
- ~~(2) Patient placement or relocation;~~
- ~~(3) Placement of effective barriers to protect susceptible patients from airborne contaminants such as Aspergillus sp.~~
- ~~(4) Air handling and ventilation needs in surgical services, airborne infection isolation and protective environment rooms, laboratories, local exhaust systems for hazardous agents, and other special areas;~~
- ~~(5) Determination of additional numbers of airborne infection isolation or protective environment room requirements;~~
- ~~(6) Consideration of the domestic water system to limit Legionella sp. and waterborne opportunistic pathogens.~~

(a) The following national standards are incorporated by reference:

- (1) Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition; and
- (2) National Fire Protection Association (NFPA) 101: Life Safety Code, 2012 Edition, adopted in 81 Federal Register 26871 by the Centers for Medicare & Medicaid Services on July 5, 2016.

(b) Oklahoma statutes prevail if there is conflict between the FGI Guidelines and Oklahoma statutes. For Medicare-certified hospitals, the Life Safety Code adopted by the Centers for Medicare & Medicaid Services prevails if there is a conflict between the Life Safety Code and this Chapter.

(c) A hospital may submit a request for exception or temporary waiver if the FGI Guidelines create an unreasonable hardship, or if the design and construction for the hospital property offers improved or compensating features with equivalent outcomes to the FGI Guidelines.

(d) The Department may permit exceptions and temporary waivers of the FGI Guidelines if the Department determines that such exceptions or temporary waivers comply with the requirements of 63 O.S. Section 1-701 et seq., this Chapter, and the following:

- (1) Any hospital requesting an exception or temporary waiver shall apply in writing on a form provided by the Department and pay the exception to, or temporary waiver of, FGI Guidelines fee set in OAC 310:667-47-1. The form shall include:
 - (i) The FGI Guidelines section(s) for which the exception or temporary waiver is requested;
 - (ii) Reason(s) for requesting an exception or temporary waiver;
 - (iii) The specific relief requested; and
 - (iv) Any documentation which supports the application for exception.
- (2) In consideration of a request for exception or temporary waiver, the Department shall consider the following:
 - (i) Compliance with 63 O.S. Section 1-701 et seq.;

(ii) The level of care provided;

(iii) The impact of an exception on care provided;

(iv) Alternative policies or procedures proposed; and

(v) Compliance history with provisions of the FGI Guidelines, Life Safety Code and this Chapter.

(3) The Department shall permit or disallow the exception or waiver in writing within forty-five (45) calendar days after receipt of the request.

(4) If the Department finds that a request is incomplete, the Department shall advise the hospital in writing and offer an opportunity to submit additional or clarifying information. The applicant shall have thirty (30) calendar days after receipt of notification to submit additional or clarifying information in writing to the Department of Health, or the request shall be considered withdrawn.

(5) A hospital which disagrees with the Department's decision regarding the exception or temporary waiver may file a written petition requesting relief through an individual proceeding pursuant to OAC 310:2 (relating to Procedures of the State Department of Health).

(6) The Department may revoke an exception or temporary waiver through an administrative proceeding in accordance with OAC 310:2 and the Oklahoma Administrative Procedures Act upon finding the hospital is operating in violation of the exception or temporary waiver, or the exception or temporary waiver jeopardizes patient care and safety or constitutes a distinct hazard to life.

(e) Documentation of the hospital governing body's approval of the functional program shall be sufficient to meet the requirements in this Chapter relating to Department approval of the functional program.

SUBCHAPTER 47. SUBMITTAL REQUIREMENTS

310:667-47-1. Submission of plans and specifications and related requests for services [AMENDED]

(a) Before construction is begun, plans and specifications, covering the construction of new buildings or major alterations to existing buildings, shall be submitted to the Department for review and approval as provided in OAC 310:667-47-2 or OAC 310:667-47-10.

(1) Plans and specifications are required for the following alterations:

(i) Changes that affect path of egress;

(ii) Change of use or occupancy;

(iii) Repurposing of spaces;

(iv) Structural modifications;

(v) Heating, ventilation and air conditioning (HVAC) modifications;

(vi) Electrical modifications that affect the essential electrical system;

(viii) Changes that require modification or relocation of fire alarm initiation or notification devices;

(ix) Changes that require modification or relocation of any portion of the automatic fire sprinkler system;

(x) Replacement of fixed medical equipment if that work requires any work noted in in this (i) through (ix) of this paragraph;

(xi) Replacement of or modifications to any required magnetic or radiation shielding;

- (xii) Changes to or addition of any egress control devices or systems.
- (2) Plans and specifications are not required for the following alterations:
- (i) Painting, papering tiling, carpeting, cabinets, counter tops and similar finish work provided that the new finishes shall meet the requirements of this Chapter;
 - (ii) Ordinary repairs and maintenance;
 - (iii) Modifications to nurse call or other hospital signaling/communication/information technology systems provided the modifications meet the requirements of this Chapter; or
 - (iv) Replacement of fixed or moveable medical equipment that does not affect electrical, HVAC, or shielding requirements noted above.
- (b) Each construction project submission shall be accompanied by a check for the appropriate review fee based on the cost of design and construction of the project. Review fees are as follows:
- (1) Project cost less than \$10,000.00: \$250.00 Fee
 - (2) Project cost \$10,000.00 to \$50,000.00: \$500.00 Fee
 - (3) Project cost \$50,000.00 to \$250,000.00: \$1000.00 Fee
 - (4) Project cost \$250,000.00 to \$1,000,000.00: \$1500.00 Fee
 - (5) Project cost greater than \$1,000,000.00: \$2000.00 Fee
- (c) The review fee shall cover the cost of review for up to two (2) stage one and two (2) stage two submittals and one final inspection. If a stage one or stage two submittal is not approved after two (2) submissions, another review fee based on the cost of the project shall be required with the third submittal. Fast-track projects shall be allowed two reviews for each package submitted. If a fast-track stage package is not approved after the second submittal, another review fee based on the cost of the project shall be required with the third submittal of the package.
- (d) ~~All construction project submittals~~ **Review process.** Design and construction plans and specifications shall be reviewed within 45 calendar days of receipt by the Department in accordance with the following process.
- (1) **Administrative completeness review.** Unless otherwise provided in this Subchapter, the Department shall have ten (10) calendar days in which to determine if the filed application is administratively complete
 - (i) **Not complete.** Upon determining that the application is not administratively complete, the Department shall immediately notify the applicant in writing and shall indicate with reasonable specificity the inadequacies and measures necessary to complete the application. Such notification shall not require nor preclude further review of the application and further requests for specific information. If the Department fails to notify the applicant as specified in this Paragraph, the period for technical review shall begin at the close of the administrative completeness review period. Upon submission of correction of inadequacies, the Department shall have an additional 15 calendar days to review the application for completeness.
 - (ii) **Complete.** Upon determination that the application is administratively complete, the Department shall immediately notify the applicant in writing. The period for technical review begins.
 - (2) **Technical review.** The Department shall have forty-five (45) calendar days from the date a completed application is filed to review each application for technical compliance with the relevant regulations and reach a final determination.

(i) **When times are tolled.** The time period for technical review is tolled (the clock stops) when the Department has asked for supplemental information and advised the applicant that the time period is tolled pending receipt.

(ii) **Supplements.** To make up for time lost in reviewing inadequate materials, a request for supplemental information may specify that up to 30 additional calendar days may be added to the deadline for technical review, unless the request for supplemental information is a second or later request that identifies new deficiencies not previously identified

(iii) **Delays.** An application shall be deemed withdrawn if the applicant fails to supplement an application within 90 calendar days after the Department's request, unless the time is extended by agreement for good cause.

(iv) **Extensions.** Extensions may be made as provided by law.

(e) Fees for other services related to construction projects are as follows:

(1) Request for exception to or temporary waiver of FGI Guidelines fee: Five Hundred Dollars (\$500.00);

(2) Application for self-certification fee: One Thousand Dollars (\$1,000.00);

(3) Courtesy inspection, prior to final inspection for approval of occupancy, fee: Five Hundred Dollars (\$500.00);

(4) Professional consultation or technical assistance fee: Five Hundred Dollars (\$500.00) for each eight staff hours or major fraction thereof. For technical assistance requiring travel, the fee may be increased to include the Department's costs for travel.

310:667-47-2. Preparation of plans and specifications [AMENDED]

(a) **Stage one.** Preliminary plans and outline specifications shall be submitted and include sufficient information ~~to establish~~ for approval by the Department of the following: scope of project; project location; required fire-safety and exiting criteria; building-construction type, compartmentation showing fire and smoke barriers, bed count and services; the assignment of all spaces, areas, and rooms for each floor level, including the basement. A hospital has the option, at its own risk, to bypass the stage one submittal and proceed directly to submittal of stage two documents.

(b) **Stage two.** A proposed construction document shall be submitted that includes final drawings and specifications adequate for ~~proposed contract purposes~~ approval by the Department. All final plans and specifications shall be appropriately sealed and signed by an architect registered by the State of Oklahoma. All construction modifications of approved documents are subject to review and approval, and shall be submitted timely.

(c) **Special submittals.**

(1) **Fast-track projects.** ~~The fast track process applies only to stage two submittals.~~ A stage one submittal and functional program must be approved before entering the fast track process.

(A) Equipment and built-in furnishings are to be identified in the stage one submittal.

(B) The hospital has the option to submit two packages: civil, landscaping and structural in stage one, and the balance of the components in stage two.

(C) Fast-track projects shall have prior approval and be submitted in no more than four (4) separate packages.

~~(A)~~ (i) Site work, foundation, structural, underslab mechanical, electrical, plumbing work, and related specifications.

~~(B)~~ (ii) Complete architectural plans and specifications.

~~(C)~~(iii) All mechanical, electrical, and plumbing plans and specifications.

~~(D)~~(iv) Equipment and furnishings.

(2) ~~**Automatic sprinkler systems.**—At least two (2) sets of sprinkler system show drawings, specifications, and calculations (if applicable), prepared by the installer, shall be submitted to the Office of the State Fire Marshal for review and approval prior to installation of the proposed system in the project.~~

—~~(3) **Radiation protection.** Any project that includes radiology or special imaging equipment used in medical diagnosis, treatment, and therapy of patients, shall include plans, specifications, and shielding criteria, prepared by a qualified medical physicist. These plans shall be submitted and approved by the Department prior to installation of the equipment.~~

(d) **Floor plan scale.** Floor plans are to be submitted at a scale of one-eighth (1/8) inch equals one (1) foot, with additional clarifying documents as required.

(e) **Application form.** The submittal shall be made using a Department application form which requests information required by this Chapter and specifies the number of copies and format for document submittal.

310:667-47-10. Self-certification of plans [NEW]

(a) The Department shall make available professional consultation and technical assistance services covering the requirements of this section to a hospital considering self-certification of plans. The consultation and technical assistance is subject to the fee for professional consultation and technical assistance services set in OAC 310:667-47-1. The consultation is optional and not a prerequisite for filing a request through the self-certification review process.

(b) The hospital and the project architect may elect to request approval of design and construction plans through a self-certification review process. The hospital and the project architect shall submit a self-certification request on a form provided by the Department, along with a self-certification application fee set in OAC 310:667-47-1. The form shall be signed by the hospital and the project architect attesting that the plans and specifications are based upon and comply with the requirements of this Chapter.

(c) To be eligible for self-certification, projects must comply with the following requirements:

(1) The project involves any portion of the hospital where patients are intended to be examined or treated and the total cost of design and construction is fifteen million dollars (\$15,000,000.00) or less; or

(2) The project involves only portions of the hospital where patients are not intended to be examined or treated; and

(3) The project architect or engineer attesting the application has held a license to practice architecture or engineering for at least five (5) years prior to the submittal of the application, is licensed to practice in Oklahoma; and

(4) The hospital owner/operator acknowledges that the Department retains the authority to:

(i) Perform audits of the self-certification review program and select projects at random for review;

(ii) Review final construction documents;

(iii) Conduct on-site inspections of the project;

(iv) Withdraw approval based on the failure of the hospital or project architect to comply with the requirements of this Chapter; and

(5) The hospital agrees to make changes required by the Department to bring the construction project into compliance with this Chapter.

(d) Within twenty-one (21) calendar days after receipt of a complete application, the Department shall approve or deny the application for self-certification and send notification to the hospital.

If the application is denied, the hospital shall have thirty (30) calendar days to submit additional or supplemental information demonstrating that the application complies with the requirements for self-certification of plans and specifications. The Department shall have fourteen (14) calendar days after receipt of supplemental information to reconsider the initial denial and issue a final approval or denial of the self-certification request.

(e) After denial of the application for self-certification and prior to the start of construction, the hospital shall pay the applicable fee for plan review specified in OAC 310:667-47-1(b)(1) through (5). Upon receipt of the plan review fee, the Department shall review the hospital's plans in accordance with the process in OAC 310:667-47-1(d).