



APPLICATION PACKAGE INSTRUCTIONS (API)

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1. GENERAL INFORMATION

Submittal Specialist: Minor Application Package (512) 834-4579
Submittal Specialist: Major or Fast Track Application Package (512) 834-4599

Application Form, regulations, and hot topics, are located on the Architectural Review Unit's website at
<http://www.dshs.texas.gov/facilities/architectural-review.aspx>

Architectural Review Unit, ARU, shall approve an application package in writing before any remodeling, renovations, additions, alterations, change of service(s), change of function (including licensed bed or ESRD station change), change of licensed facility, re-opening a closed facility or any initial construction occurs at a General or Special Hospital, Private Psychiatric Hospital or Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), or Special Care Facility. If a facility type is not mentioned above, do not submit project to the ARU.

After approval of application, construction shall commence and ARU's inspectors shall inspect the facility under construction, where necessary, and shall conduct a final construction inspection for each phase. Final Architectural Inspection Form, FAIF, shall be required before patient occupancy, and under certain circumstances, staff occupancy, is granted. The term construction shall not be construed to include excavation or site preparation.



The facility shall meet new construction regulations and its NFPA standards for remodeling, renovations, additions, alterations, change of service(s), change of function (including licensed bed or ESRD station change), change of licensed facility or initial construction. Where re-opening an ASC, ERSD or FEMC, the facility shall be required to meet new construction regulations and its NFPA standards. Where reopening a hospital, with no modifications, the facility shall meet the rule set when it was constructed.

Refer to Application Definitions to define the intent of information requested by ARU.

2. SUBMITTING OPTIONS

Only submit one Application Package per each project. Do not submit any instructional documents. Where an Application Package is incomplete, processing shall be placed on hold and a written notification shall be issued.

Submit Application Package via options below:

Email: ApplicationARU@hhsc.state.tx.us
Subject line: **Minor Application Package** (enter address of facility)
or
Major Application Package (enter address of facility)

Please note that all other subject lines shall be directly moved to trash and deleted without processing.

Mailing Address: (USPS or overnight service or delivery service):
Where a fee is required, mail only since the fee is due at time of upon initial submission of plans.

HHSC Architectural Review Unit
Mail Code 2835
Exchange Building
8407 Wall Street, Suite S241
Austin, TX 78754



3. CHECKLIST for APPLICATION PACKAGE

Minor Projects includes:

- Application form, which includes Self-Certification's attestation and agreement terms, shall be in .pdf format and titled "Application Form"
- Functional program shall be in .pdf format and titled "Functional Program"
- Life Safety overall floor plan with scope of project clouded shall be in .pdf format and titled "Life Safety overall"
- Sketch of design
- Approved Feasibility Conference meeting notes and sign-in sheet, where applicable, shall be in pdf format and titled "Feasibility notes"

Major Projects includes:

- Application form, which includes Self-Certification's attestation and agreement terms, shall be in .pdf format and titled "Application Form"
- Functional program shall be in .pdf format and titled "Functional Program"
- Life Safety overall floor plan with scope of project clouded shall be in .pdf format and titled "Life Safety overall"
- Contract Construction Documents (electronic media)
- Application Fee, where applicable
- Phasing Plan where multiple phases and project is over 50,000 square feet
- Approved Feasibility Conference meeting notes and sign-in sheet, where applicable, shall be in pdf format and titled "Feasibility notes"
- Generator contract where Contingency Plan 2 is used for ESRD and FEMC

Fast Track Projects (large initial or large additions to hospitals):

- Application form, which includes Self-Certification's attestation and agreement terms, shall be in .pdf format and titled "Application Form"
- Functional program shall be in .pdf format and titled "Functional Program"
- Life safety overall floor plan with scope of project clouded shall be in .pdf format and titled "Life Safety overall"
- Contract Construction Documents, printed and bound. No electronic media shall be accepted. The ARU shall not process any electronic media for fast track package
- Application fee
- Phasing Plan
- Approved feasibility conference meeting notes and sign-in sheet shall be in pdf format and titled "Feasibility notes"

4. INSTRUCTIONS for COMPLETING APPLICATION PACKAGE

4.1 Prepare Application Package

Application Form Obtain the application form from the webpage mentioned on page 1 of this document. Only the Application Form, including self-certification's attestation on that form, ARU-01, from the above website shall be processed. Any other application form shall not be honored. Only the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable, shall complete and submit the application form. All other submissions, including by contractors, shall be voided. Completely fill out the application form. An incomplete application form and application package shall place the application submission on hold.

To shorten the approval process, the facility can opt for self-certification and omit the plan review process. The self-certification process shall be the default option unless a plan review is specifically requested in the functional program. Where selecting the self-certification option, ***the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable, shall read and agree to the obligations of self-certification agreement.*** Completely fill out self-certification attestation, which is required for all application types (minor, major or fast track). Even if a plan review is requested in the functional program, still provide the self-certification attestation. Self-certification attestation shall include the design professional's seal and signature, where applicable. The self-certification attestation shall include the Facility Administrator/CEO or Designee Facility Staff Member information and signature and witness signature, even where the Architect/Engineer of Record services were not required for the project.

Functional Program. This document shall be submitted on the facility letterhead, using a consistent letterhead, Functional program requirements are defined in State rules. Where a plan review is requested by applicant, write this request in the functional program, addressed on the first line of the first paragraph. For ESRD and FEMC, state the emergency contingency plan for the continuity of emergency essential building systems in the first paragraph of the functional program. Where a previous ARU application



number is known for the project submitted, state this in the functional program.

Life Safety Overall Floor Plan. Indicate the location of the project on each of the affected floors on the life safety overall floor plan(s).

Contract Construction Documents. Sketch of project is acceptable for minor projects and shall not require an Architect/Engineer of Record seal. For certain projects, the minor application package may require preparation by an Architect or Engineer, depending the project's complexity. I.E.: new air handling unit. Major and Fast Track Application Package shall be prepared by an Architect/Engineer of Record and shall bear their signed and dated seal(s) on every drawing. Contract construction documents shall be public record according to open records and retention period policies.

The ARU shall not process any printed sketch/contract construction drawings for a minor or a major application package. Where this occurs, a written notification shall be issued, requesting electronic media and this shall cause a delay in processing. At the discretion of the ARU, printed sketch/contract construction drawings may be requested but shall not be part of the initial submittal.

Where re-opening a closed facility that was licensed before January 2011, as-built drawings are required, which can be either electronic media or printed documents.

Application fee. This fee shall be required for major or fast track application types for a general and special hospital, private psychiatric hospital, crisis stabilization unit or special care facility. Do not submit application fee for ASC, ESRD, or FEMC facility.

Application fee shall be made payable to HHSC. Refer to Application Fee Schedule in Application Definitions, located in this document. In the future, application fees may be paid electronically. Estimated date is Fall 2019. Do not mail check (fee) without application package accompanying the check. Application fee, where applicable, shall not be refunded nor transferred to any other application package or inspection.



Approved Feasibility Conference meeting notes and sign-in sheet.

Feasibility conference is optional but where conducted, include the feasibility conference meeting notes and the email chain between design professional and ARU inspector, showing acceptance by the ARU inspector.

4.2 Submit Application Package

The Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member shall submit one completed application package for each construction project, even where project has multiple phases. Where a facility expands the project scope, then submit a new application package for the new scope. Submitted project shall not add any new construction to an existing application, except for following:

- Addition of no more than 6 licensed beds at the end of a nursing department already under construction
- Renovation of only finishes to 20 patient rooms maximum
- Local officials permitting requirements
- Any other small construction addition is at the discretion of the ARU. Written description shall be submitted for discussion. Where acceptable by the ARU, submit revised functional program and application form.

Submit one package to one of the options per submitting options in this document, using the checklist to ensure all items are submitted at one time. Partial application package shall not be processed. For example, do not email the application form and functional program and then later submit contract construction drawings. Do not submit these instructional documents. Cost of submission shall be borne by applicant.

4.3 ARU Reviews Application Package

ARU determines the completeness of information and appropriate application fee, where applicable. Where the ARU determines that the project is more involved and requires a different type of application, then the ARU shall submit written notification to the Architect/Engineer of Record and the Facility Administrator/CEO or Designee Facility Staff Member. Notice shall indicate missing items. For example, where a project was submitted as a minor application, which has multiple wall relocations, the ARU shall issue



written notification requiring signed and sealed contract construction documents and application fee, where applicable.

Incomplete application package shall be placed on hold and shall not be processed. The ARU shall submit written notification to the Architect/Engineer of Record and the Facility Administrator/CEO or Designee Facility Staff Member. Incomplete application package shall be held at the ARU office for 30 calendar days of initial received date. After 30 calendar days and no more than 3 notifications, the incomplete application package and application fee, where applicable, shall be discarded. Application fee shall not be refunded nor transferred to any other application package or inspection. A new application package shall be submitted to the ARU.

4.4 ARU Processes the Completed Application Package

Queue order: first complete application package, first processed. Incomplete form shall result in delays. Best practice is to submit application package 45 days before start of construction. ARU shall have the discretion to either approve or not approve the self-certification attestation.

Where self-certification is approved, then the ARU shall issue Application Approval Letter to the Facility Administrator/CEO or Designee Facility Staff Member and the Architect/Engineer of Record, who is listed on the application form. Refer to Application Approval Letter instructions below.

Where self-certification is not approved, then the ARU's inspector shall conduct a plan review.

Where a plan review is requested, ARU determination is based on availability of staff when the ARU receives the completed application package. Plan review approval may average 3-6 months, depending on the size of the project and availability of ARU staff. Where the ARU is unable to conduct a plan review, it shall be processed via self-certification.

For either case concerning a plan review, Statement of Deficiencies shall be issued to the Architect/Engineer of Record, who is listed on the application form. The Architect/Engineer of Record shall address deficiencies that require further clarification and shall submit their plan of correction to the ARU's inspector who reviewed the contract construction documents. Back and forth



written communication may occur until the ARU approves plan review's statement of deficiencies. Then ARU shall issue Plan Review Approval Letter, refer to Plan Review Approval Letter instructions below.

4.5 Application Approval Letter/Plan Review Approval Letter Issued

ARU issues notice to start construction via written Application Approval Letter or Plan Review Approval Letter. This letter shall assign an application number to the project and indicate the type of inspections (intermediate, final) required and shall issue the inspection form to be used by applicant.

No person, partnership, association, corporation, or an state county or local government unit, or any division, board or agency thereof shall commence construction of any health care facility (new building, remodeling, renovations, additions, alterations, change of service(s), change of function, change of licensed bed or ESRD station, change of licensed facility or conversion of existing building) until completed application package (including self-certification attestation) has been submitted to and approved in writing by the ARU

4.6 Construction Commences

Only after the ARU issues the Application Approval Letter or Plan Review Approval Letter, can construction begin, and an inspection request can be submitted. Refer to Inspection Instructions for further information of the architectural review process and inspections.

5. INSTRUCTIONS for CANCELLATION of APPLICATION

5.1 Cancellation of an Application by Applicant

The Architect/Engineer of Record or the Facility Administrator/CEO or Designee Facility Staff Member, shall submit in writing, on letterhead, cancellation notice of a project. Letter shall include application number, where issued. No cancellations shall be honored via phone. Submit per submitting options in this document. Upon receipt of notice, ARU shall cancel the application number to that project. If the project resumes, a new application package shall be submitted. Application fee, where applicable,



shall not be refunded or transferred to any other application package or inspection.

5.2 Cancellation of an Application by the ARU

ARU shall cancel the application where construction has not commenced or has been delayed for longer than one year of issuance of application number. Written notification shall be issued to the Facility Administrator/CEO or Designee Facility Staff Member and Architect/Engineer of Record, where applicable. If the project resumes, a new application package shall be submitted. Application fee, where applicable, shall not be refunded or transferred to any other application package or inspection.

6. INSTRUCTIONS for CHANGE of CONTACTS or FACILITY ADDRESS

Where any change to a primary contact (name, company, contact information, etc.) occurs, revise the original application form. Submit that modified application form, entering the application number on the form, to one of the options per submitting options in this document. The ARU shall modify that information without issuing a written notification. Where this affects Facility Licensing Unit's application, contact Facility Licensing Unit and follow their procedures. The ARU shall not forward information to Facility Licensing Unit; it is the responsibility of Facility Administrator/CEO or Designee Facility Staff Member.

7. INSTRUCTIONS for CLOSURE of APPLICATION

Refer to Project Closeout Instructions.

8. APPLICATION DEFINITIONS

8.1 ADDITIONAL CONSTRUCTION DESCRIPTION: Brief description of the physical work that was added to the contract construction documents, after the initial application package submission. Where submitting the project closeout form, enter the brief description. It shall not be acceptable to reference the functional program or leave description blank. Where no additional physical work was added, enter "No Work Added".

8.2 ADDRESS: Specific address with one designated suite number, where applicable, on a specific street in a specific city. The address listed shall be only to the licensed facility. For an existing licensed facility, the address shall



match the HHSC Facility License Certificate. For an initial facility, the address shall match the Fire Marshal and Certificate of Occupancy documents.

8.3 APPLICATION FEE: The cost to process a Major or Fast Track Application Package for a General, Special, or Psychiatric Hospital, Crisis Stabilization Unit or Special Care Facility. Minor Application Package do not require an application fee, even where project is at a hospital or a special care facility. This application fee is based on the Application Fee Schedule below.

Application fee is payable to Texas Health and Human Services Commission or HHSC via checks or money orders. Enter application title on checks or money orders. Checks or money orders can be submitted by anyone. Fees paid to the HHSC are nonrefundable. Submit the application fee with the application package.

8.4 APPLICATION FEE SCHEDULE: The application fee schedule is based on the estimated project construction cost. Where the cost of project increases at completion of construction project, additional application submittal fees may be required before the project closeout letter shall be issued. Where an estimated project construction cost cannot be established, it shall be based on \$225.00 per square foot for general and special hospitals, and \$105.00 per square foot for psychiatric hospitals and special care facilities. No construction project shall be increased in size, scope or cost unless the appropriate fees are submitted with the proposed changes and consent from the ARU.

<u>Estimated Construction Cost:</u>		<u>Fee for General & Special Hospital, Private Psychiatric Hospital & CSU</u>
\$ 100,000	or less	\$ 300
\$ 100,001 -	\$ 600,000	\$ 850
\$ 600,001 -	\$ 2,000,000	\$ 2,000
\$ 2,000,001 -	\$ 5,000,000	\$ 3,000
\$ 5,000,001 -	\$ 10,000,000	\$ 4,000
\$ 10,000,001	and over	\$ 5,000
 <u>Estimated Construction Cost:</u>		 <u>Fee for Special Care Facility</u>
\$ 150,000	or less	\$ 200



\$ 150,001 -	\$ 600,000	\$ 500
\$ 600,001 -	\$ 2,000,000	\$ 850
\$ 2,000,001 -	\$ 5,000,000	\$ 1,500
\$ 5,000,001 -	\$ 10,000,000	\$ 2,000
\$ 10,000,001	and over	\$ 3,000

<u>Estimated Construction Cost:</u>	<u>Fee for ASC, ESRD, FEMC</u>
Est. Construction Project Costs	\$ 0

8.5 APPLICATION FEE INCREASE: Additional application fees may be required where the total of all project costs exceeds the original estimated project construction cost that was indicated on the application form, and the additional estimated project cost increases the fee beyond what was remitted with the application form. Remit only the additional amount, not the entire fee. Refer to Application Fee Schedule where computing the application fee increase. Where submitting the project closeout form, check the box in front of Application Fee Increase. Enter additional fee amount based on this Application Fee Increase definition.

8.6 APPLICATION NUMBER: Assigned number that references the project. This assigned number enables both the Stakeholder and the ARU to identify the application package and shall be on all documents and correspondence related to this application number. Application number shall be assigned after the ARU has received, reviewed and approved the application package or approved the plan review’s plan of correction. When submitting the initial application form, enter N/A to the left of application number. Where submitting the revised application form, where applicable, enter the application number that was received on the application approval letter. Where submitting checks/money orders, enter application number on the checks/money orders.

8.7 APPLICATION TITLE: Encompassing, overall descriptive title that describes the project submitted. For example: new ASC, new patient tower, operating room addition, 20-bed ICU wing, HH station added, finishes to emergency area. When submitting the application form and the project closeout form, enter an application title. Where submitting the revised application form, maintain the title on the initial application form. Any modifications from the initial application form may require a new application submittal. Where submitting fees, enter application title on the checks/money orders.



8.8 APPLICATION TYPE: This is the type of application package to submit, based on the construction occurring. There are 3 types of applications: minor, major and fast track.

8.8.1 MINOR APPLICATION: A small project in an existing facility, with a current facility license, that has no significant changes to physical facility, including erecting majority of walls or involving alterations to load bearing members or load bearing walls. It has no significant changes to the mechanical, electrical, plumbing, or piped medical systems. It has no substantial change in functional operation. Minor application may have minor relocations of walls and windows. If a facility owner/operator believes that a proposed project is a minor project, the Architect/Engineer and/or the Facility Administrator/CEO or Designee Facility Staff Member shall provide documents listed on the application form, under submitting options. Where proposed project is not applicable for minor application, the ARU shall notify the Architect/Engineer and/or the Facility Administrator/CEO or Designee Facility Staff Member to submit all documents associated with the major application package.

Examples of Minor Application Package include, but not limited to:

- Change of ownership (CHOW) that does not provide patient treatment/care/admittance for no more than 10 days during the CHOW
- Replacing air handler (HVAC) unit
- Replacing elevator or adding new elevator to an existing shaft, that was designed as a future elevator
- Changing function of nursing unit, with minimal wall and medical gas modifications. For example: medical/surgical beds to rehab beds
- Generator replacement
- Replacement of automatic transfer switches for essential electrical system
- Any alarm systems, including nurse call systems
- HVAC unit replacement
- Nurse call replacement
- Replacing kitchen equipment, including walk-in refrigerator/freezer



- Ceiling and floor finishes, which shall meet new construction requirements
- Replacement or addition of facility's service equipment such as electrical power distribution equipment, emergency power distribution equipment, energy/utility management systems, and conveying systems
- Replacement or addition of fixed medical equipment where there are required clearances around the equipment such as imaging equipment, with or without perimeter walls of room being relocated. The architectural space requirements shall meet new construction requirements
- Replacement of facility's safety systems such as nurse call, fire alarm, fire sprinkler, and medical gas systems
- Changes in count and location of plumbing fixtures and equipment
- Changes in licensed station type with either minor or no architectural alterations
- Changes in configuration of administrative and support areas

8.8.2 MAJOR APPLICATION: Major remodeling, alterations, or any new ground up facilities. All remodeling or alterations which involve alterations to load bearing members or partitions or add patient care areas that were unoccupied or newly constructed spaces are considered as major remodeling and alterations.

Examples of Major Application Package include, but not limited to:

- Replacement of duct work in patient care areas
- Finishing a shelled space/room or modification of patient care areas
- New floor or floor extensions that add occupied floor area,
- Changes in licensed station type with significant alterations of architectural spaces
- Changes involving alterations to load bearing members or load bearing walls
- Additions
- The reconfiguration of any space; the addition, relocation, or elimination of any door or window; the addition or elimination of load-bearing elements; and work involving movement of architectural walls



- Changes in licensed station type or number, functional use or occupancy classification
- Alteration, reconfiguration, extension or installation of new facility service equipment such as mechanical, electrical, fire protection, piped medical gas system, nurse call, or conveying equipment. The new facility's service equipment shall meet new construction requirements, but the architectural spaces are not required to meet new construction standards of these Rules unless determined by the ARU to be detrimental to health and safety.

8.8.3 FAST TRACK APPLICATION: Extremely large, initial hospitals or major additions to existing licensed hospitals may apply for a fast track application, which may allow construction to begin as soon as the first package has a plan review approval. Private Psychiatric Hospital/CSU, ASC, ESRD, FEMC, and Special Care Facility projects shall not be submitted for fast track.

Fast track application shall be at the discretion of the ARU, based on the initial hospital square footage or square footage added to existing hospital and associated project cost. Fast track application shall be requested in writing on facility letterhead, signed by hospital administration, with a brief written description and narrative of the proposed project, including project cost.

Where approved for fast track application, it shall be submitted in no more than three separate packages. Construction shall not begin until the ARU has reviewed and approved the first package of the application.

First Application Package shall include:

- Civil contract construction documents
- Preliminary architectural plans and a detailed site plan showing all adjacent streets, site work, under slab mechanical, electrical, and plumbing work, and related specifications
- Structural contract construction documents

Second package shall include architectural contract construction documents.



Third package shall include mechanical, plumbing, electrical, communications and equipment contract construction documents. Package three may be submitted with the second package.

- 8.9 ARCHITECTURAL REVIEW UNIT (ARU):** Unit of the Texas Department of Health and Human Services, Regulatory Services Division, Health Care Quality Section. The ARU is responsible for approving Application Packages, conducting inspections and granting construction approval for use of healthcare space for a General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility.
- 8.10 BRIEF CONSTRUCTION DESCRIPTION:** Enter a brief description of the physical work to be performed for the project, it is not acceptable to state "Refer to functional program". It shall include items such as: if a facility receives/will be receiving Medicare, if facility is guest or host hospital, if facility is part of a multiple license, the construction type, if facility is fully or partially or non-sprinklered, the facility systems, and the types of healthcare services provided, and the facility's departments being affected.
- 8.11 CONSTRUCTION:** Addition construction involves erection that adds square footage to the existing facility's floor plan and shall be continuous to the existing facility. Function change shall modify the occupancy type or bed type or service type in a specific area of the existing facility by slight wall modifications. Initial construction is the erection of a greenfield facility, which will receive an initial license. Renovation construction involves significant planning and shall primarily change the floor plan in a specific area of the existing facility. Replacement of substantial equipment or facility system involves the installation of fire suppression or detection systems; fuel fired equipment; nurse call; medical gas; heating or ventilation or air conditioning systems, electrical system or any other significant systems. Replacement also includes large imaging modalities and other sizable equipment being replaced. The term construction shall not be construed to include the excavation or site preparation. When submitting the application form, check the box that relates to the overall project scope.
- 8.12 CONSTRUCTION COST (CONSTR.COST):** Expense incurred for labor, material, equipment, financing, services, utilities and design services. Refer



to Estimated Project Construction Costs. When submitting the application form, enter the estimated construction project cost on the underline provided, after the \$ ____.

8.13 CONTRACT CONSTRUCTION DOCUMENTS. Documents providing conditions of the contract and shall bear the signed seal and date by registered architect or professional engineer on every Architectural, Electrical, Mechanical, Plumbing, Equipment and Communications drawing. Specifications shall be included. The drawings and specifications shall indicate the project only, shade or hatch the non-affected areas. Where facility has one phase as the shell and another phase as the facility construction drawings, submit both together. Submit electronic construction drawings on external flash drive or emailed which is clearly labeled with the facility name and city. Where hard copies of construction plan need to be submitted, the ARU shall request them from the design team's primary contact. Otherwise submit all contract construction documents via electronic media, except for Fast Track.

8.14 DEPARTMENT: Texas Department of Health and Human Services.

8.15 ESTIMATED PROJECT CONSTRUCTION COSTS (Est. Const. Cost): General, special and psychiatric hospitals/CSU and special care facilities are based upon the estimated construction project costs which are the total expenditures required for a proposed project from initiation to completion. When submitting the application form, enter estimated project construction cost. Where submitting the project closeout form, enter the total of all costs at the completion on the project. Estimated project construction cost includes at least the following:

- Expenditures for physical assets such as: site acquisition, soil tests and site preparation, construction and improvements required because of the project, facility, structure, or office space acquisition, renovation, fixed equipment, energy provisions and alternatives
- Expenditures for professional services including: planning consultants, architectural fees, fees for cost estimation, legal fees, managerial fees, and feasibility study
- Expenditures or costs associated with financing, excluding long-term interest, but including: financial advisor, fund-raising expenses
- lender's or investment banker's fee, interest on interim financing



- Expenditure allowances for contingencies including: inflation, inaccurate estimates, unforeseen fluctuations in the money market, or other unforeseen expenditures
- Regarding purchases, donations, gifts, transfers, and other comparable arrangements whereby the acquisition shall be made for no consideration or at less than the fair market value, the project cost shall be determined by the fair market value of the item to be acquired because of the purchase, donation, gift, transfer, or other comparable arrangement.

8.16 FACILITY: Entity/structure that either has an existing license or will be receiving licensure for General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility. The facility shall not contain spaces which do not support patient treatment; such as, beauty salons, banks, retail pharmacy, etc.

The facility is a discrete physical entity composed of various functions as described in the State Licensing Rules and are all contained within facility's physical boundary. The facility may be stacked but shall be contiguous. One cannot leave the licensed facility, traverse through another occupancy, and reenter into any part of that licensed facility. In a multi-tenant building, facility shall be confined to one suite number. Facility includes any structure attached to the facility's structure that covers area at ground level or at grade, including permanent projections from the upper floors and/or roof.

When submitting the application form, indicate facility by placing a check in the appropriate box. On the left-hand side of SF (Square Footage), enter the square footage of any new construction, any addition to the existing building, any function change, and/or any remodeling inside the existing building. For initial building construction and additions, the square footage shall be the total building area for all floors, including basements, penthouses, etc. For remodels, the square footage shall be the total building area included within the scope of work. For example, where a unit is being converted from medical/surgical unit to mental health unit, the square footage shall include the total building area of the unit not just the area of the rooms or spaces in which actual construction work occurs.



8.17 FACILITY NAME: The name as it appears on the Facility License Certificate or the Doing Business As (D/B/A) or Assumed Name. When submitting the application form, enter the facility's name. For existing facility, enter the name as it appears on the Facility License Certificate. Do not abbreviate. For initial facility, enter the name as it appears on the facility license application that was submitted to Facility Licensing Unit. This is the name that shall appear on the signage of the facility and should match advertisements.

8.18 FACILITY CONTACT NAME AND INFORMATION: The facility contact name is either Administrator/CEO or the Designee Facility Staff Member managing this project, who shall receive all correspondence from the ARU. Facility contact name shall be the same individual who signed the Self-Certification Attestation, which is a part of the application form. When submitting the application form, enter the facility's contact name, their work title and work email address. Enter facility's fax number. Where no fax machine exists, enter N/A. Enter person's office or direct phone number. Enter person's mobile phone number. Where there is no mobile number, enter N/A. All phone and fax numbers require the area code. Where the form only has one phone number to enter, enter the primary phone number that the facility contact can be reached.

Facility Address: For existing facility, enter the facility's physical address as it appears on the Facility License Certificate. Include the zip code, city and street address and suite number, where applicable. Forms will not be processed without zip code, city and street address and suite number. For initial facility, enter address as it appears/shall appear on the Fire Marshal & Certificate of Occupancy documents. This is where the facility is physically located. Where there is only an intersection when initially submitting the application form, then enter the intersections. When the physical address is determined, then revise and re-submit the application form. Where this step is not done, delay shall occur with the final architectural inspection form and the Facility License.

8.19 FACILITY TYPE: Whether initial or existing, this is the type either holding a current license number or applying for an initial license number for General and Special Hospital, Private Psychiatric Hospital and Crisis Stabilization Unit (Psych/CSU), Ambulatory Surgical Center (ASC), End Stage Renal Disease Facility (ESRD), Freestanding Emergency Medical Care Facility (FEMC), and Special Care Facility.



- 8.21.1 AMBULATORY SURGERY CENTER (ASC):** Facility that primarily provides surgical services (operative procedures) to patients who do not require overnight hospitalization or extensive recovery, convalescent time or observation. The planned total length of stay for an ASC patient shall not exceed 23 hours. Patient stays of greater than 23 hours shall be the result of an unanticipated medical condition and shall occur infrequently. The 23-hour period begins with the induction of anesthesia. Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.
- 8.21.2 CRISIS STABILIZATION UNIT (CSU):** Facility that offers services and facilities, for a minimum of 2 and a maximum of 18 licensed beds that provides inpatient mental health services to individuals with a mental illness or with a substance use disorder for a maximum stay of 18 days. This mental health facility is operated by a community center or other entity designated by the Texas Department of Mental Health and Mental Retardation in accordance with Texas Health and Safety Code, §534.054, that provides treatment to individuals who are the subject of a protective custody order issued in accordance with Texas Health and Safety Code, §574.022. Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility
- 8.21.3 END STAGE RENAL DISEASE CENTER (ESRD):** Facility that provides dialysis treatment or dialysis training and support to individuals with end stage renal disease. End stage renal disease is that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life (also known as chronic kidney disease stage V). Where a facility relocates, the facility shall meet new construction requirements. Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.



8.21.4 END STAGE RENAL DISEASE HOME TRAINING FACILITY:

Facility that provides only dialysis training and support to individuals with end stage renal disease. End stage renal disease is that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life (also known as chronic kidney disease stage V). Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.

8.21.5 FREESTANDING EMERGENCY MEDICAL CARE FACILITY

(FEMC): Facility that provides emergency care to evaluate and stabilize a medical condition of a recent onset and severity, including severe pain, psychiatric disturbances, or symptoms of substance abuse, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in: (A) placing the person's health in serious jeopardy; (B) serious impairment to bodily functions; (C) serious dysfunction of a bodily organ or part; (D) serious disfigurement; or (E) in the case of a pregnant woman, serious jeopardy to the health of the woman or fetus.

All diagnostic imaging (X-Ray and CT Scan), lab and all auxiliary spaces shall be contained within the perimeter walls for the licensed FEMC and shall only be used for the emergency cases listed above.

The patient shall be treated inside the licensed perimeter, except where being transferred to a higher level of care.

Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility

8.21.6 GENERAL HOSPITAL: Facility that (A) offers services, facilities, and minimum of 2 licensed beds for healthcare use for more than 24 hours for unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; and (B) regularly maintains, at a minimum, at the facility's contiguous licensed footprint, clinical laboratory services, diagnostic X-ray



services, treatment facilities including surgery or obstetrical care or both, and other definitive medical or surgical treatment of similar extent and (C) has a medical staff in regular attendance; and (D) maintains records of the clinical work performed for each patient. Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet the rule set where those portions of the facility were built. During the final inspection for an initial license, the licensed beds and spaces shall meet the type of beds and spaces when the facility surrendered its license or closed. Where the licensed beds or any spaces are a different space where re-opening a closed facility, then those spaces/rooms shall meet new construction requirements.

8.21.7 PSYCHIATRIC HOSPITAL & CRISIS STABILIZATION UNIT (PSYCH/CSU):

Facility that offers services and facilities, for a minimum of 2 licensed beds that provides inpatient mental health services to individuals with a mental illness or with a substance use disorder except that, always, most of the individuals admitted are individuals with a mental illness. Such services include psychiatric assessment and diagnostic services, physician services, professional nursing services, and monitoring for patient safety provided in a restricted environment. Facility can either include or not include crisis stabilization services. During the final inspection for an initial license, the licensed beds and spaces shall meet the type of beds and spaces when the facility surrendered its license or closed. Where the licensed beds or any spaces are a different space when re-opening a closed facility, then those spaces/rooms shall meet new construction requirements.

8.21.8 SPECIAL CARE FACILITY:

Facility that primarily provides a continuum of nursing or medical care or services primarily to persons with acquired immune deficiency syndrome or other terminal illnesses. The term includes a special residential care facility. Where a licensed facility closes or surrenders its license, then the initial licensing application shall have an architectural inspection and shall meet new construction requirements for the entire facility.



8.21.9 SPECIAL HOSPITAL: Facility that: (A) offers services and facilities, and minimum of 2 licensed beds for healthcare use for more than 24 hours for unrelated individuals requiring diagnosis, treatment, or care for illness, injury, deformity, abnormality, or pregnancy; and (B) regularly maintains, at a minimum, inside the confinements of the licensed footprint, clinical laboratory services, diagnostic X-ray services, treatment facilities, and other definitive medical or surgical treatment of similar extent and (C) has a medical staff in regular attendance; and (D) maintains records of the clinical work performed for each patient. Where a special hospital has all mental health/substance abuse licensed beds, it shall be licensed as a psychiatric hospital and meet applicable State licensing rules for psychiatric hospital.

8.22 FUNCTIONAL PROGRAM: (Refer to FGI Part 1 General 1.2-2) Functional program shall be written on facility letterhead, signed by Administrator/CEO or the Designee Facility Staff Member managing this project. Where not on facility letterhead, Application Package shall not be reviewed until receipt of functional program on facility letterhead, signed by facility administration. Where facility requests a plan review, state functional program. Functional program shall include:

- Purpose of project
- Functional relationships, number of patient stations, Hospital bed or ESRD station modifications
- Description of each function to be performed, approximate space needed for these functions, occupants of the various spaces, projected occupant load, types of equipment required, interrelationship of various functions and spaces, and any special design features
- Type of construction (existing or proposed) as stated per National Fire Protection Association 101, Life Safety Code
- Square footage of project. Construction type/occupancy and building system and number of stories
- Describe the clinical, diagnostic and/or treatment services being provided, which applies to all scopes and disciplines of the project that affect patient care directly or indirectly. Describe support areas, storage, medical gases, electrical, fire alarm, generator sizing, elevators, stairs, etc.



- Type and degree of security and patient safety required in any mental health department or licensed bed shall be determined by hospital administration and described in the hospital's functional program narrative, unless stated otherwise within FGI rules
- Minor Project shall have a description of the project that has sufficient information to determine that the Texas Rules and reference Codes are being satisfied, i.e., discuss changes to safety systems as needed, e.g., electrical, mechanical, medical gas, fire alarm, sprinkler systems, nurse call, also changes to architectural walls, and functional changes
- Departmental relationships, number of patient beds in each category, and other basic information relating to the fulfillment of the facility's objectives
- Description of each function to be performed, approximate space needed for these functions, occupants of the various spaces, projected occupant load, types of equipment required, interrelationship of various functions and spaces, and any special design features
- Energy conservation measures, included in building, mechanical and electrical designs
- Description of the type of asepsis control in diagnostic and treatment areas

8.23 INITIAL FACILITY: Facility, which does not hold a current, active state facility license number. A relocated facility shall meet new construction requirements.

8.24 LICENSED HOSPITAL BED OR ESRD STATION COUNT: Licensed hospital bed type includes medical/surgical beds; beds or bassinets in critical care units; intermediate care beds, universal care beds, continuing care nursery bassinets, antepartum beds, maternity beds (labor/delivery/recovery/postpartum, LDRP, and postpartum), pediatric beds (through age of eighteen), hospital based skilled nursing beds, rehabilitation beds, and mental health beds (including chemical dependency, which have the same design requirements as mental health beds). Labor/delivery/recovery, LDR, beds and newborn nursery bassinets or any type of pre-op or recovery station or any exam station is not a licensed bed.
For ESRD station types include in-center treatment; private in-center



treatment (CMS refer to this as isolation); home peritoneal training;
home hemodialysis training

Where the licensed hospital bed or ESRD station count is not affected by this project, then check the box marked no and then leave the rest of this section blank. Where the licensed bed or ESRD station count is affected by this project, check the box marked yes, then follow instructions below. In the first column labeled Exist Bed or Exist. Stat., enter the existing total bed/stations count before construction. For a multiple licensed hospital, then enter the existing total bed count of all hospital-licensed beds combined, not just at the specific address to be inspected. The existing licensed bed count should match the Facility License Certificate. For initial hospital, that is not a multiple licensed hospital, or initial ESRD, enter 0 on all types of beds or stations.

In the second column labeled +/- Bed or +/- Stat., enter the total bed/stations count added or deleted for this application/project only. The count shall match that on the functional program.

In the third column labeled Final Count, enter the total bed/stations after the project is constructed or function change.

- 8.25 LICENSE NUMBER:** Facility License Certificate number that is issued by HHSC Facility Licensing Unit. When submitting an initial application form for an existing facility, enter the Facility License Certificate number. For an initial facility, enter N/A or the multiple locations Facility License number.
- 8.26 LIFE SAFETY OVERALL FLOOR PLAN:** This provides the ARU a quick glance of the project submitted. For phased projects, submit 11x17 hard copy of all phases that adequately describe the nature and scope of the project. Refer to Application Instructions.
- 8.27 MAINTENANCE:** Repairs and renovations in an existing facility, which hold a current facility license, defined by NFPA 101, 43.2.2, special definitions of rehabilitation work. Maintenance projects are not required to meet the requirements for new construction, unless the ARU determines that the construction endangers or reduces the health and safety of the occupants. Maintenance projects shall meet the requirements for existing occupancies, NFPA 101, Chapter 19 or 21 or 33. Where required, a maintenance project shall be submitted for approval without submitting contract construction documents. Along with the



application form, provide a modified functional program of all finishes or construction or equipment replacement that shall occur for the project. This shall help the ARU to determine if this project is maintenance or a minor project

- 8.28 MEDICARE NUMBER:** A National Provider Identifier Number that is assigned by the Centers of Medicare & Medicaid Services (CMS). When submitting the application form for an existing facility, enter the CMS provider number, where applicable. Where the existing facility does not have a CMS provider number, then enter N/A. For an initial facility, enter CMS provider number where facility is a multiple location facility. For initial facility without CMS provider number, enter N/A.
- 8.29 NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES AND STANDARDS (NFPA):** For a listing of all codes and standards referenced by NFPA 101 and NFPA 99, refer to chapter 2 in both publications. Refer to website for the editions that apply to a facility type.
- 8.30 OCCUPY:** The estimated date the facility plans to provide healthcare treatment for patients in the initial facility or spaces inside the existing facility.
- 8.31 PHASE(S):** The divisions of a construction project or change of function into several final construction inspections for any new construction, addition to the existing building, change of function (including licensed bed modification), or any remodeling inside the existing building.

For initial facility, phasing shall be acceptable if the first phase of the initial facility meets the minimum construction regulations. For existing facility, all support spaces for the new or modified project shall exist for that department in the facility. Projects involving alterations or additions to existing buildings shall be programmed and phased so that on-site construction shall minimize disruptions of existing functions. Where over 10 phases occur, then a feasibility conference shall be scheduled. When submitting the application form, enter the estimated number of phases to complete the entire project. Where phases are modified, revise and re-submit the corrected the application form.



- 8.32 PROFESSIONAL DESIGN FIRM NAME:** Architectural and/or engineering firm, who is responsible for the project submitted to the ARU. When submitting the application form, enter the professional design firm's name. Where a project is a maintenance or minor Application Package, there may not be a professional design firm. For this situation, enter N/A at the firm's name and leave the firm's contact name and their information blank.
- 8.33 PROFESSIONAL DESIGN FIRM CONTACT NAME AND INFORMATION:** The professional contact name is responsible for this project, which shall receive all correspondence from the ARU. The professional contact shall be a Registered Architect or Professional Engineer. When submitting the application form, enter the professional design team's contact name, their work title and work email address. Enter design firm's fax number. Where no fax machine exists, enter N/A. Enter person's office or direct phone number. Enter person's mobile phone number. Where there is no mobile number, enter N/A. All phone and fax numbers require the area code. Where form only has one phone number to enter, enter the primary phone number that the professional can be reached. Enter the Professional Design Firm's mailing address, including the zip code.
- 8.34 PROJECT:** Organized undertaking to complete a specific set of predetermined objectives for the planning, environmental determination, design, construction, repair, improvement, expansion of a facility or the re-opening of a previously licensed facility.
- 8.35 PROJECT DESCRIPTION:** Describes the overall inspection that the ARU inspector witnessed on a specific date.
- 8.36 SELF-CERTIFICATION:** Self-Certification allows the facility representatives the option of using a self-certification review process where it is not feasible to wait for a full plan review process by the ARU staff. Signing the self-certification attests that the contract construction documents or sketches comply with all requirements for state licensing rules and NFPA codes. At this time, self-certification review process is not limited to a specific project type or cost. All projects shall submit the self-certification attestation, which is part of the application form. It is upon the discretion of the ARU to approve self-certification process. Once the



entire, fully completed Application Package is submitted, the ARU shall review it. If self-certification is approved, then an Application Approval Letter shall be issued to the Facility Administrator/CEO or the Designee Facility Staff Member and the Architect/Engineer of Record, where entered on the application form. Where ARU deems denial of self-certification, a plan review of the contract construction documents shall be conducted in the chronological order in which the documents are received. ARU inspector shall notify the facility that a plan review shall be conducted. Construction may not begin until the Application Approval Letter or Plan Review Approval Letter is issued by the ARU.

- 8.37 SURGICAL SERVICES:** Surgical services are performed by surgical specialists, including podiatrists and oral surgeons. This includes type of service assistant at surgery in payment records. This definition includes procedures recognized in the surgical section of Current Procedural Terminology, CPT, published by the American Medical Association and certain other invasive procedures. Invasive procedures are surgical and other invasive procedures as operative procedures in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice. Invasive procedures encompass a range of services, including:
- Minimally invasive dermatological procedures (e.g., biopsy, excision, or deep cryotherapy for malignant lesions)
 - Extensive multi-organ transplantation
 - All procedures in the surgery section of the CPT
 - Procedures such as percutaneous transluminal angioplasty and cardiac catheterization, interventional radiology and bi-plane procedures
 - Minimally invasive procedures involving biopsies or placement of probes or catheters requiring entry into a body cavity through a needle or trocar.
 - Invasive procedures exclude the use of instruments such as otoscopes for examinations or very minor procedures such as drawing blood
- 8.38 START:** The estimated start date of construction. Where multiple phases occur, then enter the start date of the first phase.
- 8.39 STATEMENT of DEFICIENCIES and PLAN OF CORRECTION, SODPOC:** A listing of deficiencies or omissions noted on plan reviews or inspection reports or life safety surveys, which require correction. These



are cited deficiencies under State licensing rules and/or the NFPA 101 and NFPA 99 Codes or their referenced standards. Information identifying where the requirement appears in the State licensing rules follows each deficiency, e.g., section, subsection, and paragraph number. Where deficiencies are cited under the NFPA Standards, then the referenced section follows it. In the plan of correction, the facility surveyed states how it will correct the deficiencies identified by the ARU. This is a public record and can be requested via open records process.