



PLAN REVIEW APPLICATION FORM
Department of Public Health
Division of Health Care Facility Licensure
and Certification
99 Chauncy Street, 11th Floor
Boston, MA 02111

► LICENSURE INFORMATION:

| EXISTING LICENSED FACILITY | PROPOSED NEW or RELOCATED FACILITY |
|------------------------------|--------------------------------------|
| NAME (PARENT) | NAME (PARENT) |
| HOSPITAL CAMPUS* | NEW HOSPITAL CAMPUS* |
| STREET & SUITE # | STREET & SUITE # |
| CITY/TOWN & ZIP CODE | CITY/TOWN & ZIP CODE |
| Existing Licensed Satellite* | Proposed New or Relocated Satellite* |
| EXISTING SATELLITE'S NAME | NEW SATELLITE'S NAME (IF APPLICABLE) |
| STREET & SUITE # | STREET & SUITE # |
| CITY/TOWN & ZIP CODE | CITY/TOWN & ZIP CODE |

PROJECT TITLE: _____

BUILDING/FLOOR LOCATION: _____

Determination of Need Number*: - - - - -

*If applicable (for DoN information please refer to <http://www.mass.gov/dph/don>)

► TYPE OF PLAN REVIEW REQUESTED: (see Plan Review Types summary on Page 3) **► CONSTRUCTION COST:** \$ _____
 (FORM 4, Item 7)

- Self-Certification
- Abbreviated
- Full Review

► CHECK FOR PLAN REVIEW FEE: \$ _____
 • Plan Review Fee Formula is available on Page 3.
 • Check must be payable to the "Commonwealth of Massachusetts".

► PROJECT CONTACTS:

Licensee/
Applicant's
Contact
Person

NAME _____

TITLE _____

LICENSEE/APPLICANT _____

ADDRESS _____

CITY/TOWN & ZIP CODE _____

TELEPHONE _____

EMAIL _____

Architect's
Contact
Person

NAME _____

TITLE _____

FIRM _____

ADDRESS _____

CITY/TOWN & ZIP CODE _____

TELEPHONE _____

EMAIL _____

▶ PROJECT TYPE:

- New Licensed Facility
- Building Addition to Existing Licensed Facility
- Renovations to Existing Licensed Facility
- Change of Location of Parent Clinic
- Add Satellite to Hospital
- Add Satellite to Clinic
- Change of Location of Satellite
- Satellite Expansion
- Other _____

▶ TYPE OF FACILITY & SERVICES INVOLVED IN THE PROPOSED PROJECT:

- Acute Care Hospital**
 - Medical/Surgical Unit
 - Critical Care Unit
 - Coronary Care Unit
 - Pediatric Intensive Care Unit
 - Rehabilitation Unit
 - Physical Therapy
 - Occupational Therapy
 - Psychiatric Unit: Locked Unlocked
 - Pediatric Unit
 - Substance Abuse
 - Postpartum Unit
 - Labor/Delivery: LDR LDRP
 - Neonatal Intensive Care Unit(s)
 - Nursery: Well Baby Special Care
 - Nuclear Medicine
 - Outpatient Department
 - Surgery
 - Ambulatory Surgery
 - Recovery
 - Emergency
 - Radiology
 - Mammography
 - Laboratory: Hospital Based Independent
 - Dialysis: Chronic Acute
 - MRI: Mobile Fixed
 - Cardiac Catheterization
 - Radiation Therapy
 - Pharmacy
 - Endoscopy
 - Dietary
 - Administration
 - Central Services
 - Other _____
- Clinic**
(check clinic services below)
- or**
- Hospital Outpatient Satellite**
(check satellite services below)
 - Medical
 - Dental
 - Radiology
 - Mental Health
 - Substance Abuse
 - Ambulatory Surgical
 - Rehabilitation
 - Laboratory
 - MRI: Mobile Fixed
 - Radiation Therapy
 - Mammography
 - Endoscopy
 - Other _____
- Out-of-Hospital Dialysis Center**
- Limited Services Clinic**
- Rehabilitation Hospital**
- Chronic Care Hospital**
- Long Term Care Facility**
 - Free Standing
 - Hospital Based
 - With Continuing Care Retirement Community
 - Outpatient Restorative Services
- Hospice Inpatient Facility**
- Other Facility Type** _____

▶ PROJECT TIMELINES:

Submission Date: ___/___/___ Estimated Construction Dates: Start ___/___/___ Completion: ___/___/___

Note: Licensure Regulations require that DPH plan approval be obtained prior to construction.

(Hospital Licensure Regulations 105 CMR 130.107; Clinic Licensure Regulations 105 CMR 140.103(E); Licensing of Long Term Care Facilities 105 CMR 150.017(A)(2); Licensure of Hospice Programs 105 CMR 141.102(F))

▶ DOCUMENTS ATTACHED:

- Project Narrative** (description of services & functional program, changes in bed complement or number of patient stations; scope of construction)
- Capital Cost Estimate Form*** (Form 4)
- Check for Plan Review Fee**
- Compliance Checklist(s)***
- Architect and Licensee's Affidavit***
- Waiver Request Forms*** (if applicable)
- Written confirmation* that DoN Conditions are met** (Determination of Need Projects)
- Square Footage Chart*** (Determination of Need Projects)
- Plans of Existing Conditions***, identifying all spaces (for renovations to existing licensed facility)
- Preliminary Plans for Full Review** (printed architectural plans with dimensions)
- Design Development Plans for Abbreviated Review*** (architectural plans with dimensions & details, preliminary MEP plans, & construction phasing plans if applicable)
- Construction Plans for Self-Certification Review*** (architectural, structural & MEP plans, & construction phasing plans if applicable)

*PDF files copied to CD or DVD to be labeled with project name and enclosed in clear rigid case clipped to application packet. Please refer to specific instructions included on DPH website at www.mass.gov/dph/planreview.

▶ MAILING ADDRESS:

"Plan Review, Department of Public Health, Division of Health Care Quality, 99 Chauncy Street, 11th Floor, Boston, MA 02111" - NOTE: Do not include a reviewer name or cover letter in first project submission.

▶ PLAN REVIEW FEE FORMULA:**(1) New Licensed Facility or New Satellite Location:**

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with min. \$1,500 / max. \$45,000)

[\$_____ ÷ \$1,000] X \$8.25 = \$0.00 Minimum fee is \$1,500

(2) Renovations, Expansion or Building Addition to Existing Licensed Facility:

(a) Construction cost (Form 4 - Item 7) < \$50,000: No fee required

(b) Construction cost (Form 4 - Item 7) \$50,000 or greater:

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with max. \$45,000)

[\$_____ ÷ \$1,000] X \$8.25 = \$0.00

Note: The minimum fee of \$1,500 does not apply to renovations to existing licensed facilities.

▶ PLAN REVIEW TYPES: (see www.mass.gov/dph/planreview for additional information)

- Self-Certification Review Process**
(Construction cost is less than \$1,000,000 for hospital & clinics; applicable to selected projects for long-term care facilities)
The self-certification review is intended to be a one-time plan submission.
- Abbreviated Review Process**
(Construction cost is equal to or greater than \$1,000,000 for hospital & clinics; applicable to all projects for long-term care facilities)
The abbreviated review process is intended to be a two-part review. The licensee submits a Part I submission which includes detailed design development plans. The Department reviews the design development plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Department's Part I plan review comments into the final plans and submit a Part II submission which consists of the construction plans. Both self-certification and Abbreviated Review Part II rely upon a licensee's and architect's affidavit that attests to all of the following items:
- Compliance with construction standards, and
 - Licensee's understanding and agreement that the Department maintains continuing authority to review the plans, inspect the work, withdraw its self-certification approval, and
 - Licensee's understanding of the continuing obligation to make any changes required by the Department to comply with the applicable codes and regulations whether or not physical plant construction alterations are complete.
- The Department does not conduct a detailed review of the construction plans.
- Full Review Process**
The full review process is a minimum two-part review process in which the licensee submits a set of preliminary plans for first plan submission. The Department performs a detailed review of the preliminary plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Department's preliminary plan review comments into the plans and submit a set of construction plans. The Department conducts a detailed review of the construction plans before plan approval is issued.