

GUIDANCE FOR PLAN SUBMITTAL
ARKANSAS DEPARTMENT OF HEALTH
Health Facilities Section, Plan Review Office

Per the Arkansas Rules and Regulations for Hospitals and Related Institutions in Arkansas 2007. Please note: all references to Section 47 of these Regulations correspond to Section 43 of the Regulations for Critical Access Hospitals. A Design Professional in Responsible Charge (DPRC) is required for any renovation or construction of facilities or infrastructure (other than Repair), either on site or off-site. A DPRC must also submit plans for Existing buildings or facilities that are utilized by either purchase or lease arrangements. Documentation must demonstrate that Building Construction and Use is Regulation and Life Safety compliant. All documentation regarding inspections and project completion must be reviewed and approved by the DPRC.

Documentation/plans submitted for review must clearly demonstrate compliance with applicable sections of the Arkansas Rules and Regulations for Hospitals and Related Institutions in Arkansas 2007 **(use applicable Sections as a working checklist)**. Failure to do so may result in delayed project review. Regulations may be obtained from the following link; Under "State Rules and Regulations" select either Hospitals and Related Institutions or Critical Access Hospitals.

<http://tinyurl.com/ADH-HealthCare-Regulations>

The plan review fee shall be submitted with the preliminary plan only. This fee is a one time payment covering both Health Facilities Section (HFS) Plan Review and Protective Health Codes Plumbing Division Plan Review. Place the check in an envelope marked CHECK and attach to the cover page of the preliminary plan documents with the Cost Estimate Worksheet. Note the project may be exempted from doing a Preliminary Plan but only if it qualifies as a Simple Renovation Project as defined by Section 47.D of the Hospital Regulations.

PROCESS SUMMARY

Preliminary Plans (Section 47.J): Preliminary plans are required and shall include, as a minimum, the following information:

1. Floor plans drawn to scale that indicate room names, room dimensions, corridor dimensions, locations of fire resistive rated partitions and locations of rated smoke barriers.
2. Building sections that establish the proposed construction type and fire rating. Sections shall be drawn at a scale sufficiently large to clearly present the proposed construction system.
3. A site plan that indicates the location of proposed roads, walks, service and entrance courts, parking, and orientation.
4. Simple horizontal and vertical space diagrams that indicate the relationship of various departments and services to each other the general room arrangement in each department.
5. A narrative description of proposed mechanical, electrical, and fire protection systems.
6. For renovation projects only, an existing floor plan indicating existing spaces and exits, and their relationship to the new construction.
7. Preliminary plan submission must also include the following:
 - Fee Check (See Cost Estimate Worksheet for Fee Schedule and Check Payable to: **"ADH HFS Plan Review"**.)
 - Completed Cost Estimate Worksheet
 - Functional Program (As defined Arkansas Rules and Regulations for Hospitals and Related Institutions in Arkansas 2007)

Prior to or immediately after preliminary plan submission, the Architect of Record or the Project Manager shall contact the HFS Plan Review Office for project/plan submittal verification.

Final Construction Documents per Section 47.K: must be submitted with the following:

1. A Functional Program per Section 47.H and related Section References.
2. One complete set of final construction documents for HFS Plan Review Engineers. The rolled plan, when rolled, must display a visible information block that contains:
 - Project Name and address
 - Architect of Record with contact information
 - Date Submitted
3. **Plumbing Review Requirement:** If the project has a plumbing component, submit a separate set of plumbing plans for internal water and sewer design only labeled PLUMBING REVIEW. These plans will be forwarded to the Protective Health Codes Plumbing Division by HFS administrative staff.

Approval to Begin Construction (Section 47.K.6.h): Facilities may proceed with addition and complex renovation projects after receiving a letter from the HFS Plan Review Office stating that the final construction documents have been reviewed and approved.

Note: Project approval by the HFS Plan Review Office is required before construction begins. Any facility failing to obtain proper approval prior to construction does so at their own risk. Furthermore, compliance with the Hospitals Regulations and/or other applicable Codes are always required, unless an "Interpretations of Requirements" per Section 47.P is approved.

Approval to occupy and use the facility (Section 47.M):

1. A request and coordination for Final Site Inspection or project approval shall be made in writing (email is acceptable) by the Architect or Engineer of Record to this office.
2. Upon completion of construction and prior to approval by the HFS Plan Review Office to occupy and use the facility, the owner shall be furnished a complete set of record drawings and a complete set of installation, operation, and maintenance manuals and parts lists for the installed equipment.
3. A list of final site inspection items has been provided in Appendix, Table 5 Final Occupancy Inspection Check List of the Hospitals Regulations.

The Architect or Engineer of Record is responsible for the completion, content and adequacy of the documentation pertaining to Table 5. Project approval by the HFS Plan Review Office to occupy and use the facility will be issued to the Architect or Engineer of Record based on this submission. The documentation must be in order and tabbed to reference each item required.

➤ Submit all plans, documents, letters or related correspondence to:

For U. S. Postal Service or FedEx/UPS/DHL:

Arkansas Department of Health
Health Facility Services
Freeway Medical Building
5800 West 10th St., Suite 400
Little Rock, AR 72204

For technical questions or comments please contact HFS Plan Review Office Engineer Craig Flowers at 501.661.2201 or email: Craig.Flowers@Arkansas.gov

PROJECT COST ESTIMATE WORKSHEET

ARKANSAS DEPARTMENT OF HEALTH (ADH)

Health Facilities Section

Plan Review Office

FACILITY: _____ PROJECT NAME _____

PROJECT PHYSICAL LOCATION ADDRESS: _____

FACILITY TYPE: _____ COUNTY: _____

EXISTING FACILITY: YES / NO NEW LICENSE: YES / NO

Designated Person in Responsible Charge of Facility Operation Maintenance or Construction:

Name _____ Title _____

TEL _____ FAX: _____ E-MAIL: _____

ARCHITECT/ENGINEER/ BUSINESS NAME:

ADDRESS, City State, Zip: _____

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE/ TITLE:

TEL _____ FAX: _____ E-MAIL: _____

Does this project have a sanitary water/sewer plumbing component? If so, plans are to be submitted through this Office unless directed otherwise. YES / NO Plumbing Plans Enclosed? YES / NO

PLAN REVIEW FEE

Estimated cost shall be based only on those improvements that require ADH review. The Plan Review Fee is a one time payment covering both Health Facilities Section Plan Review and Protective Health Codes Plumbing Division Plan Review.

If total estimated cost is \$5,000.00 or less, the plan review fee is \$50.00

If total estimated cost is between \$5,000.00 and \$50,000.00, calculate the fee as follows:

Plan review fee = (0.01) X (total estimated cost)

If total estimated cost is \$50,000.00 or more, the plan review fee is **\$500.00 Maximum**

Fee check must be made payable to **"ADH HFS Plan Review"**. Place the check in an envelope marked **CHECK** and attach to the cover page of the preliminary plan documents.

ESTIMATED PROJECT COST: \$ _____ DATE OF CHECK/INVOICE: _____

CHECK AMOUNT (Not To Exceed \$500): \$ _____ CHECK NUMBER: _____

Submit all plans, documents, letters or related correspondence to:

For U. S. Postal Service or FedEx/UPS/DHL:

Health Facility Services
Freeway Medical Building
5800 West 10th St., Suite 400
Little Rock, AR 72204

Plan Review Office use only

Prepared By _____ Date: _____ Project ID #: _____