

1. How will the reductions in the new state budget affect the service of the DHFS engineers in regards to the plan review process?

Response: Plan reviews should not be adversely affected by the new state budget, yet the number of construction or field inspections are going to be limited to final inspections or additional interim inspections for large projects deemed critical to patient/resident use. The Department of Health and Family Services (DHFS) encourages written, photographic, or local resources to substantiate interim inspection progress.

Note: The state budget will have no adverse effect on federally sanctioned DHFS activities.

Recommendation: Share the construction project schedule with the DHFS representative, and give them benchmark inspection dates for the upcoming quarter.

2. Under what criteria can a state engineer who is investigating a complaint made by a local building inspector call for a full accreditation survey?

Response: The state DHFS engineer has no authority to call for a full accreditation survey. The Department has no authority to call for a full accreditation survey. Centers for Medicare and Medicaid Services (CMS), has the authority to authorize a full accreditation survey, for example, after reviewing the content of a State level complaint.

3. Is there a pilot program where DHFS is considering delegating its authority to local officials for plan reviews and inspections?

Response: Due to current workload, DHFS is considering a request by industry to delegate “attached” small business occupancy projects, on a temporary basis, to local officials for plan review and inspection.

Note: Not all local municipalities have the resources to perform both plan review and inspection responsibilities.

4. Does the Department issue plan approvals?

Response: DHFS does not issue blanket approvals; it does issue **conditional** plan approvals.

5. The Department approval, does it mean my plans are (a) substantially or (b) fully compliant?

Response: DHFS approvals are intended to provide an indicator of **substantial** (adequate) compliance to the applicable codes. However, the conditional approval does not constitute a guarantee or endorsement that the plans and specifications are free of design defects or omission; that the systems submitted will be installed in conformity with the plans; or, that the system will operate acceptably even if installed in conformity with the plans, calculations, and specifications. DHFS plan approvals should never be misinterpreted or imply the project is fully compliant.

6. How big or small of a project needs to be submitted to the Department?

Response: All projects that fall under the HFS definition of “Remodeling.”

Note: Remodeling does not include repairs necessary for the maintenance of a building or structure (fan belts, worn floor tile, stained ceiling tiles, etc).

Reference: Question 24 for permitted ventilation replacements.

7. What do we do when two codes have differing requirements?

Response: Designing to the **most restrictive** requirement will typically result in compliance with both codes. Essentially, the designer or facility has to meet both codes, default to the greater requirement.

8. What do the conditions on a plan approval mean?

Response: DHFS extends a good faith effort of conditionally approving a plan review to identify code issues and keep a project moving forward, yet, in return also expects a good faith effort on behalf of the facility or their designated designer to response to the conditions of the review prior to construction. In addition, the Department expects compliance with additional code implications identified during and after

construction. Responding to the conditions of an approval will minimize cost overruns and scheduling delays.

9. What is the best approach to understanding a specific code section?

Response: The best approach is to read the overall code chapter or section prior to delving into a specific code section. Additionally, reading the “scope or purpose” of a code will aid applicability concerns. Lastly, a code commentary can occasionally aid ones understanding of a code.

10. Is the code intended to be used as a design manual?

Response: No, the code is not intended to be used as a design manual. Code writers only assembled a set of requirements to set a minimum level of health, welfare, and safety. The code, for example, will not ensure or provide operational efficiency, business profitability, or user satisfaction.

11. How do we resolve the dispute about what needs fireproofing and what doesn't?

Response: Healthcare projects involve fire resistive protection for primary structural elements. One preferred option to resolve disputes over what needs fireproofing or not is to have the structural engineer of record provide a list of which structural members provide support for floor or roof gravity loads.

12. What kind of assessments are recommended for a given project?

Response: DHFS recommends three assessments (a) Interim Life Safety, (b) Infection Control, and (c) Risk. Typically, plans will delineate these assessments and how these factors help guide the phasing for an occupied health care facility.

Note: Some aspects of interim protection can be found in NFPA 241 Standard for Safeguarding Construction, Alteration, and Demolition Operations (1996ed). NFPA 241 is currently a mandatory reference found in Chapter 2 of the Life Safety Code NFPA 101.

13. What can happen if we occupy a space prior to State approval?

Response: It depends on the specific situation and is evaluated on a case by case basis. Yet, be aware. On-site health care inspection(s) by DHFS is required before occupancy per Comm 61.51(1). Single events with minimal direct harm to patients/residents typically can be easily resolved. Repetitive events may result in further investigation by DHFS staff to determine if patient health and/or safety has been compromised. Example of a singular event could be a sterile supply room is occupied prior to DHFS approval, since the above ceiling inspection is pending. DHFS staff would ask for the facility's infection control policy, and discuss the policy with appropriate facility managerial staff, and then ask the facility to demonstrate compliance due to the pending above ceiling inspection. Repetitive events with observed negative patient/resident outcome may result in regulatory violations.

Note: the supervising professional is also required to submit a substantial Compliance Statement OQA-2495 to DHFS prior to occupancy per Comm 61.50(4).

14. What typical calculations should a major submittal contain?

Response: Typically a major submittal will contain geotechnical, structural, building thermal/energy calculations. Submittals involving new emergency power systems are subject to electrical system short circuit and coordination analysis. Many designers will take advantage of the Commerce worksheets available on the Commerce internet website.

15. How long does it take for a typical health care plan review?

Response: The HFS codes allow 45 working days (approximately a 9 week allowance) for plan review. Holidays can lengthen the review time. The 45 day window does not start until a completed application is received by DHFS. It's difficult to categorize all health care plan reviews into one response; however, DHFS completed a one month sample of plan reviews and the average review time was 33 days, less than the 45 day allowance.

Reminder: Designate time within your design or construction schedules to account for this review time; this will, in turn, minimize disruptions to plan reviewers improving our overall efficiency.

16. How many inspections should we anticipate from the Department?

Response: The number of inspections is dependent upon the complexity or scope of a project, the phasing of construction, and how accurate and complete are the plan review documents. Typically DHFS anticipates 4 major benchmarks for a given project: (a) footing and foundations, (b) prior to wall enclosure, (c) prior to ceiling enclosure, and (d) final inspection prior to occupancy.

Reminder: Final inspection will proceed more efficiently if a completed Compliance Statement OQA-2495 is provided by the designer of record and any final tests of emergency generators or fire alarm system are coordinated in advance.

Reminder: The facility, the designer, or its designated contractor is responsible for initiating and coordinating advance notice of all inspections with DHFS.

17. Can a state engineer withhold approval for a proposed project because they wish to review an operational policy?

Response: Typically, it's not DHFS policy to withhold approval for a proposed project because DHFS staff wish to review an operational policy. Operational issues, for example, are required by the Life Safety Code NFPA 101 under section 18.7, yet the facility has time allowances to substantiate compliance (Example: Fire drills can be performed within the first quarter per shift of a given year and completion of a fire drill is not required prior to final occupancy). Unique situations, for example, involving a lack of an infection control policy within an operating room could delay a project approval.

18. When you request permission to start footings, foundation, and/or demolition, what is the standard turn-around time? How are you notified?

Response: Once a completed Permission to Start OQA-2457 application is received and logged, the plan reviewer should review the project within 7 business days. Notification of the DHFS review is provided to the contacts listed on the form, the owner and designer. Remember to include a Life Safety Code plan(s), Permission to Start fee of \$80, accurate owner and designer contact information, and Plan Application OQA-2333 for any plans involving, footings, foundation, or demolition. It's also recommended that Interim Life Safety, Infection Control assessment, phasing, and demolition be included where applicable.

19. When should a plan revision be officially submitted to DHFS?

Response: Any revision that makes over or rebuilds any portion of a building or structure and thereby modifies its structural strength, fire hazard character, exiting, heating and ventilation system, electrical system, or internal circulation as previously approved by DHFS. Minor changes (such as but not limited to, finishes having matching finish ratings, cabinetry, or signage revisions) are not required to be submitted to the DHFS. If a revision remains uncertain as to if it qualifies for resubmission to the DHFS, contact your respective plan reviewer and ask for their opinion.

Note: Revisions to plumbing, boilers, elevators, and erosion control shall be coordinated with the Commerce or their delegated municipal agent.

20. If DHFS is going to do fewer inspections, how will final occupancy inspections be addressed?

Response: Final inspections for major construction projects (new structure, addition, or floor remodeling) are remaining a DHFS priority. Due to budgetary constraints, fewer final inspections for smaller projects not deemed critical to patient safety (e.g., single room remodeling) are discretionary for the assigned DHFS staff and could be deferred to substantiation via documentation and/or photographic review. If a final inspection remains uncertain, contact and discuss with your respective DHFS inspector.

Reminder: The facility, the designer, or its designated contractor is responsible for initiating and coordinating advance notice of all anticipated inspections with DHFS.

21. How long does/should a typical footing/foundation review take?

Response: Once a completed Plan Application OQA-2333 is received, the footing and foundation plan reviews are afforded the 45 working days per HFS administrative rules. If the calculations are complete and the drawings well delineated, the review should take less than 45 working days, typically 14 working days.

22. Would you publish the answers to these questions, please? Some answers were difficult to understand or to copy the complete answer.

Responses to the answers are being written and distributed.

23. What is the expected and minimum time frame between final plan submission and permission to start?

Response: Once a completed Permission to Start OQA-2457 application is received and logged, the plan reviewer should review the project within 7 business days. Once a completed Plan Application OQA-2333 is received and logged, the plan reviewer should review the project within 45 working days.

Note: A one month sample of plan reviews completed by DHFS indicated the average time to review the projects was 33 days, less than the 45 day allowance.

24. Does an equipment change (HVAC fan or coil) require a plan review?

Response: With the adoption of the 2006 International Existing Buildings Code (IEBC) effective **March 1, 2008**, equipment changes can trigger various responses. If the equipment change is not by choice (for example, the equipment was damaged), then a “Repair” typically would not trigger a plan review. On the other hand, if a furnace, roof top unit, unit heater, boiler, etc. is replaced, the new equipment must meet the current efficiency requirements of the International Energy Conservation Code (IECC), and would typically trigger a plan review.

25. Is the City of Milwaukee re-instating a local plan review for a building permit? Is this going to replace the DHFS plan review?

Response: City of Milwaukee is considering implementing their authority to perform plan review and permit for boilers, elevators, mechanical refrigeration, plumbing, electrical, and erosion control. DHFS is not considering deferring health care plan review authority to the City of Milwaukee, yet the City of Milwaukee has the authority to implement an “occupancy permit” based upon the joint review of the two agencies.

26. DHFS indicated that design professional standards are above the code requirements. If a state engineer feels a professional design standard is "better" can he/she enforce or demand the more stringent standard be made mandatory?

Response: DHFS can not require a design professional standard in excess of code minimum. DHFS often encourages design professional standards for issues not specifically addressed by code minimum.

27. What is the AIA Guidelines reference?

Response: Effective **March 1, 2008** the **2006** edition of the AIA Guidelines is referenced by Comm 64 of the Wisconsin Commercial Building Code.

Note: **Only the applicable heating and ventilation criteria (for example, air ventilation and filtration)** have been adopted as requirements into Comm 64. All other sections not specifically written into Comm 64 are only guidelines and not code minimums.

28. What criteria will be used by DHFS to evaluate the Infection Control Risk Assessment?

Response: The facility establishes the applicable Infection Control Risk Assessment (ICRA) criteria that reflect the nature and type of services provided. Criteria are typically based upon established industry standards [for example, the Centers for Disease Control (CDC) “Prevention Recommendations for

Environmental Infection Control in HealthCare Facilities” or the American Institute of Architects (AIA) Guidelines for Health Care Construction].

Note: The Hospital Interpretive Guidelines for Infection Control under 42 CFR 482.42 have recently been updated to reflect changing infectious and communicable disease threats as well as current knowledge and best practices which can be found under CMS Memo S&C 08-04. The Department’s primary responsibility is to ensure the criteria is accurate, current, and any resulting infection control policy is consistently being implemented by all facility staff (full time, part time, or contracted).

29. Who from DHFS will have access to the completed pilot inspection questionnaires?

Response: The hospital Post Construction Inspection Questionnaires are intended to be reviewed by the DHFS Bureau of Health Services (BHS) director and the construction inspector’s supervisor and not the individual inspector.

Reminder: The Post Construction Inspection Questionnaire is available via the DHFS internet website at http://dhfs.wisconsin.gov/rl_dsl/PlanReview/index.htm .

30. Is there a way that small remodeling projects can get through the review process sooner than the 45 days?

Response: Small projects, as a rule, get through the process sooner than the 45 day timeframe. Projects are reviewed in chronological order. DHFS staff often will share smaller projects with other staff if preoccupied by a large project. If small projects were given priority reviews, then larger projects would be penalized unfairly. DHFS recently conducted a one month sample of all plan reviews completed and found that the average timeframe for review and approval was 33 days, 12 days below the 45 day allowance.

31. Do you see any major changes in HFS 83 that are being revised regarding new construction to replace an existing operation?

Response: HFS 83 is being revised in its entirety, primarily to shift the focus from prescriptive regulation to resident outcomes and quality of life. The revision is also intended to improve readability, update outdated references, and incorporate applicable DHFS memos. Lastly, the revision updates the physical environment requirements to primarily address accessibility, smoke compartments, mixed occupancy requirements, and to require sprinkler systems in all large, medium, and small Class C facilities. A future hearing will give the public an opportunity to comment on the proposed revisions. Monitor administrative rule revisions or updates at <https://apps.dhfs.state.wi.us/admrules/public/Home> .

32. Review fees for small alterations seem excessive. Are there plans to change review fees?

Response: Currently, no fee changes are under consideration by DHFS. The fee structure is based upon compliance with two major sets of codes administered by Commerce and DHFS.

Note: Not all projects under the authority of DHFS require both fees (Table A and Table B); for example, a parking structure attached to a hospital only requires a Commerce Table A Fee. Entities that are licensed by DHFS having an HFS administrative code do require a corresponding Table B, in addition to a Table A fee.

Note: the Department is open to suggestions, changes, or proposals regarding fee revisions.

33. Would a waiver be possible during a construction project of a nursing home to permit temporary transfer of a bed license to a room with a door opening less then code requires

Response: The most appropriate route to address temporary situations is via Interim Life Safety Measures (ILSM) documented within the construction documents and reviewed by the respective DHFS plan reviewer. If the ILSM are appropriate and the timeline for correction is justifiable, then the plans can be conditionally approved granting this temporary situation. Technically, the facility has the right to formally petition for a waiver, yet records indicate this situation is rarely addressed via the petition for waiver process due to its temporary nature.

34. Does a DHFS variance have an expiration date?

Response: Facilities petitioning for a variance typically outline the conditions and additional provisions they are willing to offer in order to receive a conditionally approved variance. The process requires that the petitioner's statements included within the application OQA-2537, any documents submitted, and all conditions of approval can not be used for any additional applications outside the scope of the approval. Given that process, if no expiration date is explicitly identified within the variance and all of the conditions are met and all the conditions remain unaltered, then the variance is applicable for the life of the facility.

Note: DHFS and Commerce reserve the right to review or revoke any and all variances at any time; revoked variances typically arise due to adverse affects to the health or safety of patients/residents.

Waivers, on the other hand, are not applicable to the Wisconsin Commercial Building Code, yet are applicable to HFS administrative codes primarily based upon the Life Safety Code NFPA 101.

Note: A facility letterhead request without a fee is sufficient for a waiver request. Similarly, if no expiration date is explicitly identified within the waiver and all of the conditions are met and all the conditions remain unaltered, then the waiver is applicable for the life of the facility.