



FAQs OFF CAMPUS LOCATIONS (OCLs)

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This FAQ contains the following sections:

- Section I. Definition of an OCL
- Section II. Licensing of OCLs
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Section I. Definition of an OCL

1. What is an "off-campus location (OCL)"?

Pursuant to 6 CCR 1011-1, Chapter IV, General Hospitals, Part 2, Definitions, an "off-campus location" is a location:

- not on the hospital campus;¹
- which the hospital chooses to list under its license;
- whose operations are directly owned by the hospital and are under the same governing body;
- providing services that are organizationally and functionally integrated with the hospital; and
- which is either:
 - a distinct part unit providing rehabilitation or psychiatric services in existence prior to January 1, 2011, or

¹ "Hospital Campus" is defined under 6 CCR 1011-1, Chapter IV, General Hospitals, Part 2 - Definitions, as the "hospital's main buildings including areas and structures that are not strictly contiguous to the main building excluding parking lots and other parcels dedicated to the public's use. In order to be part of the hospital campus, any adjoining areas shall be under the same hospital operational control and ownership as described on the hospital's license application. The campus is considered one licensed facility at one location as opposed to off-campus locations or facilities subject to a separate license."

- a facility providing only outpatient preventive, diagnostic, and/or treatment services that is not regulated by a Chapter of 6 CCR 1011-1 (i.e., a facility that does not provide services subject to another licensure category, such as ambulatory surgical centers).

In addition, OCLs must meet the operational requirements provided for under 6 CCR 1011-1, Chapter IV, Section 6.102(6) which include, but are not limited, to operating under applicable policies and procedures of the main hospital campus, having a medical records system integrated with that of the hospital campus and holding themselves out to the public such that patients know they are entering the hospital and will be billed accordingly.

Section II. Licensing of OCLs

2. What is the rationale for establishing off-campus locations under 6 CCR 1011-1, Chapter IV – General Hospitals?

The provisions regarding off-campus locations establish a systematic process for hospitals to add off site services (not subject to other licensure) to the hospital license. Several of the provisions are similar to the “provider based” requirements established by the federal Centers for Medicare and Medicaid Services (CMS).²

3. Does every location owned by the hospital that is not on its main campus have to be listed under the hospital license as an OCL?

No. Hospitals may choose whether or not to list an off site location as an OCL under their license. However, if the off site location is subject to licensure under another chapter of 6 CCR 1011-1 (e.g., ambulatory surgical centers), it must be licensed under that category.

4. Will a licensed OCL have a separate facility license or will it be licensed as part of the hospital?

OCLs will be licensed as part of the hospital and listed under the hospital license.

² CMS designates certain off-site services owned by hospitals as “provider based.” This designation allows the hospital to treat these locations as part of the hospital for purposes of billing, thereby allowing services at the sites to bill at hospital rates. During the course of stakeholder meetings, several hospitals indicated that they would like to be able to add off-site facilities to the hospital license as a means of authorizing the billing of third-party payers at hospital rates for these locations.

5. How does the hospital add an OCL to its license?

Adding OCLs other than Community Clinics

- Adding OCLs that were not in operation on or prior to 01/01/11. Facilities may add OCLs that were not in operation (i.e., providing services to patients) on or prior to January 1, 2011 by submitting a letter of intent and a plan review package.
- Adding OCLs that were in operation prior to 01/01/11. Facilities may add OCLs that were in operation (i.e., providing services to patients) prior to January 1, 2011 using the following two options:
 - *Option 1: adding the OCL to the license upon the first license renewal on or after April 1, 2011 per instructions in the renewal packet and the online licensure application process.* Adding the OCL upon first renewal allows the OCL to meet "existing occupancy" requirements under the Life Safety Code and to be exempted from the initial plan review.³ The procedure for adding OCLs during the first license renewal will be addressed in the renewal packet and through the online licensure application.
 - *Option 2: by submitting a letter of intent and a plan review package at a time other than the first license renewal.* If the hospital chooses not to add an existing OCL at the time of first license renewal on or after April 1, 2011, it must meet "new occupancy" requirements under the Life Safety Code and must undergo plan review.

Adding OCLs that are Community Clinics

- General hospitals may add community clinics in operation as of August 30, 2011 as OCLs exempt from plan review if submitted on either renewal or amended license applications on or before February 29, 2011. Community clinics that were not in operation prior to August 31, 2011 may be added by submitting a letter of intent and a plan review package.

³ The authority to be exempted from the initial plan review is provided under 6 CCR 1011-1, Chapter IV, Section 4.101B(2)(b).

Section III. Life Safety Code Requirements

6. What Life Safety Code requirements do OCLs have to meet?

OCLs are required to meet the occupancy requirements that correspond to the services they provide. Although general hospitals are subject to the health care occupancy chapters of the Life Safety Code (LSC),⁴ the code authorizes the use of other occupancy requirements based on the characteristics of the populations served at the location.⁵ OCLs in operation (i.e., delivering services to patients) before January 1, 2011 that are added to the hospital license upon the first license renewal on or after April 1, 2011 may meet "existing occupancy" rather than "new occupancy" requirements.⁶

7. How is the appropriate occupancy type of the OCLs determined?

Architects and designers should determine the occupancy type on the basis of the services being provided in the occupancy. The Centers for Medicare and Medicaid (CMS) is in the process of finalizing written guidance on this issue. In the interim, the Department advises the use of the following probe to determine whether the occupancy is health care or ambulatory care: *Do the services or treatment render the patient incapable of self preservation?* If the response is "Yes", then the occupancy is likely to be at least Ambulatory Health Care. Additionally, if the response to the probe is "Yes" and the facility has inpatient beds (24 hours or more), the occupancy is likely to be Health Care.

The Department will base its determination under plan review on the description of services provided at the location submitted by the applicant pursuant to 6 CCR 1011-1, Chapter II, General Licensure Standards, Part 1, Section 1.103 (1). Please note that if the description of services leads to a determination requiring one type of occupancy and the location subsequently changes the types of services such that they reflect care provided in a higher level occupancy, the location will be required to upgrade its LSC components to meet the standards of the higher occupancy level.

⁴ Specifically, hospitals are required to meet Chapter 18 for new occupancies and Chapter 19 for existing occupancies.

⁵ See Sections 18.1.1.1.4 and Sections 19.1.1.1.4 of LSC Chapters 18 and 19, respectively.

⁶ The authority to meet "existing occupancy" requirements is provided under 6 CCR 1011-1, Chapter IV, Section 4.102 (1)(c).

Section IV. 2-Hour Fire Separation Requirements

8. What is a 2-hour fire separation?

A 2-hour fire separation is a 2-hour fire rated separation wall, floor or ceiling assembly between the facility and all adjoining occupancy areas.

9. When is a two-hour fire wall required for an OCL?

Pursuant to 6 CCR 1011-1, Chapter IV, Section 4.102 (1)(d), a 2-hour fire wall is required if on or after January 1, 2011 the OCL:

- is added to hospital license and it has one or more anesthetizing locations.⁷
- has one or more anesthetizing locations and submits building plans to the Department or obtains a building permit to *either*: a) relocate in whole or in part to another physical structure, or b) add previous unlicensed or uninspected square footage.
- creates a new anesthetizing location within its existing space.

A 2-hour fire wall is not required:

- for facilities that submitted building plans to the Department and obtained a building permit from the local authority having jurisdiction prior to January 1, 2011.
- between a licensee that adjoins one or more other licensees if all have the same ownership or governing body and all occupancies are board and care, ambulatory care, or business occupancy. If so, a one-hour firewall is acceptable. (See 6 CCR 1011-1, Chapter II, Section 2.3.5 (B).)
- a licensee that adjoins one or more other licensees if all have the same ownership or governing body, all meet the standards for the most stringent of the applicable occupancy standards and understand that any LSC deficiency cited for one occupancy applies to all occupancies. (See 6 CCR 1011-1, Chapter II, Section 2.3.5 (B))
- free-standing structures except in circumstances where it is specifically mandated by the LSC.

⁷ Note that OCLs in operation prior to January 1, 2011 that submit their building plans prior to January 1, 2011 and subsequently apply for licensure upon the first hospital renewal are exempt from the 2-hour fire wall requirement. Since they are also exempt from plan review if they obtain licensure upon first renewal, the plans for such OCLs will simply be kept on file.

Section V. Plan Review Requirements

10. When is plan review required for an OCL?

Plan review is required when a hospital:

- adds OCLs to their license. However, plan review is not required for OCLs that were operating (i.e., delivering services to patients) prior to January 1, 2011 and added to the hospital license upon first renewal on or after April 1, 2011.⁸
- relocates or remodels OCLs listed under their license. The triggers for when plan review is required for remodeling are established in 6 CCR 1011-1, Chapter IV, Part 4.101B, Sections (3),(4) and (5).

11. What does plan review entail?

The Department conducts plan review in six stages, as follows:

- I. Plan Review Package Assessment. The Department determines whether the submitted package is complete, including the construction documents and plan review fees. The plan review fees can be found in 6 CCR 1011-1, Chapter IV, Part 4 – Fire Safety and Physical Plant Standards.
- II. Preliminary Review. The Department reviews the construction documents for basic elements to allow the facility to initiate the project with some assurance of compliance. The basic elements vary depending on the project. For new construction this typically includes construction type, occupancy separations, and egress compartments. For remodels it may include such things as routing of sprinkler or medical gas system, as applicable.
- III. Deferred Submittals and/or Change Orders. The Department reviews deferred submittals, such as fire alarm and other systems whose routing depends on the finalization of other structural components.
- IV. Ongoing Consultation/Interim Inspections. As appropriate the Department conducts ongoing discourse with design and construction professionals to ensure compliance and conducts interim onsite inspections.
- V. Scheduling the Final Inspection. The Department obtains local building, zoning, and fire department signoffs and the certificate of occupancy and then schedules with the facility the date of the final inspection.
- VI. Final Inspection. The Department conducts the final inspection and issues approval.

⁸ The exception is provided at 6 CCR1011-1, Chapter IV, Section 4.101B (2)(b).

12. What if the facility disagrees with the Department's plan review findings?

If the facility disagrees with the plan review findings, it may seek reconsideration through the dispute resolution process set forth in 6 CCR 1011-1, Chapter IV, Section 4.101A (5).

13. Are there timelines for facilities to complete the plan review process?

Yes. After the Department issues preliminary review findings, the project must be completed in 24 months or extensions must be requested. For more information about the timelines for completion, see 6 CCR 1011-1, Chapter II, Part 1 - General Building and Fire Safety Provisions, Section 1.104.