Medical Health Care Institution Modification Application

Arizona Department of Health Services
Division of Public Health Licensing Services
Bureau of Medical Facilities Licensing

I. Health Care Institution Information

Name of Health Care Institution:		License #:
Street Address (Physical Facility):		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Name of Administrator:	Administrator Email Address:	

II. Proposed Modification Description

Licensee is requesting approval to (please select all applicable requests below):

☐ Add/remove an authorized service

☐ Add/remove a colocater

☐ Change the licensed health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations

☐ Change the physical plant, including facilities or equipment, that costs more than $300,000

☐ Change the building where the health care institution is located that affects compliance with a) applicable physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01, or b) physical plant requirements in the specific Article in A.A.C. Title 9, Chapter 10 applicable to the health care institution

III. Proposed Modification Narrative (Please detail the health care institution's proposed modification. If needed, please attach narrative in a separate document.)

Note: Please include services the licensee is requesting to be added or removed as an authorized service; the name and license number of provider to be added or removed as a colocator; the current/proposed licensed capacity/occupancy, respite capacity, and/or number of dialysis stations; the change being made in the physical plant; the change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-10-104.01).

IV. Add or Remove a Colocator (Provide the name and license number of the associated licensed provider or name, professional license number, and proposed scope of services of an exempt health care provider)

Name of Provider:	License #:
Scope of Services:	

V. Authorized Service Modification (If applicable, please only fill out the section that corresponds to the licensed health care institution class or subclass in which you are requesting approval to modify.)

Hospital (See A.A.C. R9-10 Article 2)		
Authorized Service	**Add**	**Remove**
☐ Intensive care services	☐	☐
☐ Perinatal services	☐	☐
☐ Pediatric services	☐	☐
☐ Psychiatric services	☐	☐
☐ Behavioral Health Observation/Stabilization services	☐	☐
☐ Rehabilitation services	☐	☐
☐ Social Services	☐	☐
Behavioral Health Inpatient Facility (See A.A.C. R9-10 Article 3)		
Authorized Service	**Add**	**Remove**
☐ Pre-petition screening	☐	☐

☐ Court-ordered evaluation	☐	☐
☐ Court-ordered treatment	☐	☐
☐ Observation/stabilization services for individuals under 18 years of age	☐	☐
☐ Observation/stabilization services for individuals 18 years of age and older	☐	☐
☐ Child and adolescent residential treatment services	☐	☐
☐ Detoxification services	☐	☐
☐ Seclusion	☐	☐
☐ Clinical laboratory services	☐	☐
☐ Radiology services	☐	☐
☐ Diagnostic imaging services	☐	☐
Outpatient Treatment Center (See A.A.C. R9-10 Article 10)		
Authorized Service	**Add**	**Remove**
☐ Behavioral health services, and, if applicable;	☐	☐
☐ BH observation/stabilization services	☐	☐
☐ BH services to individuals under 18 years of age	☐	☐
☐ Court-ordered evaluation	☐	☐
☐ Court-ordered treatment	☐	☐
☐ Counseling	☐	☐
☐ Crisis services	☐	☐
☐ Opioid treatment services	☐	☐
☐ Pre-petition screening	☐	☐
☐ Respite services	☐	☐
☐ Respite services for under 18 years of age	☐	☐
☐ DUI education	☐	☐
☐ DUI screening	☐	☐
☐ DUI treatment	☐	☐
☐ Misdemeanor domestic violence offender treatment	☐	☐
☐ Diagnostic imaging services	☐	☐
☐ Clinical laboratory services	☐	☐
☐ Dialysis services	☐	☐
☐ Emergency room services	☐	☐
☐ Pain management services	☐	☐
☐ Physical health services	☐	☐
☐ Rehabilitation services	☐	☐
☐ Sleep disorder services	☐	☐
☐ Urgent care services provided in a freestanding urgent care center setting	☐	☐
☐ Medication services	☐	☐

Counseling Facility (See A.A.C. R9-10 Article 19)		
Authorized Service	**Add**	**Remove**
☐ DUI education	☐	☐
☐ DUI screening	☐	☐
☐ DUI treatment	☐	☐
☐ Misdemeanor domestic violence offender treatment	☐	☐

VI. **Capacity Modification** (If applicable, please only fill out the section that corresponds to the licensed health care institution class or subclass in which you are requesting approval to modify.)

Hospital (See A.A.C. R9-10 Article 2)				
	Existing Licensed Capacity:	**Increase Capacity By (+):**	**Decrease Capacity By (-):**	**Requested Modified Capacity:**
Number of inpatient beds for each organized service or multi-organized service unit (MOSU), not including well-baby bassinets:				
NICU (Neonatal):				
ICU-CCU (ICU – Cardiac Care Unit/Critical Care Unit):				
Continuing Care Nursery:				
Pediatrics:				
Postpartum:				
LDRP (Labor, Delivery, Recovery and Postpartum):				
Medical/Surgical/Telemetry:				
Psychiatric:				
Rehabilitation:				
An **Adult MOSU** that provides both intensive care services and medical and nursing services other than intensive care services				
A **Pediatric MOSU** unit that provides both intensive care services and medical and nursing services other than intensive care services				
A **MOSU** that provides both perinatal services and intensive care services for Obstetrical patients				
A **MOSU** that provides both intensive care services for				

neonates and a continuing care Nursery				
TOTAL				
If applicable, the bed occupancy for providing observation/stabilization services to:				
Individuals under 18 years of age:				
Individuals 18 years of age and older:				
TOTAL				

Behavioral Health Inpatient Facility (See A.A.C. R9-10 Article 3)				
	Existing Licensed Capacity:	**Increase Capacity By (+):**	**Decrease Capacity By (-):**	**Requested Modified Capacity:**
Inpatient services to individuals 18 years of age and older:				
Observation/stabilization services for individuals under 18 years of age:				
Observation/stabilization services for individuals 18 years of age and older:				
Child and adolescent residential treatment services:				
Outpatient Treatment Center (See A.A.C. R9-10 Article 10)				
	Existing Licensed Capacity:	**Increase Capacity By (+):**	**Decrease Capacity By (-):**	**Requested Modified Capacity:**
Observation/stabilization services for individuals under 18 years of age:				
Observation/stabilization services for individuals 18 years of age and older:				
Respite Capacity:				
Number of Dialysis Stations:				
Substance Abuse Transitional Facility (See A.A.C. R9-10 Article 14)				
	Existing Licensed Capacity:	**Increase Capacity By (+):**	**Decrease Capacity By (-):**	**Requested Modified Capacity:**

Individuals under 18 years of age:				
Individuals 18 years of age and older:				

VII. Supplemental Application Documentation (Please ensure the following documentation is submitted with this application.)

- Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
  - A floor plan showing the location of each colocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a colocator
  - For a change in the licensed capacity, licensed occupancy, respite capacity, or a modification of the physical plant:
    - A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
    - For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, a notarized attestation from an architect registered pursuant to Title 32, Chapter 1 that verifies the architectural plans and specifications meet or exceed standards adopted by the Department and
  - Any other documentation to support the requested modification; and
- If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center

VIII. Signatures

Note: Per A.R.S. § 36-422(B), an application shall contain the written or electronic signature (as defined in A.R.S. § 44-7002) of:

1. ***If the applicant is an individual, the owner of the health care institution.***
2. ***If the applicant is a partnership, limited liability company or corporation, two (2) of the officers or the corporation or managing members of the partnership or limited liability company or the sole member of the limited liability company if it has only one (1) member.***
3. ***If the applicant is a governmental unit, the head of the governmental unit.***

By signing below, I agree or attest to the following:

- I have read and understand the Arizona Revised Statutes and Arizona Administrative Code regulations that govern the health care institution class or subclass for which licensing in requested and I agree to comply with those regulations.
- I attest that the information provided in the application is true, accurate and complete.
- I understand that per A.R.S. § 36-405(B)(5) and A.A.C. R9-10-106(G), all application and licensing fees are nonrefundable except as provided in A.R.S. § 41-1077.
- I understand that per A.A.C. R9-10-112(A), the Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution;
    - Provides false or misleading information to the Department;
    - Has had in any state or jurisdiction any of the following:
        - An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
        - A health care professional license or certificate denied, revoked, or suspended;
    - Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and A.A.C. Title 9, Chapter 10; or
    - Has operated a health care institution, within the preceding ten (10) years, in violation of A.R.S. Title 36, Chapter 4 or A.A.C. Title 9, Chapter 10, that posed a direct risk to the life, health, or safety of a patient.

Print Name	Print Title	Signature	Date
Print Name	Print Title	Signature	Date