

**HEALTH INFRASTRUCTURE
RENEWAL FUND
PROGRAM
Q & A's
2017-2018**

Ministry of Health and Long-Term Care

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Please note:

These questions & answers were derived from the April 4th and 5th 2017-18 Health Infrastructure Renewal Fund (HIRF) Education Sessions.
The 2017-18 HIRF Guidelines and all forms can be found on your LHIN website. For further information please contact: HealthCapitalInvestmentBranch@ontario.ca

A. General Program

1. How do hospitals know if they have already signed an Evergreen Agreement?

If your hospital has received a HIRF allocation, not including an ECP Grant, since the 2014-2015 funding year, your hospital would have an Evergreen Agreement. Please contact the ministry if you wish to receive an additional copy.

2. If a hospital did not receive any HIRF allocation for the 2017-18 funding year, is it assumed that there is no Schedule “A”?

Schedule “A” is only provided to hospitals receiving HIRF funding in 2017-18.

3. Can expenses incurred in 16-17 be applied against 17-18 HIRF funding?

No, HIRF funds can only be used on costs incurred in the same fiscal year as the funding.

4. Can an ECP request be made for hospital-owned Fund Type 2 facilities?

Yes, so long as the facility appears in FCAP (For community program facilities only; infrastructure issues in long-term care facilities are ineligible).

5. Are there separate HIRF funds for hospital-owned Fund-Type 2 facilities?

There are no separate HIRF funds for eligible hospital-owned Fund-Type 2 infrastructure projects.

6. How do hospital-owned Fund type 2 facilities get added to FCAP for 2017-18 if they have never been assessed?

If you believe an asset that does not appear in FCAP is FCAP eligible and has HIRF-eligible requirements, contact the FCAP vendor at fcapsupport@nadinebca.ca.

B. ECP & Grant Business Case Submission and Deadlines

1. What is the difference between Exceptional Circumstances Project (ECP) Grants and Surplus Funds Requests? Can hospitals apply for both?

The ECP Grant was introduced in 2016-17. The grant represents an additional infrastructure investment of \$50M. In order to be considered for an ECP Grant, a LHIN endorsed ECP Grant Business Case must be submitted to the ministry by April 28, 2017.

A Surplus Funds Request (SFR) is made by a hospital for additional HIRF funds during the interim reporting process. Surplus Funding is reliant on any underspending in the HIRF program, as reported by hospitals in their Interim Reports.

Hospitals are able to apply for both an ECP Grant and a SFR for the 2017-18 funding year. Please note that both the ECP and the ECP Grant are applied for using the same form. In order to request additional funding through an ECP Grant, section 1 and 2 must be filled out by the hospital and sent to the LHIN for endorsement prior to the submission deadline.

2. What is the difference between the February 2018 and April 2017 deadlines?

April 28, 2017 is the deadline to apply for an ECP Grant. February 15, 2018 is the last day the ministry will accept LHIN endorsed ECP business cases for addition of projects to a hospital's Schedule A.

It is important to note that February 15, 2018 is the submission deadline, rather than the submission date for ECPs. A hospital can submit an ECP Business Case to the LHIN at any time during the year, and does not have to wait until February. The ministry will review ECPs throughout the year as they are received with the LHIN's endorsement. Should an urgent project arise later in the fiscal year, the ministry wants to give as much time as possible to allow for ECPs to be considered, hence the February 15, 2018 deadline. With the evergreen agreements for HIRF, a project can be spread out over three years, so if an approved ECP project is started late in the year, it can continue into the next fiscal as well. Note, HIRF funds can only be used on costs incurred in the same fiscal year as the funding.

3. Can you send in more than one ECP for each hospital site?

In 2017-18 hospitals are not limited to a number of ECPs they may submit, but they are strongly encouraged to review and consider all projects listed on their Schedule A prior to submitting any ECP Business Case.

4. Should the projects submitted under ECP Grant appear in schedule A?

If a project is approved through the ECP or ECP Grant application, it will appear on the updated Schedule A that the ministry will send to the hospital. HIRF funds may only be spent on projects appearing on the Schedule A.

5. Can HIRF funds be applied toward work started prior to approval of an ECP?

If the ECP is approved, HIRF can be applied to any cost incurred as of April 1 of the funding year. If the ECP is not approved, the hospital will be responsible for any costs incurred.

6. What happens if a project is not completed in its entirety by March 31, 2018 and runs over the beginning of the new-year? What impact will this have on closing the requirement in the FCAP database; does it close at the end of March or the new-year?

Projects should be completed within three years of project initiation. If a project started in the fiscal year and continues into the next fiscal year, the project is still eligible for

next year's 2018-19 funding. Annual HIRF funds must be used for costs incurred in the fiscal year they were provided. As a result, any underspending will be settled as a part of the Settlement Process.

In terms of the FCAP database closure, it is up to the hospital to close the requirement once the project is complete. Meaning that if the project is completed after March 31 of the funding year, it can be closed up until the following year's Settlement.

7. Does a Business Case for an ECP Grant need to be completed every year even though it is the same project? Does it matter if it will be over-budget from the first ECP submission?

The ECP Grant is an annual grant and as such a hospital must apply for the grant on an annual basis. If a hospital's ECP Grant project exceeds the total HIRF funding received, the hospital is responsible for any additional costs.

8. Can the Business Case for an ECP Grant be submitted as a multi-year request?

An ECP Grant only provides funding for the current fiscal year. If the project is not completed in the fiscal year, the hospital would need to reapply for an ECP Grant in the subsequent fiscal period.

9. A request was completed for ECP Grant. It was not funded, but was entered into the updated Schedule A. Is it an eligible project for regular funding in the following year?

If an ECP was added to the schedule A but no HIRF funds were spent on it in the fiscal year, an ECP will need to be resubmitted in the fiscal year that you will be using HIRF funds toward the project.

10. If a project was initiated last year, can a hospital apply for an ECP Grant this year to use towards that project?

As long as the costs incurred for the project will be in 2017-18, then a hospital may apply for the Grant and/or use their HIRF allocation. The project must appear on Schedule A before HIRF funds can be spent.

11. Are hospitals required to complete separate ECP and Grant Business Case Forms for projects involving multiple assets? What about for multiple projects and/or sites?

Please note that if a hospital is applying for an ECP Grant for one project, only one ECP and Grant Business Case Form needs to be completed regardless of whether the project involves multiple assets. All information for each request should be captured on the form. If a hospital is applying for multiple projects under the ECP Grant and/or the project spans more than one site there must be a separate ECP Grant business Case form completed for each project and/or site.

C. Program Roll-out

1. When will hospitals get their Schedule “A” and their 2017-18 HIRF allocation?

Schedule “A” and preliminary draft allocations for planning purposes only have been shared with the LHINs. Hospitals will receive their allocations along with their signed Minister and Assistant Deputy Minister letters in late spring/early summer of 2017.

2. When will the ECP Grants be approved?

After the ECP Grant submission deadline of April 28, 2017, the ministry will review all LHIN endorsed Business Cases and approvals will occur in Summer 2017.

D. Program Reporting

1. If I am reporting at Interim a project not on my Schedule “A”, can I wait until February 15 to submit the ECP Business Case?

Any project that is reported on the Interim Report must be either on the Schedule “A” or the hospital must submit an ECP with the Interim Report. If a hospital reports an ineligible project without submitting an ECP, the funds may be deemed surplus and reallocated to another hospital.

2. Are there any reporting requirements if the project is over the original budget amount?

No. This reporting would be a part of the Settlement Process which is due to the ministry on June 30, 2018.

3. Will there be penalty if allocated funds are not used up for a fiscal year?

Any unused or misused funds will be recovered by the ministry. Significant or recurring underspending of HIRF funds may result in ministry review of future year funding.

4. Will there be a separate ECP settlement report form, or are both regular HIRF and ECP be included on one form?

All HIRF funding should be included on one Settlement Report.

5. Do hospitals need to submit an auditor's report with the settlement report?

Yes, the HIRF Settlement Report requires an Auditor’s Report.

E. Education

1. How can hospitals obtain a copy of the 2017-18 HIRF education session?

A recording of the 2017-18 HIRF education session will be available as a video from your LHIN.

F. Facility Condition Assessment Program (FCAP):

1. How do hospitals proceed to close requirements in FCAP once complete?

Each hospital has at least one individual with a license to the FCAP system. If you are unsure who has a license, please contact fcapsupport@nadinebca.ca.

2. How can hospitals close a project in the FCAP database when the project has only been done partially?

A requirement only needs to be closed once the project is complete. As per the HIRF Guidelines, you may complete a requirement over 3 funding years. For example, the requirement will be left open for an incomplete project in Year 1 and must be closed at its completion in Year 2.

3. Is it mandatory to participate in the Facility Condition Assessment Program?

As HIRF allocations are calculated using data from the FCAP system, it is crucial that hospitals participate in FCAP in order to be eligible to receive regular HIRF funding. As per Appendix A of the 2017-18 HIRF Guidelines, It is important for hospitals to maintain and update their FCAP data, and failure to do so may result in hospitals being deemed ineligible for HIRF funding.