

HEALTH INFRASTRUCTURE  
RENEWAL FUND  
PROGRAM  
Frequently Asked Questions  
2018-2019

Ministry of Health and Long-Term Care

# Question Topics

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**Please note:**

These questions & answers were derived from the April 10<sup>th</sup> and 13<sup>th</sup> 2018-19 Health Infrastructure Renewal Fund (HIRF) Education Sessions and other frequently asked questions.

The 2018-19 HIRF Guidelines can be found on your LHIN website. For further information please contact: [HealthCapitalInvestmentBranch@ontario.ca](mailto: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 2014-15 funding year, your hospital would have an Evergreen Agreement. Note that in 2018-19 all hospitals allocated formulaic funding will be issued a new Evergreen Agreement for execution prior to receiving funding. The new Evergreen Agreement contains updates to reflect changes in the HIRF program since 2014-15.

### **2. If a hospital did not receive any HIRF allocation for the 2018-19 funding year, is it assumed that there is no Schedule A?**

Schedule A is only provided to hospitals receiving HIRF funding in 2018-19. Hospitals without a Schedule A may still apply for HIRF funding through the ECP Grant application.

### **3. Can expenses incurred in past funding years (e.g. 2017-18) be applied against 2018-19 HIRF funding?**

No, HIRF funds can only be used on costs incurred in the same fiscal year as the funding. Note that “costs incurred” refers to work completed on the project.

### **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 2018-19 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](mailto:fcapsupport@nadinebca.ca).

### **7. Are Design Build Finance Maintain (DBFM) hospitals eligible for HIRF funding?**

DBFM hospitals are not eligible for the formulaic portion of annual HIRF funding. However, ECP Grants are available to all public hospitals in Ontario, including those that did not receive HIRF funds in the current funding year.

## **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 30, 2018.

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 2018-19 funding year. In order to request additional funding through an ECP Grant, sections 1 to 4 must be filled out by the hospital and sent to the LHIN for endorsement prior to the submission deadline. Any projects listed on a SFR must be on Schedule A. If a project is not listed on Schedule A, the hospital must have a LHIN-endorsed ECP Business Case submitted to the ministry with the SFR.

### **2. What is the difference between the February 15, 2019 and April 30, 2018 deadlines?**

April 30, 2018 is the deadline to apply for an ECP Grant. February 15, 2019 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, 2019 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 following April 30, 2018, 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, 2019 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.

Both the ECP Grant and ECP Business Case are to be submitted through the Self-Reporting Initiative (SRI). Hospital users will create separate submissions for ECP Grant forms and ECP Business Case forms in SRI.

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

In 2018-19 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 Grant or Business Case application.

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

If a project is approved through the ECP Business Case 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, 2019 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, hospitals must close the requirement once the project is complete for the ministry to settle funding for the year. Projects that run over one fiscal year may be closed in the year they are completed. For example, if a project is completed over two fiscal years, it can be closed in FCAP in the second fiscal year.

**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 ECP Grant application 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. 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 2018-19, 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.

**10. If I received an ECP Grant in a previous year, but applied those funds to another project, can I re-apply for another ECP Grant this year for the same project?**

Hospitals may apply for an ECP Grant for this project, but should note on the ECP Grant application any extenuating circumstances that did not allow for completion of the project in the fiscal year for which the ECP Grant was originally received.

**11. Are hospitals required to complete separate ECP Business Case and ECP Grant 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 Grant 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 form completed for each project and/or site.

**12. Does funding received through an ECP Grant have to be used in the same fiscal year it was issued?**

Like formulaic HIRF funds, funding through an ECP Grant must be utilized (i.e., incur costs) by March 31st of that funding year. However, the completion of the project itself may be stretched out 3 years. The key thing to note for hospitals is that funding must be utilized in the year it is issued, which is separate from the 3-year project completion timeline.

**13. If I require less funds for a project than what was originally approved through an ECP Grant, can the excess funds be used for another project or will the ministry recover this amount?**

We strongly encourage that funding received through an ECP Grant be used on the project for which the grant was approved. Any excess funds may be used toward another project on your Schedule A.

### **C. Program Roll-out**

#### **1. When will hospitals get their Schedule A and their 2018-19 HIRF allocation?**

Hospitals will receive their allocations along with their signed Minister and Assistant Deputy Minister letters and Schedule A in summer/fall of 2018; this will also be shared with the LHINs. In the interim, hospitals are encouraged to use their 2017-18 HIRF funding pre-commitment for planning purposes.

#### **2. When will the ECP Grants be approved?**

After the ECP Grant submission deadline of April 30, 2018, the ministry will review all LHIN endorsed Business Cases and approvals will occur in summer/fall 2018.

#### **3. When will hospitals know if they are eligible for surplus funds?**

Surplus Funds Requests can be made by hospitals at the same time as Interim Reporting, which is due to the ministry on November 15, 2018. Hospitals will be notified of any applicable grant increase in the winter.

### **D. Program Reporting and Self-Reporting Initiative (SRI)**

#### **1. How do I submit HIRF reporting forms?**

All HIRF reporting and applications are fully integrated into the Self-Reporting Initiative (SRI) online system. SRI reporting for HIRF began in 2017-18 with Interim Reports, Surplus Funds Requests and Settlement Reports. All HIRF materials, including ECP Grant and ECP Business Cases, are to be submitted through the SRI moving forward.

#### **2. 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.

#### **3. 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, 2019.

**4. 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.

**5. 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.

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

Yes, the HIRF Settlement Report requires an Auditor's Report. This can be added to your submission in SRI as an Additional Document.

**7. How can hospitals submit multiple ECP Grant or Business Case forms?**

The ECP Grant and Business Case forms are available for multiple submissions in SRI. Hospitals will see the option to generate another ECP Grant form under "Create New Submissions" to create as many forms as necessary.

**8. Is it possible to check in and out the reporting forms multiple times?**

Users can check in and out any of the HIRF forms as many times as necessary, allowing for multiple users to edit the form before submitting. Please note that the form that is checked in must be the same form that was checked out due to SRI version control. The last version of the form checked in is what gets submitted to the ministry.

**9. Where can I find a guide to SRI processes (e.g. account set-up, adding permissions, and creating submissions)?**

In Appendix D of the 2018-19 HIRF Guidelines, you will find a short SRI guide which will walk you through how to register, add HIRF permissions and submit HIRF forms.

**10. Are LHINs able to access hospital submissions in SRI?**

LHINs are able to view hospitals' Surplus Funds Request, ECP Business Case and ECP Grant forms once they have been submitted in SRI. Please note that LHIN users must add permissions in SRI in order to view HIRF forms.

## **11. Should code compliance requests related to the Pharmacy Code Compliance upgrade be submitted as an ECP?**

Any pharmacy code compliance projects can be submitted through the ECP Business Case for approval by the ministry and will be reviewed on a case-by-case basis. All pharmacy code compliance requests require supporting documentation to substantiate need, which may include the Ontario College of Pharmacy investigation report. Please only submit projects that are infrastructure-related; equipment projects are ineligible through the HIRF Program.

## **E. 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](mailto: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.

If the project you have completed is part of a larger requirement, you may use the split tool in the FCAP database to split a large requirement into smaller requirements. You can then close the portion of the original requirement that has been completed, and the outstanding requirement will remain open. For more information on how to use the split tool, please contact [fcapsupport@nadinebca.ca](mailto:fcapsupport@nadinebca.ca).

### **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 2018-19 HIRF Guidelines, It is important for hospitals to regularly review, maintain and update their FCAP data, and failure to do so may result in hospitals being deemed ineligible for HIRF funding.