



Grant Application Process

Continuing Care Capital Program

Small Care Home Stream

2023-2024

This publication is issued under the Open Government Licence – Alberta
(<http://open.alberta.ca/licence>).

Grant Application Process - Continuing Care Capital Program – Small Care Home Stream | Health
© 2023 Government of Alberta | August 2, 2023

Contents

Introduction.....	5
Intended Outcomes	5
Eligibility Criteria	7
Article I. Grant Application Overview	8
Section 1.01 Overview	8
Section 1.02 Submission Deadline	8
Section 1.03 Grant Application Review Process	8
Article II. Grant Funding Agreement and Grant Application Process	10
Section 2.01 Grant Funding Agreement	10
Section 2.02 Grant Application Process	10
Section 2.03 Extension of Grant Application Submission Deadline	11
Section 2.04 Applicant Communication or Questions after Issuance of Grant Application Process	11
Section 2.05 Requirements for Submission of Grant Applications	12
Section 2.06 Grant Application Submission	12
Section 2.07 Withdrawal, Amendment or Change to Grant Applications	13
Section 2.08 Grant Application Ownership	13
Section 2.09 Selection of Applicant	13
Section 2.10 Prohibited Communications	14
Section 2.11 Communications with Media	14
Article III. Additional Terms	15
Section 3.01 General	15
Section 3.02 Conflict of Interest	16
Section 3.03 <i>Freedom of Information and Protection of Privacy Act (FOIP Act)</i>	16
Section 3.04 Applicant's Costs	16
Section 3.05 Compliance with Applicable Laws	16
Article IV. Small Care Home Design Requirements	17
Section 4.01 General	17
Section 4.02 Core Capacity	18
Section 4.03 Additional Capacity	18
Section 4.04 Legislation, Standards and Licensing	18
Article V. Evaluation of Grant Applications	19
Section 5.01 Stages of Grant Application Evaluation	19

Article VI. Definitions.....	24
Section 6.01 Definitions	24
Schedule 1: Types of Operational Funding	27
Schedule 2: Service Requirements.....	28

2023-2024

Continuing Care Capital Program - Small Care Home Stream

Grant Application Process

Issued: Tuesday, April 25, 2023

UPDATE: Closing date and time: Thursday, November 30, 2023, 4:30 p.m.

Introduction

The Government of Alberta is implementing the Continuing Care Capital Program – Small Care Home Stream (Small Care Home Stream). A new needs-based program that will focus on increasing the supply of Community Care and Continuing Care capacity through Supportive Living accommodations (licensed under the [Supportive Living Accommodation Licensing Act](#)), Designated Supportive Living (DSL) and/or Long-Term Care (LTC) spaces, including specialty programs, province-wide. The Small Care Home Stream will provide capital funding to support the development of standalone homes with a minimum of four to a maximum of 14 residents with health care needs that are supported through Alberta Health Services (AHS) care funding and/or other sustainable funding sources [Foundations, Persons with Developmental Disabilities (PDD) program, etc.]. Priority will be given to Applicants who are able to provide accommodations to complex populations with multiple overlapping health needs, as identified under the Priority Populations in Article V.

This document outlines the processes required to apply for one-time capital grant funding to develop eligible Small Care Homes.

Intended Outcomes

The Small Care Home Stream capitalizes on a partnership approach and incorporates best practices from previous continuing care capital grant programs to quickly and cost effectively add net new spaces.

Net new spaces can be accommodated by new construction or renovation of an existing home that must meet the Small Care Home Design Requirements Checklist. The Small Care Home Stream is not intended to renovate existing Community Care and Continuing Care spaces.

The creation of Small Care Home spaces is important to:

- enable Albertans to remain in community, staying close to family and friends as they age or as their care needs evolve;

- provide residential settings that are designed to appropriately support residents with complex care needs who have multiple overlapping health needs and/or are more appropriately served in a Small Care Home environment;
- provide options to effectively cohort specific populations to better meet their unique needs (e.g., young persons living with physical and/or developmental disabilities, people living with dementia, people with care needs who smoke, etc.);
- reduce placement in Alternative Level of Care (ALC) beds in hospitals, thereby increasing hospital bed capacity and improving health system access;
- expand care options and access in rural areas and remote communities; and
- fulfill key recommendations from the [Facility-Based Continuing Care \(FBCC\) Review Report](#).

The FBCC Review Report released on May 31, 2021, identifies 42 recommendations to transform and modernize Alberta's FBCC system. This new capital grant program supports:

Recommendation 7: Refocus capital grant programs to prioritize a greater variety of Person-centred models of care (such as smaller homes/households and campuses of care).

- *Expected Outcome: Development of Small Care Homes that support residents' personal choice, independence, social well-being, and provide a sense of belonging and purpose for residents in their home and community.*

Recommendation 31: Focus government capital investments on the regeneration or replacement of existing FBCC spaces, with some funding ear-marked for the development of new spaces. A Key Action under this recommendation is government should set a target to develop approximately 1,600 small home FBCC spaces by 2030, as part of the replacement and new development of FBCC spaces.

- *Expected Outcome: the Small Care Home Stream invests in the capital development of new Continuing Care spaces.*

Recommendation 37: Revise the design guidelines for Continuing Care Homes to incorporate findings regarding the spread of infectious diseases in FBCC. A Key Action under this recommendation is to lower Continuing Care household size to 14 spaces.

- *Expected Outcome: Small Care Homes will have a maximum of 14 spaces and will incorporate design features such as private rooms that reduces the spread of infectious diseases.*

Recommendation 42: Reduce social isolation for residents and caregivers during an outbreak/ pandemic.

- *Expected Outcome: The physical design and care delivery of the Small Care Homes can foster relationship building and regular connection between residents as well as staff, which may help to address social isolation.*

Alberta Health is currently accepting Grant Applications for capital funding for the development of new Small Care Homes. Approved projects will specifically support Recommendations 7, 31, and 42, and will adhere to updated design standards and best practices as per Recommendation 37 by using the Small Care Home Design Requirements Checklist.

By developing design requirements specific for the Small Care Home Stream and incorporating these FBCC recommendations, this new grant stream will support health outcomes and quality of life for Albertans by increasing access to high quality Small Care Home spaces so that individuals with changing care needs can get the care they need and age in place in their community. It will also meet evolving standards, consider new technologies, and

address infection, prevention and control learnings, such as the elimination of shared accommodations (bedrooms and bathrooms) and incorporate learnings from Alberta’s COVID-19 experience that enhance resident well-being and support residents, staff and operators in receiving and providing safe and appropriate supports, care and environments.

Eligibility Criteria

The Small Care Home Stream capital grant funding application criteria:

1. Available to not-for-profit and for-profit organizations, housing management bodies, and municipalities.
2. Applicants must be financially viable and their Project must be operationally sustainable, see Schedule 1 for examples of different types of operational funding.
3. Projects must support individuals with health care needs that are supported through AHS care funding and/or other sustainable funding sources (foundations, PDD, etc.) and be one of the of following settings:
 - LTC home (including specialty programs)
 - DSL home (including speciality programs)
 - Supportive living accommodations (licensed under the [Supportive Living Accommodation Licensing Act](#)).
4. Projects must be in alignment with AHS’ assessed capacity need for the identified population and community.
5. Applicants must not exceed the accommodation charge set by government and must provide the Services (Schedule 2) to the Residents.
6. Applicants will require an appropriate operational agreement as authorized by AHS or have demonstrated alternative sustainable operational (accommodation / hospitality and care) funding.

NOTE:

Applicants that meet the above criteria are welcome to apply to this grant program. Applicants that support populations that meet a category in the Priority Populations criteria identified in Article V will be prioritized in the evaluation of the applications, as there is an urgent need in the province to address gaps in community-based housing and residential care services for underserved populations that would benefit most from a small-specialized homelike environment.

It is expected that available spaces will be distributed across the province to the extent possible based on viable proposals received, and that smaller communities may only be able to support one Small Care Home, depending on populations served.

Article I. Grant Application Overview

Section 1.01 Overview

Capital grant funding available from this program is intended to support the development of safe, flexible and inclusive Small Care Home spaces that demonstrate a Person-centered philosophy and provide a collaborative and innovative care delivery model.

It is anticipated that Alberta Health will receive more Grant Applications than can be supported with available funding. Funding is thus awarded based on the merits and competitiveness of Grant Applications that meet the mandatory criteria, ranked in accordance with the evaluation criteria identified in this Grant Application Process and value for money / competitiveness of the grant funding requested (e.g., cost per space to government, the Applicant's equity contribution, etc.).

NOTE:

This program is for one-time capital grant funding only. Therefore, the Applicant must include in the Business Case Application Form the provision of a capital renewal program to address the ongoing maintenance and operation of the Home throughout its useful life.

The capital grant funding is separately distinguished from operational funding (Schedule 1) that addresses ongoing operation (accommodation services and care services) of the Home as well as any deferred or ongoing maintenance of the Home. It is the responsibility of the Applicant to manage preventative maintenance of the Home to maximize its useful life and to ensure funds are available when needed for ongoing maintenance and capital replacement (such as the replacement of roofs, boilers, HVAC, fire safety systems, windows, kitchen and other equipment, etc.).

Section 1.02 Submission Deadline

The Grant Application submission deadline for Alberta Health's 2023-2024 Continuing Care Capital Program – Small Care Home Stream is:

UPDATE: Thursday, November 30, 2023 by 4:30 p.m.

Section 1.03 Grant Application Review Process

Grant Applications will be reviewed and ranked by an Evaluation Team.

Grant Applications must be cost competitive and meet established program criteria in Article V relating to:

- Principle 1 - Person-centred design and community integration

- Principle 2 - Viability and sustainability
- Principle 3 - Person-centred care delivery and operator experience
- Principle 4 - Priority Populations

Grant Applications will also be evaluated for competitiveness related to Project features, resident service excellence, total project capital cost, Applicant's equity contribution, capital grant funding requested, and readiness to commence construction within twelve (12) months of approval.

Evaluation Team recommendations will be provided to the Minister of Health, who has final approval.

Please review all of the documentation provided in / referenced by this document as well as on the Alberta Health website for detailed information regarding this Grant Application Process. Any documentation relating to past Affordable Supportive Living Initiative (ASLI) or Continuing Care Capital Program grant application processes is outdated and is superseded by the documentation made available for this specific Grant Application Process.

Article II. Grant Funding Agreement and Grant Application Process

Section 2.01 Grant Funding Agreement

In order to receive grant funding, the selected Applicant will be required to enter into an Agreement.

- a) Alberta Health reserves the right to modify the terms of the Agreement to ensure it is appropriate for the unique circumstances of each Applicant.
- b) The Agreement will be for a term ending thirty (30) years after the Small Care Home's Occupancy Permit date and will include such requirements as performance and labour and material bonds, for example.
- c) One of the many requirements of the Agreement are the services provided to residents as described in Schedule 2: Service Requirements.
- d) Selection of an Applicant does not bind Alberta Health or AHS to enter into an Agreement or provide funding to an Applicant and does not bind the Applicant to enter into an Agreement.

Section 2.02 Grant Application Process

General information and instructions:

- a) General timeline:
 - i. **Issue Date of Grant Application Process** **Tuesday, April 25, 2023**
 - ii. **Grant Application Submission Deadline** **UPDATE: Thursday, November 30, 2023, by 4:30 p.m.**
 - iii. **Selection Date of Successful Applications** **Spring 2024**
- b) The above dates are provided for information only and may be changed at any time by Alberta Health.
- c) It is the Applicant's responsibility to comply with the requirements of this Grant Application Process. Alberta Health may disqualify and not consider any Grant Application submission from an Applicant that does not comply with the requirements of this Grant Application Process. Applicants must use the following documents posted on the Alberta Health website, and Grant Applications must meet the conditions set out in the forms:
 - i. 2023-2024 Continuing Care Capital Program – Small Care Home Stream – Grant Application Process (this document including its Schedules 1 and 2, and Submission Requirements),
 - ii. 2023-2024 Continuing Care Capital Program – Small Care Home Stream – Business Case Application Form,

- iii. 2023-2024 Continuing Care Capital Program – Small Care Home Stream – Business Case Application Form Guide,
 - iv. Small Care Home Design Requirements Checklist,
 - v. [Barrier-Free Design Guide](#) (Latest Edition).
- d) Applicants are discouraged from including extraneous material in their Grant Application as material not requested will not be evaluated.
- e) Applicants should review the entire Grant Application Process document and be aware of the following:
- i. Alberta Health does not make any representation, warranty or guarantee as to the accuracy of the information contained in this Grant Application Process or issued by way of update.
 - ii. It is the Applicant’s responsibility to avail itself of all the necessary information to prepare a Grant Application in response to this Grant Application Process.
 - iii. Alberta Health may require an Applicant to provide additional information regarding this Grant Application Process, in which case any relevant updates required from all Applicants will be available on this website: <https://www.alberta.ca/continuing-care.aspx>. Each update shall form an integral part of this Grant Application Process.
 - iv. Applicants are responsible for obtaining and complying with the requirements of any updates to the Grant Application Process issued by Alberta Health. If there are any differences between the website content and this package, the website content governs.

Section 2.03 Extension of Grant Application Submission Deadline

Alberta Health may extend the Grant Application Submission Deadline by update on the website.

Section 2.04 Applicant Communication or Questions after Issuance of Grant Application Process

- a) Unless otherwise advised by Alberta Health, all questions and any form of communication between the Applicant and Alberta Health in relation to this Grant Application Process must be submitted in writing to the Continuing Care Capital Program – Small Care Home Stream Contact. All questions and responses will be documented.
- i. Questions or concerns must be communicated in writing to the Continuing Care Capital Program – Small Care Home Stream Contact at least five (5) business days prior to the Grant Application Submission Deadline.
 - ii. Questions should be sent to:
Health.ContinuingCareCapitalPrograms@gov.ab.ca
Questions will be managed through this email address and responses will be coordinated with Alberta Health, AHS and other ministries as required.

- iii. Verbal responses to enquiries are not binding on any party.
- b) Alberta Health intends to disseminate all questions and their corresponding responses to all Applicants. If an Applicant considers a question to be confidential and requests that the question and the response not be disseminated to all Applicants, then the Applicant must provide an explanation as to why confidentiality is being requested. Publication of questions and responses will be in accordance with the *Freedom of Information and Protection of Privacy Act* (FOIP Act).
- c) If Alberta Health considers that the question and its corresponding response is to be kept confidential under FOIP, it will direct the response only to the Applicant that has asked the confidential question, and not to the other Applicants. If Alberta Health determines that the question and the response ought not to be kept confidential, it will advise the Applicant and the Applicant will have the opportunity to withdraw the question.
- d) Applicants should proactively contact Alberta Health, in writing, to request clarification if they become aware of any ambiguity, divergence, error, omission, oversight, contradiction, or item subject to more than one interpretation in this Grant Application Process. Alberta Health reserves the right to reject applications notwithstanding any ambiguity, divergence, error, omission, oversight, contradiction, or item subject to more than one interpretation in this Grant Application Process.

Section 2.05 Requirements for Submission of Grant Applications

Please refer to the *Requirements for Submission of Grant Applications* document located on the Continuing Care Capital Program [webpage](#).

Section 2.06 Grant Application Submission

The Grant Application submission must be submitted electronically, via email, in Adobe Acrobat (.pdf) format (**except the Business Case Application Form must remain in the original Excel format**) by the submission deadline provided below and must include the full legal name, full contact information and address of the Applicant.

The email subject line must include the following:

2023-2024 Continuing Care Capital Program – Small Care Home Stream – Grant Application

The complete Grant Application should be in one (1) email, including attachments, and should not be larger than 25MB to facilitate receipt by the Province. If multiple emails are required to accommodate attachment sizes, the emails should provide clear instructions on how the Grant Application is to be integrated (e.g., 1 of 3, 2 of 3, 3 of 3).

The official time and date of receipt of the Grant Application will be determined by the email received time as recorded by the Government of Alberta's email server. Applicants should be aware that, prior to such electronic delivery, incoming emails are subject to consistency checks and antivirus scans, processes which can take several

minutes or longer to complete. The Province will not be responsible for failures (technical or otherwise) that may result in a Grant Application not being received prior to the Grant Application Closing Date and Time.

If the Grant Application cannot be opened after reasonable efforts are made by the Province, the Grant Application will be rejected.

The Grant Application should be secured against accidental modification by the Province (with the exception of the Business Case Application Form, which must remain in the original Excel format), and should have the ability to search and print the document in its entirety.

UPDATE: Grant Applications must be received on or before **4:30 pm MST Thursday, November 30, 2023** by Alberta Health at the following email address:

Health.ContinuingCareCapitalPrograms@gov.ab.ca

Applicants are responsible for late deliveries of Grant Applications. Alberta Health reserves the right to reject any Grant Application received after the deadline or submitted in a manner other than as described in this document.

Faxed Grant Applications will not be accepted.

Alberta Health will acknowledge receipt of Grant Applications; the acknowledgment of receipt does not constitute an acknowledgement by Alberta Health that the Grant Application is accurate, complete, or complies with the process.

Section 2.07 Withdrawal, Amendment or Change to Grant Applications

- a) At any time, an Applicant may withdraw a Grant Application.
- b) If an Applicant wishes to amend its Grant Application, the Applicant should withdraw the Grant Application, amend the Grant Application as desired, and re-submit the Grant Application in the manner set out above by the deadline.
- c) Alberta Health may seek clarification and supplementary information from Applicants after the deadline. Any response received by Alberta Health from an Applicant, if accepted by Alberta Health, shall form a part of the Grant Application.

Section 2.08 Grant Application Ownership

Grant Applications received by Alberta Health shall become the property of Alberta Health and shall not be returned to the Applicant.

Section 2.09 Selection of Applicant

- a) Notice of selection by Alberta Health to the selected Applicant shall be in writing.

- b) Unsuccessful Applicants will be notified in writing. Unsuccessful Applicants will be provided, upon request in writing, a debriefing of Alberta Health's evaluation of the Applicant's Grant Application.
- c) Successful Applicants will be required to enter into an Agreement that will include, as one (1) of the conditions of funding, compliance with the requirements set out in the Continuing Care Capital Program – Small Care Home Stream – Grant Application Process.

Section 2.10 Prohibited Communications

All communications with respect to the Grant Application Process must be directed through the Continuing Care Capital Program – Small Care Home Stream Contact email ONLY: Health.ContinuingCareCapitalPrograms@gov.ab.ca. Applicants may submit questions to this inbox regarding whether their Project aligns with AHS' assessed capacity need for proposed population and community. Alberta Health and AHS are collaborating on this Small Care Home Stream and Alberta Health will coordinate with AHS for a response. Communication with other individuals employed by or representing Alberta Health, any member of the Government of Alberta, or any elected official, or any employee or official of AHS will result in the disqualification of the Applicant.

Section 2.11 Communications with Media

Successful Applicants will not make any public announcement or issue any press release relating to the Project except with prior approval of Alberta Health as to the contents and timing of the announcement or press release.

Article III. Additional Terms

Section 3.01 General

- a) The Applicant acknowledges that by submitting a Grant Application, Alberta Health may:
 - i. make public the names of any or all selected Applicants and the nature and locations of the Projects,
 - ii. verify with any Applicant or with a third party any information set out in a Grant Application. However, Alberta Health is not obligated to verify or investigate any information it may receive, regardless of the source or nature of the information or regardless of whether Alberta Health relies on such information,
 - iii. check references other than those provided by any Applicant,
 - iv. disqualify any Applicant whose Grant Application contains misrepresentations or any other inaccurate or misleading information or fails to comply with the terms and conditions of this Grant Application Process,
 - v. cancel this Grant Application Process at any stage, and
 - vi. at the Minister's discretion without explanation, adjust, cancel or reallocate an approval for capital grant funding for any Grant Application approval, and such notice will be provided in writing;
- b) In the event that Alberta Health and a selected Applicant are unable to conclude the Agreement within twelve (12) months of the date of Grant Application approval letter, Alberta Health may:
 - i. extend the period for entering into the Agreement, or
 - ii. terminate the Grant Application Process with respect to that Applicant and select another Applicant to enter into the Agreement, or
 - iii. terminate this Grant Application Process with respect to Projects at the identified location;
- c) Alberta Health may also cancel its decision to enter into an Agreement with a selected Applicant where the legal entity has changed from the selected Applicant since Grant Application Process closing time, which has not been consented to by Alberta Health, or any other material change has occurred with respect to the selected Applicant's Grant Application; and
- d) Alberta Health may also cancel its decision to enter into an Agreement with a selected Applicant where there is insufficient appropriation of monies by the Legislature to provide the grant funding.

Section 3.02 Conflict of Interest

As part of the Grant Application, Applicants must fully disclose in writing the circumstances of any actual, potential or perceived conflict of interest in relation to the Applicant, all Applicant team members or any employee, sub-contractor or agent, if the Applicant were to be selected.

Alberta Health shall review any submissions by Applicants under this provision and may reject any Grant Application where, in the opinion of Alberta Health, the Applicant, any Applicant team member, employee, sub-contractor or agent is, could be, or could be in an actual, potential or perceived conflict of interest if the Applicant were to be selected. Alberta Health may also reject any Grant Application if the Applicant fails to disclose a conflict of interest, which later comes to Alberta Health's attention. Notwithstanding the foregoing, Alberta Health may accept a Grant Application if Alberta Health determines that an actual, potential or perceived conflict of interest is mitigated such that the identified issues are resolved and the Applicant is, therefore, not in a conflict.

Section 3.03 Freedom of Information and Protection of Privacy Act (FOIP Act)

- a) The information Applicants provide under this Grant Application Process is collected under the authority of the Ministerial Grants Regulation pursuant to the *Government Organization Act* and the *FOIP Act*, section 33(c) and will be used to evaluate Grant Applications. Applicants who have questions about the collection, use or disclosure of personal/business information collected under this Grant Application Process may contact the Continuing Care Capital Program – Small Care Home Stream Contact; and
- b) If an Applicant believes that portions of the Grant Application should be confidential and that the disclosure may be harmful to their business interests, the Applicant shall identify those parts of its Grant Application to Alberta Health and state the harm the Applicant believes could reasonably arise as a result of disclosure.

Section 3.04 Applicant's Costs

Alberta Health is not responsible to pay any costs or expenses of any Applicant or to reimburse or compensate an Applicant under any circumstances, regardless of the outcome of the Grant Application Process.

Section 3.05 Compliance with Applicable Laws

Selected Applicants will be required to comply with all applicable municipal, provincial and federal laws in its performance of the Project.

Article IV. Small Care Home Design Requirements

Section 4.01 General

Small Care Homes will be standalone homes with a residential design that can meet the health needs of residents and enable populations to age in place.

The Applicant will provide a Home that meets or exceeds legislated requirements including National Building Code - Alberta Edition, Fire Safety Codes, and Land Use (zoning) Bylaws, as established by the local building authority and the Province of Alberta. The **Small Care Home Design Requirements Checklist is one of the mandatory submission requirements and represents minimum design standards that must be met** and is included as part of the Grant Application Package. The Checklist must be included in the design of the Project, reviewed, **signed** and submitted as part of the Grant Application. The Project may also be required to meet design requirements specifically stipulated by AHS for special populations.

NOTE: Supporting the unique needs of the proposed population in a homelike atmosphere must be at the forefront of the design choices and clearly conveyed in the application. The Applicant will be expected to be knowledgeable of and apply, to the greatest extent possible, best practices that demonstrate efforts to incorporate features that maximize resident privacy, accessibility, personal choice, and resident control over their environment. The successful Applicant will be directed to use the latest edition of the [Barrier-Free Design Guide](#) of the Safety Codes Council to assist in planning new Small Care Homes.

Additionally, the local AHS Zone staff from Infection Prevention and Control and Environmental Public Health will be involved as an approved Project progresses through the design and development process.

The proposed plans must be submitted in a readable format that show:

- the site plan;
- building elevations;
- floor plans for each floor; and
- detailed drawings of a typical resident room(s) for Eligible Units.

NOTE: Resident rooms drawings must clearly demonstrate minimum design requirements are met as per the Small Care Home Design Requirements Checklist (i.e., barrier-free access to room, unobstructed turning radii in the ensuite washroom and the suite, access around three sides of the bed, and minimum 1 m² closet space). The drawings must include square footage, dimensions, and furniture (to scale).

The approved Applicant is responsible for acquiring any permits, licenses, approvals by authorities, property easements or lands required for the Project.

Failure to comply with the design requirements as set out in the Small Care Home Design Requirements Checklist will result in the Applicant not being considered for a capital grant and AHS declining to enter into a health services contract.

Section 4.02 Core Capacity

Homes should deliver services that respond appropriately to the care needs of an increasingly complex and frail clientele (physically and/or cognitively) and be able to accommodate the changing care needs of the residents. It is essential that the Home in which care services are provided is functionally appropriate to accommodate residents requiring Higher Levels of Care, including the potential for secured units that could be converted quickly for other populations (i.e., Dementia), and that the Applicant's care philosophy, services and programming align to accommodate evolving resident care needs.

Section 4.03 Additional Capacity

The selected Applicant may also develop and deliver Complementary Capacity and services, which in combination with the Core Capacity, will combine to create a community of care / support community integration, while maintaining the Small Care Home concept.

The selected Applicant will be solely responsible for the costs of designing, constructing, financing and operating any Complementary Capacity.

a) Complementary Capacity:

Proposed Complementary Capacity should reflect market needs, preferences and trends and provide a range of affordability for residents with varying financial resources at their disposal. Complementary Capacity can offer residents choice in their accommodation in a Home if they have the financial resources and interest. Complementary Capacity should follow the same building requirements as Core Capacity to support non-designated residents to age in place.

Section 4.04 Legislation, Standards and Licensing

Homes must be operated in compliance with the relevant federal, provincial and municipal laws, including but not limited to, standards, licensing legislation and regulations. Alberta Health is considering legislative amendments in the Continuing Care system. As of the date of the publication of this application package, current applicable legislation may include:

- [Nursing Homes Act](#)
- [Nursing Homes Operation Regulation](#)
- [Nursing Homes General Regulation](#)
- [Supportive Living Accommodation Licensing Act](#)
- [Supportive Living Accommodation Licensing Regulation](#)
- [Supportive Living Accommodation Standards](#)
- [Long-Term Care Accommodation Standards](#)
- [Continuing Care Health Service Standards](#)

Any reference in this application package to a statute, regulation, standard or guideline means that statute, regulation, standard or guidelines as it may be amended, substituted or replaced from time to time.

Article V. Evaluation of Grant Applications

Alberta Health will evaluate Grant Applications in stages as described below.

All Grant Application submissions may be grouped by locations and/or populations and may be evaluated and ranked within such groupings.

A Grant Application must meet the requirements of each stage to proceed to the next stage.

Section 5.01 Stages of Grant Application Evaluation

- a) **Stage I, Mandatory Requirements:** Stage I will consist of a review by Alberta Health to determine which Grant Applications comply with all of the Mandatory Requirements.

**Grant Applications failing to comply with
any of the following
Mandatory Requirements
will not be approved.**

The Mandatory Requirements are:

- i. The Applicant must be a **Legal Entity**.
- ii. The Project meets pre-defined design requirements and the Applicant confirms their compliance to these requirements by submitting a completed and signed **Small Care Home Design Requirements Checklist**.
- iii. The Project must meet, at a minimum, the design requirements for the occupancy classification of the *National Building Code – Alberta Edition* as identified by the Authority Having Jurisdiction.
- iv. The Project must have a **Barrier-Free Accessibility Design** throughout all resident accessed interior and exterior areas of the Small Care Home.
- v. The completion of a **Business Case Application Form**.
- vi. Applicants must provide **audited financial statements** of the latest previous three (3) years. If the Applicant is a newly formed legal entity within the twenty-four (24) months prior to date of Grant Application submission, then the Applicant must also provide audited financial statements of the latest previous three (3) years of its parent company, or

In the absence of audited statements, notice to readers / engagement reviews prepared by a Chartered Professional Accountant for its previous three (3) years (or such lesser period as the Applicant has been operating) that include the following information:

- Balance Sheet,
- Income Statement,
- Statement of Cash Flows, and

- Notes to the Financial Statements.

The Applicant must also provide a **letter from their primary financial institution/lender** that verifies and attests to the Applicant's financial status and viability.

- vii. Applicants must provide evidence of an offer to purchase **land**, land ownership, or a long-term lease agreement [thirty-three (33) years] for the Project.
 - viii. The Project is in alignment with AHS' assessed capacity need for the identified population and community.
 - ix. Applicant will enter into an appropriate agreement with AHS or have demonstrated alternative sustainable operational (accommodation / hospitality and care) funding.
 - x. The Applicant must provide the legal name and identity of the **proposed care provider**, and this care provider must be a legal entity.
 - xi. Applicants must demonstrate that the **accommodation charge / rent** applied to occupants of the Small Care Home for room, board and housekeeping does not exceed the Established Accommodation Charge or Rate, which may vary from time to time (more information on these charges can be found on Alberta Health's website <https://www.alberta.ca/continuing-care-accommodation-charges.aspx>).
 - xii. The Applicant and care provider must have a **demonstrated history of compliance with Accommodation Standards** (if applicable) or, if the provider is from another province, provide an equivalent.
 - xiii. The Grant Application must clearly identify that **construction** of the Project will be **underway within twelve (12) months** upon approval of the Grant Application. The Applicant must also demonstrate an understanding within its Grant Application that any Ministerial approval of its Grant Application may be subsequently rescinded if construction does not begin within twelve (12) months after the date of Ministerial approval.
- b) **Stage II, Established Program Criteria:** In Stage II, the Grant Applications will be ranked on the basis of the established program criteria listed in the table below and **value for money / competitiveness of the grant funding requested** (e.g., cost per space to government, Applicant's equity contribution, etc.). Grant Applications that meet or exceed the total minimum required points for each criteria will be considered for final selection.

EVALUATION CRITERIA

Established Program Criteria	Available Points	Minimum Points Required To Qualify	Weighting	Score (%) = (Pts) X (W)	Pass Or Fail*
PRINCIPLE 1: Person-Centred Design and Community Integration	60	36	30%		
PRINCIPLE 2: Viability and Sustainability	70	42	30%		
PRINCIPLE 3: Person-Centred Care Delivery and Operator Experience	60	36	30%		
PRINCIPLE 4: Priority Populations	20	-	10%		
Total		Minimum of 60% Total Score required to proceed to Final Selection of evaluation	100%		

*To qualify as being eligible for consideration and ranking in relation to other competitive applications, the Project must:

- receive a passing grade for Principles 1, 2 and 3; and
- achieve a minimum 60% Total Score.

PRINCIPLE 1: Person-Centred Design and Community Integration

Proposals should clearly demonstrate Person-centred design that effectively meets the needs of the proposed population and seeks to enhance resident quality of life. Designs must be as homelike as possible while still meeting the health care needs of residents and enabling flexibility for these health care needs to evolve over time. Proposed designs must also meet the requirements of the Small Care Home Design Requirements Checklist. Priority will be given to proposals that highlight how resident needs and preferences are at the forefront of the design choices, along with location of Home and how the Home integrates existing and planned community infrastructure, services and supports. Applicant readiness to proceed with construction and operations will also be taken into consideration.

PRINCIPLE 2: Viability and Sustainability

Proposals should be financially viable and sustainable over the long-term with clearly outlined funding sources for capital, care and accommodation costs. Preference will be given to proposals that demonstrate use of all available resources (e.g., revenue sources, other grant programs, applicant equity, etc.) and awareness of all that is required in the provision of care services and supports (the establishment of a fund to address the ongoing maintenance and operation of the Home for its useful life is one example). Priority will be given to proposals that include an Applicant equity contribution.

PRINCIPLE 3: Person-Centred Care Delivery and Operator Experience

Proposals should incorporate approaches and identify specific examples for the delivery of Person-centred care (i.e., encouraging resident: participation, independence, respect, privacy, choice, and decision-making). Proposals should also be flexible enough to meet the needs of residents now and in the future (e.g., use of technology to support virtual care/services) and promotes the development of personal relationships amongst staff and residents. Priority will also be given to proposals that demonstrate the development of effective programming and supports for residents through partnerships with AHS, community vendors, relevant organizations (e.g., local Disability Services, community brain injury programming, local Alzheimer's chapter, etc.). Operator should have experience and proven industry knowledge for delivering housing and care services to the target resident population. Operator should be in compliance with Accommodation Standards and Continuing Care Health Service Standards (CCHSS), licensing and reporting requirements, evidence of accreditation, if applicable. Operators should have a positive relationship and responsiveness with Alberta Health and AHS during commissioning processes and while addressing non-compliances, if applicable.

PRINCIPLE 4: Priority Populations

Priority will be given to proposals that demonstrate the ability to effectively support residents who align with one of the following categories:

1. Alternate Level of Care (ALC) Reduction Priorities: Adults with highly complex needs in large urban centres

- AHS has identified that Edmonton and Calgary have adults with highly complex needs who are currently designated as ALC in hospital and cannot be supported in existing care settings in the community. Their needs may include behavioural support needs often requiring 24/7 security onsite (in addition to 24/7 care staff), sometimes in combination with high physical care needs, paired with the need for mental health or recovery-oriented services (including harm reduction services). A secured setting may also be required for clients living with a cognitive impairment. Safe accommodation of smoking is also required for some clients.
- May include people living with developmental disabilities in combination with complex physical or mental health needs, early onset dementia not suitable for existing care environments, people living with acquired or organic brain injury, and people living with an addiction or mental illness with high behavioural and/or care needs.

2. Long-Stay Patients from Central Zone

- AHS has identified that Central Zone has long-stay patients living in acute care with developmental disabilities, acquired brain injury, or mental illness for whom there is currently no appropriate living option in the zone, and would be best suited for Small Care Home environments.

3. Province-Wide Priority Populations

There is a need throughout the province for Small Care Homes that will more appropriately support populations whose needs are not well served in existing care or housing settings. Populations include:¹

- Clients with complex needs, including mental illness with multiple co-morbidities and/or dual diagnosis or concurrent disorders

¹ There may be a population that is not listed here that may receive priority based on the discretion of the evaluators and AHS identified community need.

- People with higher behavioural support needs that cannot be supported in existing care environments
- Adults living with developmental disabilities and complex health and/or addiction and mental health needs (including people with developmental disabilities aging)
- Adults living with addiction or mental illness
- Adults living with neurological conditions
- Adults living with acquired brain injury
- Adults living with fetal alcohol spectrum disorders
- Adults who are chronologically younger but functionally much older and/or living with early onset dementia
- PDD clients in acute care who require high levels of supervision and behavioral supports

Small Care Homes that serve the above priority populations must meet the eligibility criteria found on page 8 and will need to cohort appropriately based on client needs and safety. Ideally, Small Care Homes situated close to clinical and outreach supports would aid in successful transition of clients from higher intensity facilities to more homelike environments.

- c) **Stage III, Final Selection:** The Evaluation Team will review and rank the Grant Applications for each location/zone and/or resident type being evaluated (based on Stage I and Stage II), and will make a recommendation to the Minister of Health based on the Grant Applications meeting the established program criteria and value for money. The Minister will have final approval.

Article VI. Definitions

Section 6.01 Definitions

Unless otherwise specified in this Grant Application Process, capitalized words and phrases have the meaning set out below:

- a) **“Agreement”** means the agreement to be entered into between Alberta Health and the selected Applicant, which will be modified by Alberta Health to ensure the Agreement is appropriate for the unique circumstances of each Applicant.
- b) **“Alberta Health”** means His Majesty the King in right of Alberta as represented by the Minister of Health.
- c) **“Alternate Level of Care”** or **“ALC”** means a person who has completed the acute care phase of his or her treatment but remains in an acute or sub-acute care bed while awaiting transfer to an appropriate accommodation, depending on what kind of care they require.
- d) **“Applicant”** means a legal entity that submits a Grant Application in response to this Grant Application Process.
- e) **“Business Case Application Form”** means the Excel spreadsheet found on Continuing Care Capital Program [Webpage](#) to be completed by the Applicant and submitted as part of its Grant Application.
- f) **“Community Care”** means Priority Populations that do not technically fall under Continuing Care.
- g) **“Complementary Capacity”** means that portion of the Home allocated to the Ineligible Units and the common space and service area accompanying their development.
- h) **“Continuing Care”** means Alberta’s Continuing Care system, which provides Albertans with a range of health, personal care and accommodation services required to support their independence and quality of life. Continuing Care clients/residents are defined by their need for care, not by their age or diagnosis or the length of time they may require service. Continuing Care includes Home Care, Supportive Living, DSL and LTC. Publicly-funded Continuing Care health services are provided in accordance with the [Continuing Care Health Service Standards](#) and any other relevant legislation or standards, as amended from time to time.
- i) **“Core Capacity”** means that portion of the Home allocated to the provision of Eligible Units and the common space and service area accompanying their development.
- j) **“Designated Supportive Living”** or **“DSL”** means the units in the Core Capacity, and is a licensed Supportive Living setting where AHS controls access to a specific number of spaces according to an agreement between the operator and AHS for the provision of publicly funded Continuing Care health services. Accommodation services in DSL must meet the requirements of the [Supportive Living Accommodation Standards](#) and be provided at or below the Established Accommodation Charge or Rate. Publicly-funded Continuing Care health services must be provided in accordance with the [Continuing Care Health Service Standards](#) and any other relevant legislation or standards. DSL settings are a community-based living option where 24-hour on-site (scheduled and unscheduled) personal care and support services are provided by Health Care Aides or by Health Care Aides and Licensed Practical Nurses.

- k) **“Eligible Units”** means those residential units that meet the requirements specified in this Grant Application Process and for which the Applicant is seeking grant funding; Eligible Units and their accompanying common and service area comprise the Core Capacity of the Home.
- l) **“Established Accommodation Charge or Rate”** means the accommodation charge by an operator to a resident that does not exceed the accommodation charge established from time to time by the Province for a private room, or for a semi-private room if occupied by two people (e.g., couple), as defined by the ***Nursing Homes Operation Regulation, A.R. 258/1985***, and includes the provision of Service Requirements (Schedule 2).
- m) **“Evaluation Team”** means the individuals comprising the cross-ministry team selected by Alberta Health to evaluate the Grant Applications. The Evaluation Team may include representatives from Alberta Health, Alberta Infrastructure, Alberta Addiction and Mental Health, Alberta Seniors and Community and Social Services and AHS.
- n) **“Grant Application”** means all of the documentation submitted by the Applicant in accordance with the requirements and conditions set out at Article II.
- o) **“Grant Application Process”** means this Grant Application Process for the 2023-2024 Continuing Care Capital Program – Small Care Home Stream and any updates made thereto.
- p) **“Higher Levels of Care”** means, collectively, the equivalent care to that currently provided to residents assessed as requiring [DSL3](#), [DSL4](#), [DSL4D](#) or LTC and for any specialty capacity in these streams.
- q) **“Home”** means collectively the Core Capacity and the Complementary Capacity.
- r) **“Home Care”** means a service to help an individual or their loved one remain safe and independent at home as long as possible. Home care includes professional and personal care [services](#).
- s) **“Ineligible Units”** means those residential units developed in addition to the Eligible Units as part of the proposed Home, for which no grant funding is provided. Ineligible Units, and the common space and service area accompanying their development, make up the Complementary Capacity of the Home. Ineligible Units are not considered for capital grant funding. The Applicant is responsible for setting the accommodation charges as well as the placement of residents in these Ineligible Units.
- t) **“Long-Term Care”** or **“LTC”** means the units in the Core Capacity, which meet the standards, conditions and requirements of a nursing home. A LTC Home is a purpose-built congregate care option for individuals with complex, unpredictable medical needs who require 24-hour on-site Registered Nurse assessment and/or care. In addition, professional services may be provided by Licensed Practical Nurses and therapists while 24-hour on-site unscheduled and scheduled personal care and support is provided by Health Care Aides. Case management, Registered Nursing, rehabilitation therapy and other services are provided on-site. LTC Homes currently include nursing homes under the [Nursing Homes Act](#) and auxiliary hospitals under the [Hospitals Act](#). Accommodation services in LTC must meet the requirements of the [Long-Term Care Accommodation Standards](#) and be provided at or below the Established Accommodation Charge or Rate. Publicly-funded Continuing Care health services must be provided in accordance with the [Continuing Care Health Service Standards](#) and any other relevant legislation or standards.
- u) **“Occupancy Permit”** means the written permission granted by the local authority allowing the approved Project to be occupied after construction, alteration, or a change in the nature of the occupancy of the building.
- v) **“Person-centred”** means the focus is on the individual needs of a person; builds upon the strengths of a person; and honors their privacy, dignity, values, choices and preferences.

- w) **“Priority Population”** refers to the categories of complex populations that have been identified by AHS (Article V) as key areas of need for health and housing supports across the province.
- x) **“Project”** means the proposed design, planning, acquisition, demolition, construction, installation and commissioning of the proposed Core Capacity.
- y) **“Small Care Home”** means a self-contained, homelike setting where care and daily living activities are offered to and/or undertaken by residents living in a building configuration housing from four to a maximum of 14 residents. A home is clearly defined, possessing features commonly found in a family house (e.g., bedrooms, bathrooms, bathing areas, dining room, living room, activity rooms, support areas, laundry room, utility room and storage spaces) and convenient access to the outdoors.
- z) **“Small Care Home Design Requirements Checklist”** means a list of mandatory building design elements that are requirements for each capital Project funded by this program that each Applicant must acknowledge in writing and agree to comply with, as a condition for receiving Continuing Care Capital Program grant funding, for any Project that uses such funding.
- aa) **“Supportive Living”** means licensed accommodations (under the [Supportive Living Accommodation Licensing Act](#)) where services are delivered in a homelike setting for four or more adults needing some support but without multiple complex or unscheduled health needs. Supportive Living includes a variety of accommodations such as lodges, seniors’ residences, group homes and DSL. It promotes residents’ independence and aging in place through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping, and life-enrichment activities. Building features include private space and a safe, secure and barrier-free design. Publicly-funded personal care and health services are provided to Supportive Living residents based on their assessed unmet needs. Individuals living in Supportive Living may receive publicly-funded Continuing Care health services through Home Care in accordance with the [Continuing Care Health Service Standards](#) and any other relevant legislation or standards. Individuals may also obtain privately-funded service.



Schedule 1: Examples of Operational Funding

Publicly funded Community Care and Continuing Care operators generally have the following primary sources of operational funding:

Health Services Revenue

The majority of this funding comes from Alberta Health Services directly for the health care provided to residents. The funding is intended to cover health care related costs including the costs associated with staffing (direct care and management staff). In long-term care, this would also include medically necessary medication and supplies.

Accommodation and Hospitality Services Revenue

The other source of revenue for operators is the funding they receive from resident accommodation charges that would cover accommodation related expenses, such as food services, laundry/linen services, housekeeping, and utilities and maintenance. See Schedule 2 for Service Requirements that is a condition of the grant agreement. Alberta Health is responsible for setting the maximum accommodation charge amount that operators can charge residents for the contracted spaces (Eligible Units) supported by this grant stream. More information on these charges can be found on Alberta Health's website <https://www.alberta.ca/continuing-care-accommodation-charges.aspx>.

Additional Care Services Revenue

Depending on the population served, some operators may have additional sources of funding to support their population such as funding through the Persons with Developmental Disabilities Program.

Schedule 2: Service Requirements

Care Service Requirements

Care service requirements will depend on the proposed population. Applicants are expected to be knowledgeable of the applicable legislation and care service needs of their residents. Applicants may consult Alberta Health Services (and/or Persons with Developmental Disabilities Program, or other relevant government programs) for information on current service requirements and legislation related to their proposed population.

For LTC Residents

Recipients must provide the following Service Requirements for LTC residents in compliance with the ***Nursing Home Operations Regulation*** and ***Nursing Homes General Regulation*** under the ***Nursing Homes Act***; also, Alberta Health's ***Continuing Care Health Service Standards***, as updated or revised from time to time:

Nursing and Personal Service Staff	means an operator shall obtain the services of a Director of Nursing, Nursing and Personal Services Staff in accordance with the <i>Nursing Homes Operation Regulation</i> . At least one nurse shall be on duty at all times, with nursing and personal services staff providing a minimum number of hours of combined nursing and personal services per resident per day.
Medical Care	means access to Physician or Nurse Practitioner services. LTC Homes must have documented processes in place that ensure a Physician or a Nurse Practitioner conducts a Medical Status assessment of a Client upon admission; and reassessments of a Client's Medical Status on an annual basis and when there is a significant change in the Client's Medical Status.
Drugs and Medicine	means drugs or medicine administered to a resident as prescribed or ordered by a physician. An operator shall maintain a reasonable quantity of drugs and medicine of the kind specified under the <i>Nursing Homes General Regulation</i> , making the prescribed drugs or medicine available at no cost to the resident.

Accommodation Service Requirements

Applicants must demonstrate that the **accommodation charge / rent** applied to occupants of the Small Care Home for room, board and housekeeping does not exceed the Established Accommodation Charge or Rate, which may vary from time to time (more information on these charges can be found on Alberta Health's website <https://www.alberta.ca/continuing-care-accommodation-charges.aspx>). Recipients must provide the following Service Requirements for residents, and these Service Requirements must be included within the Established Accommodation Charge or Rate and provided in compliance with the Alberta Health's [Long-Term Care Accommodation Standards](#) and/or [Supportive Living Accommodation Standards](#), as updated or revised from time to time:

Meals and Food Services	means three meals per day plus snacks approved by a dietitian in accordance with the <i>Canada's Food Guide to Healthy Eating</i> . <i>Dinner</i> means a hot meal (excluding breakfast) that can be served either around noon or in the late afternoon or early evening. Where required this can include, but is not limited to, nutritional supplements, diabetic diets, liquid diets.
Housekeeping	means the regular cleaning of common areas that includes vacuuming; dusting; kitchen, dining room and bathroom cleaning and disinfecting and the weekly cleaning of residents' rooms in the same fashion. This would include hygiene and control of infections, with additional services as required.
Linen and Towel Laundry	means the regular laundering of linens and towels, either owned by the Home, tenant or a laundry service, for the exclusive use of the residents. <i>Linens</i> include bed sheets and pillowcases. <i>Towels</i> include bath towels, hand towels and face cloths. This shall involve a weekly linen and towel exchange, the option of personal laundry, and additional services as required.
Life Enrichment	means regular activities or services that enhance the physical, emotional, social, spiritual, intellectual and cultural preferences and needs of the residents.
Safety and Security	means at least one trained and appropriate employee working on-site and on duty 24 hours per day, 7 days per week. <i>Trained and appropriate</i> means an employee trained in the use of emergency and security equipment. <i>On-site</i> means in the Project or in close proximity to the Project. Some forms of electronic monitoring which achieve equivalent results may be considered as 24-hour monitoring.
Transportation	means including the provision of, or arranging for, unscheduled service to attend to medical and dental appointments, shopping, banking, etc.
Referral / Assistance	means services provided by the operator on behalf of the resident, such as guidance, advocacy, advisory services, referral to health professions, provision of space for health professionals, medication assistance, and assistance with forms, etc.