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# CAPITAL Plan



3B



Health Canada Santé Canada



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INUIT TAPIRISAT KANADAWI  
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# ABOUT THIS HANDBOOK

## Purpose

Handbook 3B provides an overview of principles, criteria and resources for developing a capital submission to support the First Nations and Inuit Home and Community Care Program.

The guiding principles for capital construction and capital equipment, capital plan templates, components for a capital plan submission and criteria for reviewing capital plan submissions are included to support communities and regions in the planning and decision making process.

As with the other tools in the resource kit, the goal of this handbook is to support planning and communicate the criteria associated with the funding available for capital under the new program of First Nations and Inuit Home and Community Care.

The Handbook is intended for community/tribal council/ regional Inuit association planners and regional First Nations and Inuit organizations.



# INTRODUCTION



While in most communities this new program will be primarily delivered in the home or a central community setting, there are capital infrastructure requirements for the introduction and operation of a safe and effective home and community care program. Throughout the regional information sharing and feedback discussions held in the Summer of 1999, the need for a capital component for this new program was raised consistently. The National Steering Committee responded to this issue by setting aside resources for capital during the developmental years of this program. There were a wide range of issues raised with respect to capital and as the capital resources are limited, criteria was developed and approved to provide a focus for how these funds would best support the delivery of the Home and Community Care Program.

From the outset, it was understood that the capital needs outweighed the available resources. Although the need for improved accessible housing, supportive housing arrangements and on reserve institutional care and institutional-like care has been repeatedly raised and is understood, these needs **cannot** be addressed through the resources available for this program.

For any capital equipment or facility expansion decision made by a region, the ongoing operation and replacement of these capital investments must be planned for within ongoing program funding allocations.

# CAPITAL PRINCIPLES

The following principles for capital guided the development of the criteria approved by the National Steering Committee.

- Capital resources available through the First Nations and Inuit Home and Community Care Program will be used to support the delivery of the essential elements of Home and Community Care only.
- Timely access to properly maintained equipment is essential to effective and safe service delivery.
- Capital construction and equipment purchases will be determined through a pre-determined planning process that includes a needs assessment and program service delivery plan.
- Resources available under the First Nations and Inuit Home and Community Care capital construction budget are not eligible to be used for the construction of institutional care, personal care homes, supportive housing or renovations to clients homes.
- Capital construction will be carried out against Medical Services Branch (MSB) and applicable provincial/territorial approved standards and directives, and linked with existing regional/territorial processes.
- Capital planning and approval/recommendation processes will be clearly defined and communicated to all partners.
- Capital equipment purchases will be supported by a plan to address training and assessed risk management issues.

# CAPITAL CRITERIA



Capital resources available through the First Nations and Inuit Home and Community Care Program will be divided into two capital categories:

- capital construction
- capital equipment.

## **Capital Construction**

Capital construction funding made available through the First Nations and Inuit Home and Community Care Program to support the delivery of the essential elements of home and community care can only be used for the following purposes:

- purchase or construction of health professional accommodation for Type 1 and Type 2 communities only; and
- expansion of existing facilities and pro-rated contribution to new health facility construction to support the delivery of the program.

The following criteria apply for eligible utilization of capital funding through the First Nations and Inuit Home and Community Care Program.

**Criteria for the purchase or construction of health professional accommodation for Type 1 and Type 2 communities are:**

- funding and program service delivery plan supports the employment of a full time additional health professional;
- community infrastructure does not have adequate housing to accommodate staff; and
- First Nations and Inuit Home and Community Care Program delivery requires access to professional staff who require an overnight stay in the community on a regular basis.

**Criteria for expansions to existing buildings that are supported by the needs assessment and program service delivery plan and meet the following requirements:**

- additional health professional personnel requirements are more than .5 of a full time equivalent; and/or
- a common meeting area does not support additional staff hired for the program; and/or
- the need for additional storage space and/or common First Nations and Inuit Home and Community Care service delivery areas;
- existing building to be expanded meets approved building codes prior to expansion;
- all expansions will be carried out against the national directives and utilizing the Construction Cost Guidelines;
- maintenance and ongoing operation of these expanded facilities have a demonstrated plan to be managed within ongoing program funding levels.



## Standard Space Allocation

While determining standard space allocation for this new program has not been done, the following space allocations can serve as a guide for the planners and the capital review teams.

Storage Space Standard	10.5M <sup>2</sup>
Meeting Room Standard	10.5M <sup>2</sup>
Office Space Standard	12.0M <sup>2</sup>
Professional Accommodation Standard* (65M <sup>2</sup> for one bedroom unit + 14M <sup>2</sup> for storage) and	79.0M <sup>2</sup>
* Available on in Type 1 & 2 communities	

However assessment of issues related to the proposed use of space, the service delivery plan and professional recruitment and retainment issues will impact on decisions related to space allocation.

When constructing space for the First Nations and Inuit Home and Community Care Program, planners should refer to Part 1, Space and Furnishings which can be obtained through MSB regional facility staff. This is a generic manual developed by MSB to plan space requirements. While space standards for the delivery of a home and community care program is not contained in this manual, it can still serve as a useful guide and resource.

Any capital construction other than that identified above must be documented with clearly identified expected outcomes, costing and benefits for the delivery, operation and maintenance of the Home and Community Care Program.

## Capital Equipment

Funding available through the First Nations and Inuit Home and Community Care Program is for the purchase of capital equipment that is essential for the operation and delivery of home and community care services. Funding made available through the First Nations and Inuit Home and Community Care Program can only be used for the following purchases:

- equipment to support the start up of the program and can include: office furniture and computer hardware;
- equipment to support the professional delivery of services in home nursing, personal care, client assessment and case management.

**It is an expectation that each regional team will determine how to best provide timely access to equipment for the delivery of the First Nations and Inuit Home and Community Care Program in a cost efficient manner that supports quality care and within existing funding parameters.**

**The establishment of supply and equipment depot(s) is one approach that would facilitate timely access, cost effectiveness and program efficiency.**

**An approved equipment list beyond start up requirements will be forwarded to regions once the list has been approved.** Any purchases made that are not on the approved list will require a request to purchase submission forwarded through a structured review and screening process.

In order to set up the depot the following should be done:

- A plan prepared that demonstrates the need, cost efficiency, function, support, management and operation of the depot (inventory of items, loan process) the operation, replacement and maintenance.
- Costing of operation which includes cost recovery approach.
- Explore and facilitate opportunities that support linkages to existing provincial services to minimize duplication.
- Review of operations and accountability process to the communities served must be clearly defined.
- Proposed equipment purchases for use by the program should be purchased wherever possible, in bulk within the region or in alliance with other regions.
- Equipment approved for purchase must clearly identify any training, occupational health and risk management related issues and how these issues will be addressed.
- Bulk purchase of medical supplies and program equipment for community access utilization for the delivery of the First Nations and Inuit Home and Community Care Program.

**Purchases for any major capital equipment over \$1000.<sup>00</sup> should be reviewed against the following considerations:**

- client base and health status indicators support the need to purchase;
- equipment purchased supports the delivery of the essential elements of the First Nations and Inuit Home and Community Care Program;
- liability and risk management assessment has been completed and planned against;
- trained staff or a costed plan to train staff has to be in place prior to the purchase of specialized equipment; and
- demonstrated maintenance plan, costing of plan including depreciation and replacement.



# SUSTAINABILITY, REPORTING AND MONITORING ACTIVITIES



As with the majority of any new initiative, the critical issues around the long term sustainability of the Home and Community Care Program need to be addressed particularly with respect to capital given that it is only available during the three-year developmental phase. The specific issues that have been identified include:

- on-going operating costs of expanded facilities;
- maintenance of specialized capital program equipment; and
- future depreciation and replacement of capital equipment, vehicles and other capital items.

Data gathering and analysis around these issues will be essential to understand the costs and issues associated with the ongoing capital equipment needs of the First Nations and Inuit Home and Community Care Program. Tracking tools will be forwarded to regions and territories to maintain a monitoring and evaluation capacity for capital related issues.

As it has already been mentioned, planning for replacement of capital construction and items needs to occur. Some suggested approaches for consideration are:

- identify a list of items that need to be covered from the operational portion of the funding allocation; and/or
- obtain a collective agreement to invest a certain percentage of the yearly allocation to a replacement pool of resources. This would enable bulk purchasing and a maintenance plan including depreciation and replacement. The accountability and utilization of these pooled resources would also have to have collective agreement.

## DEVELOPING A SUBMISSION FOR CAPITAL

A template for the capital submission has been developed for use by communities and program planners and is attached as an appendix to this handbook. It should be used to complement existing capital submission processes. The capital submission should be prepared only after the needs assessment is completed and a program plan has been developed.

Once the program plan has been developed and undergone a review process and received approval, an assessment of capital needs to support the delivery of the program should then be carried out.

Each MSB region will communicate to communities the process for capital expansion submissions required for their region.



# CRITERIA FOR REVIEWING CAPITAL PLANS



The following are some of the issues and approaches which should guide the review of any plans submitted to the Regional Review Committee for capital expenditures.

1. Is the need demonstrated in the reviewed needs assessment and program plan?
2. Evidence of the following:
  - replacement plan
  - equipment lending policy
  - utilization plan/policies for specialized equipment
  - maintenance plan
  - rental policies for accommodation
  - cost recovery plan
  - trained staff
  - liability and risk management assessment and plan.
3. Are the costs reasonable and consistent within the Capital Construction Cost Guidelines?
4. Does the client base warrant the capital expenditure within the limited resources available?

5. Are there other funding sources for item(s) requested?
6. Is the equipment necessary for the delivery of the essential components of the Home and Community Care Program?
7. Would this equipment be more cost efficiently accessed through a central depot?
8. Are there sufficient operating dollars available to support the operation of the capital plan?

A matrix to assist the region to prioritize capital expansion activities has been developed for use for decision making at the regional level and is attached as an appendix.

#### *Notation on Types of Communities*

The definitions of types of communities is sourced from the Community Workload Increase System and is as follows:

Type 1 Community - Remote isolated

Type 2 Community - Isolated

Type 3 Community - Semi-Isolated

Type 4 Community - Non-Isolated



# APPENDICES

## Appendix A - Draft Capital Plan Template

Organization (Community Information)	
Community Name/Tribal Council or Region Submitting Plan: _____	
Mailing Address: _____	Telephone: _____
_____	Fax: _____
Total Resident Population of Communities: _____	
Total Estimated or Actual Number of FNIHCC Program Clients: _____	
Distance to Closest Medical/Treatment Facility: _____	
Contact Name for Capital Plan Submission: _____	
Position Title: _____	
Telephone: _____	Fax: _____
TYPE OF CAPITAL PLAN	
<b>1. Capital Construction</b>	<b>2. Capital Equipment</b>
A. Health Professional Accommodation <input type="checkbox"/>	A. Equipment Depot(s) <input type="checkbox"/>
B. Expansion	B. Specialized Equipment <input type="checkbox"/>
• Existing Health Facility <input type="checkbox"/>	C. Program Start-Up <input type="checkbox"/>
• Existing Community Facility <input type="checkbox"/>	
Objectives: _____	
Cost: _____	
Capital Plan Submission: _____ <input type="checkbox"/> Reviewed by regional review process	
Capital Plan Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regional review contact person: _____	
Signature: _____	Date: _____
Telephone: _____	

## Appendix B - Priority Matrix for Home and Community Care Capital Construction Activities

First Nation/Inuit Community	CWIS Population (a)	Remoteness (CWIS com. Type) (b)	Rating for Remoteness (c)	No. of Funded Health FTE's	Current Sq. Footage FTE's	No. of Projected New HCC FTE's

Projected Sq. Footage Required	Rating for Total FTE's	Rating for sq. ft. Needs	Age of Existing Facility	Year Built	Rating Points for Age	Current Priority Rating for Regional Capital Plan	Priority Matrix Rating