



Business case guide for Indigenous groups and organizations

Alberta Health, Government of Alberta
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Continuing Care Capital Program
Business Case Guide for Indigenous Groups and Organizations
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Overview

The Government of Alberta is implementing a new needs-based program to increase the supply of supportive living, designated supportive living (DSL) and long-term care (LTC) spaces in Alberta's Continuing Care system. The new Continuing Care Capital Program focuses on using partnership approaches and the best practices of previously implemented Continuing Care capital programs to quickly and cost-effectively add spaces.

Working from a foundation of building meaningful relationships, the Indigenous stream of the Continuing Care Capital Program will support the development of Continuing Care spaces for Indigenous peoples in Alberta, increasing Continuing Care capacity for Indigenous populations on or off reserve(s) or on or off Metis Settlement(s).

The new program will support health outcomes and quality of life for Indigenous people in Alberta by increasing access to culturally appropriate and high quality Continuing Care spaces where required. It will also 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.

The capital grant is issued through a competitive process. A Business Case Application Form **must be submitted with all other required documents to be accepted as a complete application.**

This Guide provides information to help Indigenous groups / organizations complete the [Business Case Application Form](#).

If you have questions after reviewing this Guide, please contact:

Health.ContinuingCareCapitalPrograms@gov.ab.ca

What is Continuing Care?

Continuing Care is an integrated range of services provided in homes or in a DSL or LTC setting that support residents' health and well-being, helping them to maintain an active and fulfilling life. Continuing Care residents represent a wide range of age groups, abilities and diagnoses; although the majority of Continuing Care residents are seniors, Continuing Care also serves children and younger adults.

Alberta Health and Alberta Health Services (AHS) share responsibility for publicly-funded Continuing Care services. Alberta Health develops legislation, standards and directional policies, and funds AHS to deliver services. AHS is a separate entity that is responsible for the delivery of health services and for managing operations.

Publicly-funded Continuing Care services includes home care, DSL, LTC, and hospice, palliative and end-of-life care. Professional healthcare services and personal care assistance for Continuing Care residents are publicly-funded and care is provided either directly by AHS or by contracted care providers.

A number of different types of Continuing Care accommodations are available in Alberta including group homes, lodges, supportive living, DSL and LTC settings. Beyond these Continuing Care accommodations, a significant amount of Continuing Care is provided to individuals living in their own homes through Alberta's Home Care Program.

Home care

Home care includes publicly-funded personal and healthcare services for individuals of all ages living in a private residence or another setting, such as a lodge. Home care helps people remain well, safe and independent in their home for as long as possible, supplementing care and support from families and community services. Individuals may be eligible for basic homemaking services for a fee.

AHS directly provides personal and healthcare services, or contracts with private home care providers to provide care. Healthcare services are delivered by a team of skilled professionals who support individuals to continue living in the community. Depending on the individual's needs, the care team can include a Registered Nurse, social worker, occupational therapist, physiotherapist and others.

Supportive Living (including DSL)

Supportive living accommodations are home-like settings where individuals can remain as independent as possible while they have access to accommodation and services that meet their changing needs. Supportive living promotes resident independence and aging in place through

24-hour safety and security services, and accommodation services including meals, housekeeping, and social or leisure activities.

Buildings and common areas are designed to meet individuals' needs and to support their safety and security. Supportive living residents range from independent seniors who choose to live in a facility to access support services, to those who require assistance due to age, chronic conditions and frailty, to younger adults with mental health or physical disabilities. Supportive living settings include seniors lodges, group homes, mental health and DSL accommodations. These settings can be operated by private for-profit, private not-for-profit, or public operators.

Supportive living operators (excluding DSL operators) can determine service packages and set costs for different services. Individuals are encouraged to meet with the supportive living operator to develop a clear understanding of accommodation charges, services and costs before signing a residency agreement and moving into a new accommodation. The accommodation charge varies by type of accommodation and the services or amenities that are available to the resident.

Under the [Supportive Living Accommodation Licensing Act](#), all supportive living accommodations must be licensed annually and are subject to the [Supportive Living Accommodation Standards](#) when the operator provides permanent accommodation to four or more adults and the operator provides or arranges for services related to safety and security of the residents as well as at least one meal a day or housekeeping services.

DSL settings provide publicly-funded 24-hour on-site (scheduled and unscheduled) personal care and support services through Health Care Aides, and / or Licensed Practical Nurses. The amount and type of care provided to an individual is based on their assessed unmet care needs. DSL is comprised of three distinct levels of care: DSL3, DSL4, and DSL4D – dementia. Residents pay an accommodation charge for accommodations and related services including meals, housekeeping and building maintenance. In addition to the [Supportive Living Accommodation Standards](#), DSL facilities are required to meet the [Continuing Care Health Service Standards](#).

The DSL health and personal care services are publicly funded and provided by or contracted through AHS. AHS is responsible for managing admissions, transitions and wait lists for all DSL facilities.

Long-Term Care

LTC is provided for individuals with complex medical needs who are unable to remain safely at home or in a supportive living setting. In LTC, residents receive accommodation, meals, and 24-hour on-site professional nursing and personal care. Case management, Registered Nursing, rehabilitation therapy and other services are provided on-site. Residents pay an accommodation charge for accommodations and related services including meals, housekeeping and building maintenance. LTC facilities are required to meet the [Continuing Care Health Service Standards](#) and the [Long-Term Care Accommodation Standards](#).

In Alberta, LTC includes nursing homes and auxiliary hospitals, which must comply with the [Nursing Homes Act](#) or the [Hospitals Act](#), respectively, and their related regulations and mandated standards. The health and personal care services in LTC are publicly funded and provided by or contracted through AHS. AHS is responsible for managing admissions, transitions and wait lists for all LTC facilities.

Operational Funding for Continuing Care

Publicly-funded Continuing Care operators (i.e., DSL and LTC facility operators) have two primary sources of operational funding:

1. [Health services revenue](#). The majority of the operational funding comes from AHS 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 LTC, this would also include medically necessary medication and supplies.
2. [Accommodation / hospitality services revenue](#). The other typical source of revenue for facility operators is the funding they receive from resident accommodation charges that would cover accommodation related expenses, such as, but not limited to, food services, laundry / linen services, housekeeping, utilities and maintenance. Alberta Health is responsible for setting the maximum accommodation charge amount that operators can charge residents for their DSL and LTC spaces. The maximum charges are based on room type and there are income supports available for eligible low-income residents through either the Alberta Seniors Benefit or the Assured Income for the Severely Handicapped programs. More information on these charges can be found on Alberta Health's website at <https://www.alberta.ca/continuing-care-accommodation-charges.aspx>.

Introduction

The Alberta Government is implementing a new program to increase the supply of Continuing Care spaces in Alberta. This new program focuses on adding spaces where Continuing Care (SL, DSL and / or LTC) is needed most to increase capacity for both Indigenous groups, and other priority communities identified by AHS as having a high need based on the Continuing Care Capacity Needs Assessment.

The new program will support health outcomes and quality of life for Albertans, including Indigenous people in Alberta, by increasing access to appropriate and high quality Continuing Care spaces if and when required.

The new program includes competitive capital grants to support grant applicants to build or upgrade / renovate Continuing Care spaces.

This Guide has been developed to assist Indigenous groups / organizations interested in developing Continuing Care spaces in their community to address the requirements of unmet population demand for health services. It is intended to provide information to assist applicants in the preparation and completion of the Business Case Application Form.

Information can also be accessed from the [Alberta Health Continuing Care – Continuing Care Capital Grant Application Process website](#).

Purpose of the Business Case Application Form

To apply to the Indigenous Continuing Care Capital Grant Program, applicants must submit a completed application using the standardized Business Case Application Form as well as other required documents.

Grant applications are to be submitted to Alberta Health at the following address:

**Continuing Care Capital Programs
Health Facilities Planning Branch
Alberta Health
16th Floor, ATB Place North Tower
10025 Jasper Avenue
Edmonton, Alberta T5J 1S6**

See the Indigenous Continuing Care Capital Grant Application Process for further details of the submission requirements.

The deadline to submit the grant application is **4:30 pm Friday, December 17, 2021** unless otherwise communicated by Alberta Health.

The Business Case Application Form is only one part of the materials that must be submitted to apply for a Continuing Care capital grant.

Important Notes:

- All capital grant applications will be evaluated at the same time once the grant application process closes.
- The capital grant will be issued through a competitive process. **Business Case Application Forms must be submitted with all other required documents to be accepted as a completed application.**
 - It is anticipated that Alberta Health will receive more capital grant applications than can be supported with the available funding.

Business Case Application Form

Directions

These directions provide context as to what is being asked for in each section of the Business Case Application Form.

Notes:

All sections of the Business Case Application Form are mandatory, unless the specific field is not applicable to the Applicant.

All shaded (grey) cells are to be filled out unless they do not apply to the Applicant.

All non-shaded cells will be automatically calculated.

Please read each section of the Business Case Application Form carefully and use the space provided for complete and succinct responses. Some sections require the use of drop-down selections.

Section 1¹: Project Location

This section collects information about the proposed project location (e.g., municipality, Reserve or Settlement) and relevant health zone.

Lines 10 to 12 – Project jurisdiction

- **Project Municipality, Reserve or Settlement:** Identify the Municipality, Reserve or Settlement where the proposed project would be built.
- **Health Zone:** From the drop-down menu, select the AHS Zone in which the proposed project would be located: South, Calgary, Central, Edmonton or North (see AHS Zone [map](#)).

Section 2: Applicant Information

This section collects information about the Applicant, related parties and associated experience / background.

¹ Note: In the Business Case Application Form, sections are not numbered.

Lines 18 to 26 – Grant Applicant

For each entity type listed below, as applicable, provide the following information: name, address, city, province, postal code (no space: XXXXXX), and contact person's name, title, telephone number and email address:

- **Applicant organization** – is the Applicant for the project, represents an Indigenous group / organization, and is a legal entity. If the proposed project is approved by the Province, this legal entity is the primary contact, has primary responsibility for the project, and would be the recipient of grant funding under an agreement with the Province.
- **Land owner** – who is on the certificate of title for the land (if First Nation reserve, indicate Crown for example) that the proposed project (Facility) would be developed on.
- **Prime project developer (if applicable²)** – the organization responsible for the development of the project.
- **Secondary project developer or contractor (if applicable)** – represents the general contractor hired to construct the proposed project.
- **Accommodation operator upon completion (if different from the Applicant)** – is generally the Applicant, however, there may be instances where the Applicant contracts with alternative service provider(s) responsible for overseeing and managing health care services and / or the delivery of accommodation / hospitality services and / or building operations.

Lines 28 to 31 – Type of organization / governance structure (e.g., organization chart) of Applicant

- Identify the Applicant's organization type – for example: First Nation, Metis Settlement, region or local of the Métis Nation of Alberta Association, Housing Management Body, Private Not for Profit Society, Private Not for Profit Corporation, and / or Private for Profit Corporation. More than one Applicant organization can be identified.

Line 33 – Submit a copy of Nation / Settlement Bylaws, Governance Code, incorporation documents and business number

Lines 35 to 58 – Provide information regarding Applicant organization's and individual team members' experience in the delivery of accommodation and / or health services and supports

- The purpose of this section is to describe the background, qualifications and experience of the Applicant organization(s), related parties (e.g., partnering with another organization who has experience in delivering Continuing Care operations), and related individuals who would be primarily responsible for the successful completion and operation of the proposed project.
- Content should not exceed one page (5,000 characters). If additional space is required, please include it as an attachment. Responses should be succinct, organized and focused for easy review.

² If a section of the Business Case Application Form is not applicable, please enter N/A in the box provided.

- Information in this section can include, but is not limited to:
 - Applicant accreditation status;
 - Relevant past Applicant experience;
 - Applicant mission, values and goals;
 - Type of services provided by the Applicant (currently and in the past);
 - Individuals involved and their backgrounds, roles, designations and experience; and
 - Any other information deemed relevant and beneficial by the Applicant.

Section 3: Project Location and Land Status

This section collects detailed information about the proposed project location and land status.

Lines 63 to 64 – Name of project (Facility)

- Identify the name of the proposed project (Facility).

Lines 66 to 67 – Legal land description

- Provide the plan or latitude and longitude, block or Reserve / Settlement Name and lot information from the Certificate of Title or similarly authoritative document.

Lines 69 to 70 – Civic address, if available

- Enter the proposed project (Facility) mailing address: number, street, town, postal code.

Lines 72 to 74 – Land ownership

- Select the best answer from the drop-down menu:
 - Applicant owns land;
 - Applicant has long-term lease on land [minimum of thirty-three (33) years];
 - Applicant has offer to purchase; or
 - Applicant has permission to use.

Line 76 – Name of current registered owner on title (if First Nation reserve, indicate Crown)

- Enter the name from the Certificate of Title or other similarly authoritative document. The name may be an individual, organization, government or “Crown”.

Line 78 – If not Applicant, relationship to Applicant

- Answer this question if the Applicant does not directly own the land. Describe the relationship between the Applicant and the landowner or lessor of the land as applicable.

Lines 80 to 85 – Current zoning of land

- Describe the current zoning status of the land.

- Examples of zoning descriptions include high density residential, rural and commercial retail.
- The response is limited to a maximum of half a page (2000 characters).

Line 87 – Does parcel of land require subdivision?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Line 89).

Line 89 – What is current stage of the subdivision process?

- If Line 87 answer was “Yes”, select the best answer from the drop-down menu:
 - Not yet commenced;
 - Application preparation;
 - Application submitted to Subdivision Authority;
 - Municipality (or appropriate authority) review of application;
 - Decision: Approval with or without conditions;
 - Appeal Process;
 - Field Survey and Final Plan; or
 - Completed.

Lines 91 to 92 – Will the land require re-zoning?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Lines 94-99).

Lines 94 to 99 – What is the current status of re-zoning?

- If Line 92 was “Yes”, provide details regarding the nature of the required change in zoning, whether the re-zoning is affecting the property or the neighborhood, and reasons for the change.
- The response is limited to a maximum of half a page (2000 characters).

Lines 101 to 102 – Does re-zoning comply with municipal / reserve / settlement planning for the site?

- Select Yes / No from the drop-down menu.

Line 104 – Provide land documentation

- Applicants must provide evidence of an offer to purchase, ownership, long-term lease agreement [thirty-three (33) years minimum], proof of lands set aside, or proof of registry for the project.
 - For First Nations' reserves, this includes a Band Council Resolution (BCR) and authorization from the Minister of Indigenous Services Canada pursuant to section 18.2 of the [Indian Act](#).
 - For Metis Settlements, provide a copy of the applicable Metis bylaws, Metis title from the Metis Lands Registry and verify the existence of any additional interest in Project lands.

Lines 106 to 107 – Describe Status of BCR / Land Use Approval from Minister of Indigenous Services Canada or Metis Registry

- The response is limited to a maximum length of half a page (2000 characters).

Lines 109 to 115 – Description of site, location, and suitability for Continuing Care Facility

- Provide one copy of the Community Planning Report
- Information may include, but is not limited to:
 - Environmental concerns;
 - Amenities nearby;
 - Proximity to sewage and water utilities;
 - Type of land (e.g., flat or on a hill); and
 - Landscape – including how it is suitable for people with mobility issues.

Lines 117 to 118 – Provide one copy of the Site Plan

Lines 120 to 123 – Provide one copy of the drawings of the proposed Facility indicating the following:

- Layout of Facility;
- Front elevation;
- Building footprint; and
- Typical residential unit.

All design elements must meet the Architectural Design Requirements Checklist and any additional requirements.

Section 4: Preliminary Concept of the Facility

This section collects detailed and descriptive information about the proposed project, including information on the design of the building, anticipated resident populations to be served, current and future space utilization, and integration with existing and planned community infrastructure / amenities and / or surrounding communities.

Line 127 – Major Occupancy Classification

Major occupancy means the principal *occupancy* for which a *building* or part thereof is used or intended to be used, and shall be deemed to include the subsidiary *occupancies* that are an integral part of the principal *occupancy*. The *major occupancy* classifications used in the *Alberta Building Code* that apply are as follows:

B2 *Treatment occupancies* (e.g., hospitals);

B3 *Care occupancies* (e.g., supportive living, long-term care); and

C Residential occupancies (e.g. residential homes, lodges).

- Select B2 or B3 from the drop-down menu to indicate whether the project will be built to at least a minimum B3 Occupancy Classification.
- Please contact the local municipality and consult the *Alberta Building Code* to confirm if the proposed building meets B3 classification.

Note: As B3 is a recent addition to the *Alberta Building Code*, proof of B3 equivalency from the Authority Having Jurisdiction would be required for any proposed project involving an existing facility that adheres to residential occupancies (Group C), such as for renovation / refurbishment of an older facility. It is recommended a physical and / or functional building assessment be conducted to determine whether the building is at the end of its useful life or whether a new build would be more cost effective than renovating the existing facility to current standards.

Attention: There may be some instances in some remote communities where low water pressure may affect the fire suppression systems and may need to be addressed to ensure the Facility passes the fire inspection.

For building codes and standards, please go to the following website:

<https://www.alberta.ca/building-codes-and-standards.aspx>.

Line 129 – Building type

- Select the best answer from the drop-down menu to identify the nature of the building to be constructed:
 - Continuing Care Congregate 1-storey (more than 10 units);
 - Continuing Care Congregate 2-storey (more than 10 units);
 - Continuing Care Congregate 3-storey (more than 10 units);
 - Continuing Care Congregate 4-storey (more than 10 units);
 - Mixed Use (e.g., Independent and Continuing Care); or
 - Group Home (10 or less units).

Line 131 – Barrier-free construction

- Identify which areas of the building will comply with [Barrier-Free Design Guide 2017](#) requirements. The [Barrier-Free Design Guide 2017](#) is produced by the Safety Codes Council. Select the best answer from the drop-down menu:
 - Resident room and common areas only; or
 - Entire facility.

Line 133 – Project type

- Select the best answer from the drop-down menu to identify the scope of construction that is required to complete the proposed project:
 - New Construction;

- New Addition to Existing Facility;
- Conversion from Non-Residential to Residential;
- Renovation of Existing Facility;
- Blend of Renovations and Expansion;
- Blend of New Construction and Renovations; or
- Replacement.

Lines 135 to 155 – Overall description / concept of Facility

- Information may include, but is not limited to:
 - Residents served;
 - Configuration of resident rooms (e.g., studio / bachelor, one bedroom, two bedroom, options for couples and loved ones);
 - Rooms description (e.g., closet, bathrooms, square footage, accessibility, designed for people living with obesity, dementia, etc.);
 - Organization of rooms or room setup in the building (i.e., how units are located or organized in the building, such as, are the dementia spaces located on the main floor and do they have access to secure outside space) and are the rooms organized into "Neighbourhoods" or "Pods" of 14 units containing all spaces for activities of daily living (e.g., dining area, multi-purpose / activity room, lounge area) and with access to outdoor space on each floor;
 - Office space for visiting health staff;
 - Description of common areas;
 - Description of health services to be provided and staffing required (e.g., full-time staffing positions, staff dedicated to specific residential areas);
 - Description of personal care services to be provided (e.g., multi-skilled staff);
 - Access to storage, water collection;
 - Accessibility throughout the building;
 - Housekeeping, laundry and food services;
 - Central services (e.g., reception, exercise room);
 - Any commercial activities (e.g., salon);
 - Chapel services;
 - Availability of culturally appropriate spaces;
 - Programming (e.g., classes);
 - Number of assisted bathing room(s);
 - Description of amenities on the Facility site (e.g., walking area, smokers' area);
 - Availability to deliver complementary services and resources to the members of the community (e.g., assisted bathing tub available to community, day programs);
 - Co-location of Facility with other community based services such as primary care, home care, adult day programs, mental health or addiction services;
 - Co-location with non-health services (e.g., community centre, cultural centres and / or recreational services, day care, social services);
 - Common kitchen / laundry;

- Availability of transportation options for residents to access community and amenities; and
- If renovating / upgrading / replacing a facility, description of current building and description of proposed building.
- The response is limited to a maximum of one page (5000 characters).

Lines 157 to 161 – Innovative Method of Delivery

Please describe any innovative aspects in the development or operations of this project.

- Examples of information to be included:
 - Use of innovative technologies to increase the efficiency of construction, accelerate construction, improve safety, improve energy efficiency, etc.;
 - Use of innovative, person-centred approaches to the delivery of care services (e.g., multi-skilled staff, full-time workers, and staff dedicated to specific residents);
 - Culturally or disability sensitive care / services (e.g., persons with physical disabilities, persons with mental health issues, etc.);
 - Use of technology to support virtual care / services and / or increase opportunities for resident wellness and social engagement; and
 - Use of innovative models for building design (e.g., smaller homes, campuses of care, village concepts, etc.) and service delivery (e.g. multi-skilled staff in household models).
- The response is limited to a maximum of half a page (2000 characters).

Lines 163 to 165 – Have you included the Architectural Design Requirements Checklist, which highlights required design elements **that must be included** in the design of the project? The Checklist must be reviewed, signed and submitted as part of the application process.

Lines 167 to 173 – Who have you approached about this project for funding or support (e.g., Government of Canada – Canada Mortgage and Housing Corporation, Crown-Indigenous Relations and Northern Affairs Canada, Indigenous Services Canada; Government of Alberta – First Nations Development Fund, Seniors and Housing; industry partners, municipalities, Tribal Councils, other communities, service clubs / community, foundations, etc.)? Have you received commitments of funding from any of these organizations? Have you received any letters of support from any of these organizations?

- If applicable, provide details of any other funding or material support received, receivable or applied for. What components of the project are being supported by these sources of funding?
- If applicable, provide details of any letters of support from organizations listed above.
- See Lines 610 to 614, and Lines 617 to 621 to ensure funding sources are identified as sources of financing against project costs.
- The response is limited to a maximum of a quarter of a page (1000 characters).

Line 175 – Have you selected a prime consultant / architect?

- Select Yes / No from the drop-down menu. If “Yes”, provide details below (Lines 176-179).

Lines 176 to 179 – Name of company, contact information

- If Line 175 was “Yes”, enter the company name, address, phone number and name of the contact person of the prime consultant / architect.

Lines 181 to 182 – Has this company had recent experience building Continuing Care facilities? If yes, for what type of residents were the recent projects designed to support? In what jurisdiction (i.e., province)?

- Identify either “no experience” or the type of residents served: e.g., seniors, special needs populations, people with complex needs (e.g., persons living with dementia, obesity, addictions, mental health, etc.); whether it was in an Indigenous community.

Lines 184 to 189 – Please describe the residents to be served by the Facility. Please include the types and frequency of personal care services and health care supports it is anticipated they will require on a daily basis.

- Information may include, but is not limited to, the types of personal care and health care services and the frequency of personal care and health care services required by residents to be served in the Facility.
- The response is limited to a maximum of half a page (2000 characters).

Lines 191 to 195 – Indigenous groups / organizations are expected to collaborate with AHS to undertake a Needs Assessment. If you did collaborate with AHS to undertake a Needs Assessment, select ‘Yes’ from the drop-down menu.

If “Yes”, please attach a letter provided by AHS that indicates how many spaces your community requires.

Lines 197 to 202 – Have you conducted an additional Needs Assessment reflecting specific populations (e.g., persons with complex needs such as addiction and mental health) that would also be served by the Facility? If yes, please identify how many spaces this needs analysis supports.

- Select Yes / No from the drop-down menu. If “Yes”, the response is limited to 500 characters.

Lines 204 to 209 – What is your anticipated source of operational care funding (e.g., AHS operating agreement, or alternate source of ongoing operational care funding, e.g., Indigenous Services Canada, Provincial Ministries, Band, Settlement, industry partner, service club / community, foundation, etc.)? Revenue sources must be able to be validated by Alberta Health.

- The response is limited to a maximum of half a page (2000 characters).

Examples for Different Approaches to Operating Continuing Care Facilities

1. Models of care service delivery in publicly-funded designated supportive living

Partnering with AHS to provide publicly-funded health care services in DSL spaces may assist Indigenous groups / organizations with ongoing sustainability and help provide individuals with comprehensive services that foster a healthy and active community. In addition, this supports individuals to remain in their communities.

Indigenous groups / organizations may provide accommodation services only or provide both accommodation services and care services. If the organization wishes to contract with AHS to provide publicly-funded care services, AHS will work with the potential operator and determine the most appropriate type of contract agreement. The type of contract that is ultimately selected considers the operator's interest, ability, expertise, and experience in providing DSL care services, as well as their financial viability.

There are typically three ways that publicly-funded care services can be provided and there may be the possibility of customization through negotiations and discussions:

1. Indigenous group / organization provides accommodation services only; AHS provides care services

When the Indigenous group / organization provides only accommodation services, AHS may provide the care services directly by contracting access to **designated access spaces** with the Indigenous group / organization. A designated **access agreement** is used to describe and govern the relationship between AHS and the operator. In these arrangements, AHS is responsible for providing all clinical care services required by residents and AHS has to comply with the [Continuing Care Health Service Standards](#) in providing these clinical care services, while the operator has to comply with the *Supportive Living Accommodation Licensing Act* and the [Supportive Living Accommodation Standards](#) for the accommodation services they are responsible for.

2. Indigenous group / organization provides accommodation and care services

When the Indigenous group / organization provides both accommodation and care services, the operator may be funded for the care services through a contract with AHS if it meets AHS' requirements for the delivery of care services. A **supportive living master services agreement (MSA)** is used to govern the relationship between AHS and the Indigenous group / organization. The Indigenous group / organization is responsible for providing all clinical care services required by residents and has to comply with the [Continuing Care Health Service Standards](#) in providing

these clinical care services. The operator also has to comply with the *Supportive Living Accommodation Licensing Act* and the [Supportive Living Accommodation Standards](#) for the accommodation services they are responsible for.

3. Indigenous group / organization provides accommodation and subcontracts care services to an AHS approved service provider

An Indigenous group / organization may subcontract resident care to a healthcare service provider who meets AHS' requirements. A MSA will govern the relationship between AHS and the Indigenous group / organization as well as determine the roles and responsibilities of the parties. The approved subcontractor would be responsible for providing clinical care services to residents and has to comply with the [Continuing Care Health Service Standards](#) in providing these clinical care services. The Indigenous group / organization is responsible for the subcontractor carrying out the services under its subcontract agreement and the terms of the MSA.

2. Care service delivery in non-publicly-funded supportive living

Indigenous groups / organizations may instead prefer to self-fund, charge the residents, or obtain other external funding for the care services rather than contracting with AHS. In this case, the site would be classified as supportive living, rather than designated supportive living, and the Indigenous group / organization would be responsible for ensuring ongoing funding to make the care services sustainable over the long term. Another option would be that the proponent provides the housing and AHS or a service provider provides the appropriate wrap around services to support the unmet needs of the residents. Alberta Health does not provide operational funding to organizations that choose not to contract with AHS. The operator would still be required to comply with the *Supportive Living Accommodation Licensing Act* and the [Supportive Living Accommodation Standards](#) for the accommodation services they are responsible for.

For Continuing Care accommodation and health service standards, please visit: <https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx>.

Lines 211 to 212 – If capital funding is anticipated to come from another source, provide a letter of support from organization(s)

Line 214 – Have you contacted AHS regarding a staffing / operational model? The first point of contact is the Indigenous Health Program in your zone. Please see page 12 of the AHS Continuing Care in Indigenous Communities Guidebook for contact information: <https://www.albertahealthservices.ca/assets/info/seniors/if-sen-ccic-guidebook.pdf>.

- Select Yes / No from the drop-down menu.

Lines 216 – Have you contacted Alberta Health’s Compliance and Monitoring Branch regarding licensing? <https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx>

Phone: [780-644-8428](tel:780-644-8428)
Toll free: [310-0000](tel:310-0000) before the phone number (in Alberta)
Email: asal@gov.ab.ca

Address: Alberta Health
Attn: Compliance and Monitoring Branch
P.O. Box 1360, Station Main
Edmonton, Alberta T5J 2N3

- Select Yes / No from the drop-down menu.

Lines 219 to 230 – Eligible capacity

"Eligible Units" are units that will offer Continuing Care services and supports to residents.

- Units that will be contracted by AHS, or
- Units that are supported by a needs assessment,

for which a basic room rate is charged (that includes, but is not limited to three meals per day, housekeeping and linen laundry service, life enrichment services, safety and security, transportation) for a studio or one-bedroom unit that does not exceed the Established Accommodation Charge for a private accommodation for a LTC facility (i.e., \$2,132 per month as of July 1, 2021).

Enter all the following requested information for all Eligible Units: number of units, number of units to be renovated, unit size (average gross square feet) for:

- **Number Studio / Bachelor** – total number of studio / bachelor units;
- **Number One-Bedroom** – total number of one-bedroom units;
- **Number Two-Bedroom** – total number of two-bedroom units; and
- **Brief Description** – provide a description of the rooms in terms of size (e.g., square footage (i.e., 350 sq. ft.), larger rooms to accommodate couples / loved ones, etc.), features, accessibility, and specific clientele (e.g., persons living with dementia, obesity, and / or complex needs, such as addictions and mental health, etc.). The response is limited to 2000 characters or half a page.

Lines 232 to 243 – Additional Ineligible capacity (would not be funded through the capital grant program)

"Ineligible Units" are:

- Units not supported by a needs assessment;
- Units which are not intended for the provision of Continuing Care services and supports;
- Any units for which rates exceed the Established Accommodation Charge for a Continuing Care facility; and

- Any units not meeting the [Design Guidelines for Continuing Care Facilities in Alberta \(August 2018\)](#) and the [Architectural Design Requirements for Continuing Care Checklist](#).

Enter all the following requested information: number of units, number of units to be renovated, unit size (average gross square feet) for:

- **Number Studio / Bachelor** – total number of studio / bachelor units;
- **Number One-Bedroom** – total number of one-bedroom units;
- **Number Two-Bedroom** – total number of two-bedroom units;
- **Number Self-Contained Apartments** – total number of independent resident units; and
- **Brief Description** – provide a description of the rooms in terms of size, features, accessibility, and specific clientele (e.g., persons living with dementia, obesity, and / or complex needs, such as addictions and mental health, etc.). Could include non-residential spaces (e.g., commercial spaces). The response is limited to 2000 characters or half a page.

Lines 245 to 250 – Staff / administration space

- Describe the office space (e.g., office space for visiting health staff, administration office, and location of space in the Facility).
- The response is limited to a maximum of half a page (2000 characters).

Lines 252 to 257 – Planned Commercial Capacity

- Describe any planned commercial spaces (e.g., salon, daycare).
- The response is limited to a maximum of half a page (2000 characters).

Lines 259 to 264 – Future site development

- Provide any additional information regarding capacity or space for future development.
- The response is limited to a maximum of half a page (2000 characters).

Lines 266 to 286 – Planned community integration

- Describe the services and features that will exist within the Facility to act as a “community / resource hub” and attract community members, including features and services in the community that would allow the development of a partnership between the Facility and community (e.g., cultural / recreational centres, schools, meal delivery service, etc.). It may include potential collaboration opportunities with surrounding communities.
- The response is limited to a maximum of one page (5000 characters).

Lines 288 to 302 – Development timetable: actual or estimated completion date (year / month / day).

- Click on the drop-down menu and select from the list.
- If phase is complete, then provide the actual timeline.

- Example – if land was purchased on “2018/01/30”, this date is the actual date of purchase, use the drop down menu.
- If phase is not complete, then provide status update in the “Comments” section.
 - Example – if there is an Offer to Purchase, then provide the estimated date of when the purchase transaction is expected to close, using the drop down menu. Additionally, in the “Comments” section, provide the stage of the transaction, offer submitted, or offer accepted.
- Provide all the above information for the following requirements:
 - Land purchase / land lease negotiations / land secured / permission to use;
 - Financing;
 - Design drawings;
 - Land use – subdivision or re-zoning;
 - Environmental review;
 - Development permit or equivalent;
 - Building permit or equivalent;
 - Construction tender;
 - Construction commencement;
 - Substantial construction completion;
 - Occupancy permit or equivalent;
 - Commissioning; and
 - First resident admission.

Section 5: Facility Area Details

This section of the Business Case collects estimates related to both the number of units and the project floor plan and square footage.

It is acknowledged that there will be sections of the Business Case where there may be challenges in separating information by Eligible and Ineligible Units, such as separating common space between Eligible and Ineligible Units. Applicants may use allocation methods to allocate the estimates between Eligible and Ineligible Units, as long as the allocation methods are appropriate and yield reasonable estimates (see example method in section 5.3).

5.1 NUMBER OF UNITS FOR RENT

Lines 308 to 309 – Accommodation type: Eligible and Ineligible Units

“Eligible Units” are units that will offer Continuing Care services and supports to residents.

- Units that will be contracted by AHS, or
- Units that are supported by a needs assessment and not contracted by AHS, for which a basic room rate is charged (that includes, but is not limited to, three meals per day, housekeeping and linen / laundry service, life enrichment services, safety and security, transportation) for a

studio or one-bedroom unit that does not exceed the Established Accommodation Charge for a private accommodation for a Continuing Care facility (i.e., \$2,132 per month as of July 1, 2021).

"Ineligible Units" are:

- Units not supported by a needs assessment and not contracted by AHS;
- Units which are not intended for the provision of Continuing Care services and supports;
- Any units for which rates exceed the Established Accommodation Charge for a Continuing Care facility; and
- Any units not meeting the [Design Guidelines for Continuing Care Facilities in Alberta \(August 2018\)](#) and the Architectural Design Requirements for Continuing Care Checklist.

Lines 310 to 322 – (Lines 310 to 314) rental area for new or additional units, and / or (Lines 316 to 320) rental area for conversion or renovated units

- Provide the number of Eligible and Ineligible Units (shaded cells) for each type of units listed; the "Total" number of accommodation type (studio / bachelor, one-bedroom and two-bedroom) and the "Total" number of Eligible and Ineligible Units will be calculated (no input is required). Do not complete both areas unless both are applicable.

5.2 SQUARE FOOTAGE OF RENTAL UNITS

Lines 325 to 341 – Accommodation type: (Lines 329 to 333) rental area for new or additional units, and / or (Lines 335 to 339) rental area for conversion or renovated units

- Provide the total square feet of Eligible and Ineligible Units (shaded cells) for each type of units listed:
 - Example: 10 Eligible studio units x 350 square feet per unit = 3500 total square feet to be reported for studio units.
- The "Total" square feet of accommodation type (studio / bachelor, one-bedroom and two-bedrooms) and the "Total" square feet of Eligible and Ineligible Units will be calculated (no input is required). Do not complete both areas unless both are applicable.

5.3 SQUARE FOOTAGE OF COMMON AREAS

Lines 343 to 376 – Type of Area: Eligible / Ineligible / Total

- This section is intended to show the square footage in the building that will be used for the provision of Continuing Care services and supports as versus the square footage that will be used for non-eligible purposes (e.g., commercial use not related to the provision of Continuing Care services and supports).
 - Example: 30 Eligible Units + 10 Ineligible Units = 40 total units

30 Eligible Units / 40 total units = 75%

10 Ineligible Units / 40 total units = 25%

- multiply the Admin Offices & Reception square feet x 75% for the Eligible Units
- multiply the Admin Offices & Reception square feet x 25% for the Ineligible Units
- The “Total” column will add together the eligible and ineligible square feet entered.
- Line 376 – “Total Common Area” is the sum of Lines 347 to 375 (no input is required).

Line 377 – TOTAL AREA

- The amount calculated in this part is the addition of the Line 341 Total Rental Area and the Line 376 Total Common Area; the “Total” column (Line 377) cell (E377) amount must equal the total square footage of the building.

Section 6: Financial Information

This section of the Business Case collects estimates related to both capital development and expected operational expenses and revenue, including information about:

- Capital cost estimates;
- Financing information; and
- Annual operational revenues and costs of the Facility.

It is acknowledged that there will be sections of the Business Case where there may be challenges in separating information by Eligible and Ineligible Units, such as separating land costs between Eligible and Ineligible Units. Applicants may use allocation methods to allocate the estimates between Eligible and Ineligible Units, as long as the allocation methods are appropriate and yield reasonable estimates, such as the example in 5.3 above.

6.1 RENTAL AREA – MONTHLY RATES (\$)

Established Accommodation Charges reflect the room rates that will be charged to residents.

- For Eligible Units, the room rate cannot exceed maximum regulated rates.

Room Type	Per Month (as of July 1, 2021)	Definition
Private	\$2,132	A room / unit in a Continuing Care facility, which is intended for not more than one (1) resident

Lines 382 to 392 – (Lines 384 to 387) rental area for new or additional units, and/or (Lines 389 to 392) rental area for conversion or renovated units

- Fill in the monthly room rate (provided above if charging the maximum room rate) to be charged for type of Eligible Units (studio / bachelor, one-bedroom and two-bedroom) and the monthly room rate to be charged for Ineligible Units. Do not complete both sections unless both are applicable.
- These numbers will populate Lines 399 to 407 – Monthly Rate / Unit.

6.2 ANNUAL RENTAL REVENUES – ELIGIBLE

- Example for calculating the Annual Rental Revenue for five (5) Eligible Units:

10 studio Eligible Units × \$2,132 per month × 12 months = \$255,840

Lines 397 to 410 – Accommodation type

- Input the maximum number of eligible occupants to be accommodated in each type of unit (e.g., studio / bachelor – 7; one-bedroom – 2; two-bedroom – 1).
- Line 409 – input an appropriate percentage for expected vacancy rate (e.g., 1, 3, 5).
- The “Monthly Rate / Unit”, the “Annual Revenue” columns and Lines 408 to 410 have formulas and will automatically calculate.

6.3 ANNUAL ACCOMMODATION REVENUES – INELIGIBLE

Lines 416 to 429 – Accommodation type

- Input the maximum number of ineligible occupants to be accommodated in each type of unit (e.g., studio / bachelor – 5; one-bedroom – 2; two-bedroom – 3).
- Line 428 – input an appropriate percentage for expected vacancy rate (e.g., 1, 3, 5).
- The “Monthly Rate / Unit”, the “Annual Revenue” columns and Lines 427 to 429 have formulas and will automatically calculate.

6.4 PRELIMINARY OPERATING COST ESTIMATES

Please ensure the cost and revenue estimates are reasonable and reflect the site business model. There may be allocation / proration of costs and revenues required between Eligible and Ineligible Units. Select an appropriate allocation methodology to yield reasonable estimates.

Lines 434 to 496 – (a.) Hospitality services

- Charges to the residents and the costs to operate the Facility.

Lines 435 to 444 – Estimated annual revenues

- Provide the requested information for each line and use an appropriate proration to divide the revenues between Eligible and Ineligible Units, if applicable.
- Line 436 – Rental Revenue will be populated with the data calculated in Lines 409 and 429.
- Line 437 – Ancillary revenue example: phone, cable, parking, etc., if these charges are not included in the rental rate.
- Line 442 – Lodge Assistance Program (LAP) grant – if applicable, provide the annual grant received or expected to be received. (The LAP grant is paid to Housing Management Bodies to assist with lodge operating costs.)
- Line 443 – Not Already Disclosed Elsewhere – if applicable, provide other hospitality revenue such as federal grants, other grants, meals-on-wheels, cost recovery, etc.
- Line 444 – Total Hospitality Revenue – calculates the total revenue for the three columns: Eligible, Ineligible and Total.

Lines 446 to 496 – Estimated annual expenses

- Provide the requested information for each line and use an appropriate proration to divide the expenses between Eligible and Ineligible Units, if applicable. The estimated expenses are classified in five main categories and each category has its own total: Accommodation Expenses, Maintenance Expenses, Utilities Expenses, Administration Expenses and Fixed Expenses.
- Line 489 – Replacement Reserve – provide estimates for funds set aside for the periodic replacement of building components that wear out more rapidly than the building (e.g., replacement of the roof, heating, ventilation, air conditioning systems, parking lot resurfacing, flooring, etc.).
- Line 495 – Total Hospitality Services Expenses – automatically calculates the total expenses for the three columns: Eligible, Ineligible and Total.
- Line 496 – Hospitality Surplus / (Deficit) – automatically calculates the estimated annual surplus or deficit from operations.

Lines 499 to 503 – Capital renewal program

- Provide a description of the plan for capital maintenance and major repairs for the proposed Facility. The plan will present how the proponent will manage maintenance and repair costs for any major building subsystem (e.g., boiler, roof). Detail how the proponent will fund and maintain a reserve to accommodate long-term capital investment projects or any other large and anticipated expense(s) that will be made in the future.
- The response is limited to a maximum of half a page (2000 characters).

Lines 505 to 519 – (b.) Health services

- Should reflect the funding estimates provided by AHS.

- The following 2020/2021 per diem per bed rates can be used to determine the reasonability of the estimates:

Per Diem Rates Per Bed	DSL3	DSL4	DSL4D	LTC
\$ / day / bed	\$73.54	\$120.19	\$132.74	\$186.67

- Example – annual health funding calculation for a site with five (5) DSL4 beds and five (5) DSL4D beds (fiscal year 2020/2021 = 365 days) = \$461,597:

Example	DSL3	DSL4	DSL4D	LTC	Total
\$ / day / bed	\$73.54	\$120.19	\$132.74	\$186.67	
x number of beds	-	x 5	x 5	-	
x 365 days	x 365	x 365	x 365	x 365	
\$ / day / bed	-	\$219,347	\$242,250	-	\$461,597

- Any home care or integrated funding should be reported under the Ineligible Units.

Lines 506 to 510 – Annual health services revenues

- Line 507 – resident charges for care beyond assessed resident need (e.g., extra bath a week if resident desires and is willing to pay for this extra care).
- Line 508 – funding from Health Authority – provide the annual funding from AHS using the above calculation example (the total is automatically calculated).
- Line 509 – funding from other sources – provide the annual funding using the above calculation example (the total is automatically calculated).

Lines 512 to 519 – Annual care operating expenses

- Provide the annual care operating expenses for each listed category.
- Line 518 – Total Care Expenses (funded by AHS) is calculated.
- Line 519 – Care Surplus / (Deficit) – calculates the estimated annual surplus or deficit from the Annual Health Services Revenues (Line 510) and the Annual Care Operating Expenses (Line 518).

Lines 521 to 524 – (c.) Summary – hospitality and health services combined

- This section automatically calculates the combined estimated annual Hospitality surplus or deficit plus the Annual Health Services surplus or deficit.

6.5 A. PRELIMINARY CAPITAL COST ESTIMATE

Please ensure the construction costs estimates are reasonable and reflect estimates provided by the construction / development company. All estimated costs provided should not include GST (GST is automatically calculated on Line 583).

There may be allocation / proration of costs required between Eligible and Ineligible Units. Select an appropriate allocation methodology to yield reasonable estimates (for consistency, follow the same allocation methodology used to allocate square footage of common areas in section 5.3).

Please be advised that the “Subtotal” and the “Total” will be calculated automatically.

Line 531 – Land – acquisition cost (A)

- Provide the amount paid to purchase the land.

Lines 532 to 540 – Soft costs

- Provide all the applicable pre-construction estimated costs requested in this section.

Lines 542 to 547 – Building(s)

- Provide the estimated costs related to the construction of the Facility (Lines 543 and 544) and the capital assets (Line 545) such as: major appliances, furniture, built in freezer, etc.

Lines 548 to 552 – Site improvements

- On-site servicing (Line 549) may consist of, but is not limited to: power, gas, water, sewage, etc.

Lines 555 to 563 – Professional fees (A)

- Provide (line by line) all estimated costs related to the professional fees that could be incurred during the Facility construction.

Lines 565 to 569 – Financing cost (B)

- Provide estimated costs associated with borrowing funds such as financing fees charged by financial institutions (Line 566). Provide estimated interest on the construction loan (Line 567).

Lines 571 to 580 – Carrying charge and other costs (C)

- Provide (line by line) all of the information requested in this section.

Line 584 – Less GST rebate, if applicable

- Input the GST rebate, if applicable.

Lines 588 to 595 –

- Provide the estimated Eligible and Ineligible costs associated with the Continuing Care portion of the project. For example, on Line 591 – Portable Lifts, provide the number of portable lifts (e.g., 10 portable lifts) and the total cost (e.g., 10 portable lifts × \$700 each = \$7,000 total cost).
- Ineligible costs will not be considered for capital grant funding.

6.6 B. FINANCING – PROJECT COSTS

“Subtotal” and “Total” are automatically calculated.

There may be allocation / proration of financing costs required between Eligible and Ineligible Units. Select an appropriate allocation methodology to yield reasonable estimates.

Lines 602 to 607 – Commercial banking sector (financing) (A)

- Use the estimates provided by the lending entity to fill in this section.

Lines 608 to 614 – Government contributions (B) *

- List other funding / grants received from, but not limited to: Government of Alberta, Government of Canada, agency, etc.

** Please state the specific government department or agency.*

Lines 615 to 621 – Contributions from Grant Applicant (C)

- Provide the owner’s contribution, fundraising, donation and other contributions that will fund this project.

Line 627 – Capital grant amount that will be requested

- Will be calculated (this will be the funding amount you expect to need that will not be covered by any other sources).

Line 631 – Have you included the previous three (3) years of audited financial statements for the legal entity who is the Applicant and will own the Facility?

- Select Yes / No from the drop-down menu.
 - Applicant must provide, where possible, audited financial statements 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.

Line 632 – Have you included a letter from your primary financial institution / lender that verifies and attests to the Applicant’s financial status and viability?

- Select Yes / No from the drop-down menu.
 - Applicant must provide a letter from their primary financial institution / lender that verifies and attests to the Applicant’s financial status and viability.

6.7 C. DETAILED INFORMATION OF MORTGAGE / LONG-TERM LOANS OR OTHER FUNDING SOURCES

Lines 634 to 648

- Provide the lender information: name, address, phone number, email, anticipated loan interest rate (%), term / amortization (months), annual debt service amount (\$) and loan conditions (e.g., debt-to-equity ratio).

Lines 651 to 655 – Summary of proposed Eligible Units

- Provide the total number for each type of units (LTC, DSL4D, DSL4 and DSL3), should match number of Eligible Capacity (Lines 222 and / or 223) and Number of Units for Rent – Total Units (Line 322).

6.8 OPERATION PROJECTION ON A FIVE-YEAR BASIS (ELIGIBLE PORTION ONLY)

Lines 658 to 686

- Enter the information in the shaded (grey) cells only (Line 661) and (Line 685 – see Line 688). Non-shaded cells are automatically calculated.

Terminology

“Accommodation / Hospitality Services Revenue” means the accommodation rent charged to residents that cover expenses, such as, but not limited to, food services, laundry / linen services, housekeeping, utilities, staffing, administration, and maintenance.

“Alberta Health” means Her Majesty the Queen in right of Alberta as represented by the Minister of Health.

“Alberta Health Services” or **“AHS”** means the regional health authority created pursuant to the [Regional Health Authorities Act](#) of Alberta.

“Applicant” means an Indigenous legal entity that submits a Grant Application in response to this Grant Application Process.

“Architectural Design Requirements for Continuing Care Checklist” means a list of building design elements that are requirements for each Continuing Care capital project funded by this program that each Applicant must acknowledge in writing and comply with, as a condition for receiving Continuing Care Capital Program capital grant funding, for any project developed that uses such funding.

“Authority Having Jurisdiction” means a governmental entity (federal, provincial, municipal or other entity) with authority to approve certain actions, reports, permits, documents, etc., involved in design, planning and construction of a Facility, including and particularly, the upholding of fire and life safety standards.

“Business Case Application Form” means the Excel spreadsheet to be completed by the Applicant and submitted as part of the Grant Application.

“Commercial Capacity” means that portion of the proposed Facility allocated to retail and office space, which may include community services space. Commercial Capacity and community services spaces are not eligible for Continuing Care Capital Program capital grant funding.

“Complementary Capacity” means that portion of the proposed Facility allocated to the Ineligible Units and the common space and service area accompanying their development.

“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 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, SL, DSL and LTC. The Continuing Care Capital Program only provides funding to support the development of SL, DSL and LTC spaces. 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.

“Core Capacity” means that portion of the proposed Facility allocated to the provision of Eligible Units and the common space and service area accompanying their development.

“Designated Supportive Living” or **“DSL”** means licensed supportive living settings 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. Case management, Registered Nursing, rehabilitation therapy and other services are provided on-site. Accommodation services in DSL must meet the requirements of the [Supportive Living Accommodation Standards](#) and be provided at or below the Established Accommodation Charge. 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. In some DSL settings, personal care and support services are provided by 24-hour on-site Licensed Practical Nurses and Health Care Aides.

“Eligible Units” means those residential units for supportive living, DSL and LTC that meet the requirements specified in the 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 proposed Facility.

“Established Accommodation Charge” 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 a semi-private room if occupied by two people, as defined by the [Nursing Homes Operation Regulation, A.R. 258/1985](#), and includes the provision of Service Requirements.

“Health Services Revenue” means funding intended to cover health care related costs including the costs associated with staffing (direct care and management staff). In LTC, this would also include medically necessary medication and supplies.

“Indigenous Groups / Organizations” includes Alberta First Nations, including the Aseniwuche Winewak Nation; Alberta First Nation owned corporations (e.g., Health Department); Tribal Councils and Treaty Organizations; Metis Settlements General Council; Metis Settlements; Métis Nation of Alberta Association (MNA); other Métis regional or local associations or societies; Alberta Indigenous-owned businesses or development corporations; and Alberta Indigenous not-for-profit organizations.

“Ineligible Units” means those residential units that are to be developed in addition to the Eligible Units as part of the proposed Facility, but for which no grant funding will be provided. Ineligible Units, the common space and service area accompanying their development make up the Complementary Capacity of the proposed Facility. These Ineligible Units would not be contracted by AHS or are not supported by a needs assessment and as such, will not be considered for capital grant funding. The operator would be responsible for setting the accommodation charges as well as the placement of residents in these Ineligible Units.

“Long-Term Care” or **“LTC”** means a care option that provides services for residents with complex unpredictable medical needs with 24-hour on-site Registered Nurses. 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. Long-term care facilities include nursing homes under the [Nursing Homes Act](#) and auxiliary hospitals under the [Hospitals Act](#). Accommodation services in Long-Term Care must meet the requirements of the [Long-Term Care Accommodation Standards](#) and be provided at or below the Established Accommodation Charge. 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.

“Needs Assessment” is a collaboration between AHS and the Indigenous group / organization to determine the appropriate number of beds, service mix, staffing requirements, and location of any proposed facility. The conclusion of this collaboration yielding meaningful and informative capacity assessment information represents a validated Needs Assessment. Needs Assessment validation is intended to be a collaborative process that engages community leadership to ensure current and future community capacity needs can be met.

“Neighbourhoods” or **“Pods”** mean groupings of residents’ rooms, which include shared public spaces such as dining spaces and recreational spaces. Neighbourhoods or Pods can be, but are not limited to, standalone structures, wings, floors, or units within a building. The intent of Neighbourhoods or Pods is to create groupings of residents and spaces residents access that facilitate a more home-like environment.

“Operating Agreement” means the operating agreement that an Indigenous organization may choose to enter into between AHS and the Facility operator for the provision of health care services including master service agreements and access agreements.

“Prime Consultant” means an individual hired to oversee the process of designing and / or constructing a Continuing Care facility.

“Prime Project Developer” means the organization responsible for the development of the project.

“Province” means the province of Alberta as represented by the Minister of Health / the Ministry of Health as appropriate.

“Recipient” means an Applicant to the grant program who has been selected to receive funding.

“Service Requirements” mean the services required to be provided to residents (that includes, but is not limited to, three meals per day, housekeeping and linen laundry service, life enrichment services, safety and security, transportation).

“Supportive Living” means licensed facilities (under the [Supportive Living Accommodation Licensing Act](#)) where services are delivered in a home-like setting for four or more adults needing some support but without multiple complex or unscheduled health needs. Supportive living

includes a variety of facilities such as lodges, seniors' residences, group homes and designated supportive living. 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 environment. Publicly funded personal care and health services may be 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 the home care program in accordance with the [Continuing Care Health Service Standards](#) and any other relevant legislation or standards.

“Tribal Council” means a grouping of bands (bands as defined by the [Indian Act](#)), with common interests who voluntarily join together to provide advisory and / or program services to member bands. Advisory services are defined as the provision to member bands of specific knowledge, expertise and / or assistance in the following fields: band government, financial management, community planning, technical services and economic development.