

HCAI e-Services Portal

Public User Guide

Version Number: 9.0

Section 5 – Applications for New Projects





1 Introduction

Welcome to HCAI Electronic Services Portal Client Access (eCA) User Guide

This section details the step-by-step instructions for creating and submitting an application for a new HCAI construction project using eCA.

Remember: Help is available throughout the application. Wherever you see a help (?) icon, click on the question mark to open help and instructions for that item in the application.

2 Project Applications

2.1 Page Flow Overview

The predefined steps to create and submit project applications are detailed in this guide. The steps involved in submitting an Application for a New Project, or AFNP, is slightly different from those in submitting for a PADs and Building Permits. Below is an illustration of the page flow steps.

Page No.	Page Title	Description
Applic	cation for New Project	
1	Record Type	Select Application for New Project on this step;
2	Facility Information	Look up and select the facility from HCAI's facility database. eCA auto- populates the facility, address, and facility owner information.
3	Project Details	Record the Project Name, Scope, and other project details specific to the project.
4	Emergency Work	If project is for emergency work, additional data fields are displayed in alignment with PIN 72.
5	Table Information	Enter estimated Project Costs, list all Enclosures, identify any Deferred Approval Items and specify the Structural Software used.
6	Professionals and Contacts	Look up and identify each Licensed Professional(s) and Contact(s) specific to the application. eCA auto-populates the LP's information.
7	Facility Authorization	Enter a valid Facility PIN code. Usually entered by Facility Representative but may be entered by any user with the valid PIN.
8	Payment Options	Selects one of the application fee payment options: "Pay Now" or "Invoice Me".
9	Review	Final review opportunity of all the data entered on the application for accuracy; edits can still be made if necessary.
10	Pay Fees	If the "Pay Now" option is selected, you must pay the outstanding fee by credit card.
11	Confirmation	Project application is submitted to HCAI and eCA issues a project ID number. You may print project summary sheet, preliminary invoice or payment receipt as needed.

Table 1: eCA Pageflow



2.2

Basic rules of page flow

Below are some basic rules of submitting an application using the eServices Portal:

- ✓ When creating an application for a new project, follow the page flow in order to avoid errors or missed data.
- You can save, at any time and multiple times, an "in progress" application by clicking Save
 Pending Submittal button and then resume the project submission later.
- ✓ When resuming an existing in-progress application, you will be given the option to start from the beginning or continue where the application was left off.
- \checkmark You can navigate back and forth within the completed pages.
- ✓ You must click on Continue Application or Save pending submittal button to save the data entered on the page.
- ✓ If a page contains a section that allows for multiple records to be added, for example multiple licensed professional or multiple contacts, eCA will automatically Save the selection. If any edits are needed, click the Edit link for the individual (such as setting the Responsible Primary Licensed Professional). To add the next record, click Look Up or Add New as applicable.
- ✓ It is recommended that you click the Save pending submittal button as needed to prevent data loss due to data entry errors.
- ✓ If any required data is missing from the page, when the **Continue Application** button is clicked, an error message is displayed on the top of the page. You must correct any errors before continuing to the next page flow screen.

2.3 Create and Submit an AFNP

The following information will guide you through the steps necessary to create an Application for New Project (or AFNP).

WelcomeJohn Smith					
You are now logged In.					
You may view Facility information, or create an application for a new	search for projects that have already been created, project by clicking the links below.				
Click the 'Projects' tab above to vie	ew all of the projects associated to your profile.				
Instruction guides organized "Instructions" tab at: http://www.oshpd.ca.gov/F	d by subject are available by clicking the DD/eServices/index.html				
Facility Information	Projects				
Lookup Facility Information	Create an Application Search Projects				
Home Projects					
Create an Application Search	1 Projects				

Step 1. Start Create an ANFP

<u>Only registered users</u> may create an Application for a New Project. Navigate to the **Home** or **Projects** tab and begin by clicking on the **Create an Application** link.



Step 2. Accept HCAI Privacy Policy

Click on the link in the window to review the privacy policy. Check "I have read and accepted the above terms" then click the **Continue Application** button.

Online Application	
Welcome to the OSHPD eServices Portal Client Access online project tracking system. Using eCA you can submit project applications, pay fees, and track the status of your projects - all from the convenience of your home or office, 24-hours a day.	
Please "Allow Pop-ups from This Site" before proceeding. You must accept the OSHPD Privacy Policy below before beginning your application.	
OSHPD Privacy Policy By continuing, I have read and accept the OSHPD privacy policy. http://www.oshpd.ca.gov/General_Info/Privacy.html	^
	\sim
☑ I have read and accepted the above terms.	
Continue Application »	

Step 3. Select a License

If you are a Licensed Professional (Architect, Engineer, Contractor, IOR), you will be given the opportunity to select your license and have it automatically added to the Professionals section. To do this, click the down arrow and select your license; if you do not want your license listed on this application, select None Applicable. If you are not a Licensed Professional (or if your license has not been associated to your Public User account), this option will not be available.

Select a License
Select a license for this record from the list below. The available permit record type(s) is determined by the type of the license associated with your account.
* Licenses: Select Structural S3566 None Applicable
Continue Application »

Step 4. Select Record Type

Select "Application for New Project" then click the **Continue Application** button.

An alternate project type for single-story Skilled Nursing Facilities or Intermediate Care Facilities that are of wood frame construction is the application for Expedited Building Permit. Refer to User Guide #8; for more information regarding projects eligible for the Expedited Building Permit, see 'How To Guides' at: <u>https://hcai.ca.gov/construction-finance/resources/skilled-nursing-facilities-snfs/</u>



Select a Record Type

Seismic Compliance Applications

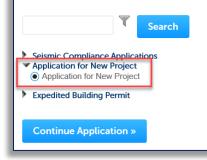
The California Health & Safety Code authorizes OSHPD to grant an extension of the seismic compliance deadlines specified in law for certain hospital buildings when requested from the hospital Governing Board or Authority. The hospital must meet specified criteria and milestones based on the extension being requested. This application is used to apply for an extension for Structural Performance Category 1 (SPC-1) and Nonstructural Performance Category 1, 2 and 3 (NPC-1, -2 and -3) deadlines specified in statute and described in the California Administrative Code, Chapter 6. Seismic extensions pursuant to SB 499 and AB 2190 may be requested using this electronic application process.

Application for New Project

This application is used to apply for all project types other than Incremental projects; this includes structural and nonstructural projects, preliminary reviews, SB 1838 and AB 2632 projects, GeoTech projects and ROCC projects. Applications for Incremental projects must be submitted via the traditional paper application. To submit an application for <u>Building Permit</u> or <u>Post Approval Document</u> or <u>Alternate Method of Compliance</u>, click the Search Projects link, locate your existing project and select the Amendment link.

Expedited Building Permit

An Expedited Building Permit is a companion process to the OSHPD Field Review, Exempt, and Expedited Review (FREER) Manual intended as general reference guides and/or checklists to facilitate repair, maintenance, minor renovation/remodeling, or installation of certain equipment projects. Expedited Building Permits are intended only for single-story Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities that are of wood frame construction as prescribed in the California Health & Safety Code §129875. For more information regarding projects eligible for the Expedited Building Permit, see 'How to Guides' at http://oshpd.ca.gov/FDD/SNF-ICF. If there are any questions regarding eligibility or applicability, it is recommended that you contact your OSHPD Compliance Officer.



Click Continue Application to proceed with application.

Step 5. Enter Facility Information

Enter the HCAI Facility ID or Facility Name then click the **Search** button. If the facility is found, the facility information, address, and owner fields will be automatically populated and become read-only. Notify HCAI of any errors. To search for another facility, click the **Clear** button in Facility section. This clears the previous entered facility. To advance to the next page flow step, click **Continue Application**.

Responsible Re	egion:	Type of Facilit	y:		
Select		Select			
Geographic Re	gion:	County Code:			
Select	•	Select	•		
RCO:	ACO:	DSE:	Field FLSO:	Closure PT:	
Senior Architect:	Plan Review PT:				



Step 6. Enter Project Details and Additional Details.

• Enter the record/project name and enter a detailed description of the work to be performed.Full

Step 3: Project Details > Scope and Details * indicates a req		
Detail Information		
* Project Name		
Project Name		
* Project Scope		
Project Scope	^	

Note: <u>Emergency Work</u> - Full description of the proposed work noting all demolition, architecture, mechanical, electrical, plumbing, and structural work to be performed under the emergency authorization

Complete the addition details specific to the project. For a brief description of each field, see below:

- Submittal Type: Indicate the type of project that is being submitted for review:
 - Phased or Collaborative Review Requested projects over \$20 million
 - Examination Clinics and other projects reviewed on a T&M fee basis
 - Final 100% Construction Documents review

Additional Details			Select
PLAN REVIEW			Collaborative Review Requested Examination
* Submittal Type:	?Select	*	Final GeoTech Only
* Kind of Project:	?Select	•	Phased Review Requested Preliminary
Total Beds Before Construction:	Number		SB1838
Total Beds After Construction:	Number		Addition New Building
* Square Footage of Project:	Number		RACS
* Use Annual Building Permit:	?○ Yes ○ No		(Remodel)
*Managed Project Requested:	🕜 🔿 Yes 🖲 No		Select AB 2190 Extension
Seismic Compliance Construction Project:	? 🔿 Yes 🖲 No		N/A SB 1661 Extension
Seismic Extension Qualifying Project:	?Select		SB 306 Extension SB 499 HAZUS Fail Extension
* Project includes primary gravity and/or lateral load elements/systems:	? Yes 🔿 No		SB 608 Extension SB 90 Extension
OSHPD Building #:	(7) Ex: BLD-05217,	BLD-02934, BLD-01844	Select
*This Project is Mitigation for:	?Select	•	Alternate Power Mitigation
Review Type: *	OSelect	•	Article 10 Mitigation
Over-The-Counter Review Requested:	0	1	N/A
Field Review Requested:	? Yes No	Select	Unauthorized Construction Mitigation
Continue Application »		Electronic Paper	nding submittal

o Geotech Only – Geotechnical Report review by Engineering Geologist

• Preliminary – Architectural and Fire & Life Safety review of preliminary plans



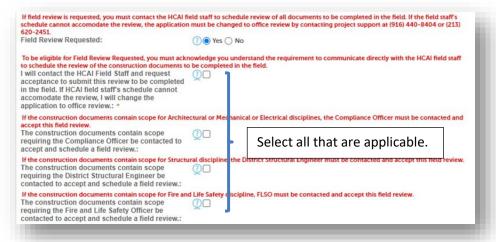
- SB 1838 Projects of \$50,000 or less exempt from plan review
- Kind of Project: Indicate which kind of project is being submitted for review:
 - Addition projects which increases the floor or roof area
 - New Building
 - Remodel (Use this for Emergency Work)
 - RACS (Removal of Acute Care Services)
- **Total Beds Before & After Construction**: Enter the total bed count before construction and after construction. If the bed count is not being affected by this project, this information is not required.
- Square Footage of Project enter the area of the project in square feet; this is a required field. See help for additional information
- Use Annual Building Permit: Indicate if this project will be under the facility Annual Building Permit. You cannot answer "Yes" to the question "Use Annual Building Permit" unless you have an active Annual Building Permit for the current fiscal year.
- **Managed Project Requested**: Managed projects are projects where schedules and deadlines relating to plan review and construction are negotiated between the Office and the Applicant. These projects will not follow the traditional 60-day or 80-day review goal.
- Seismic Compliance Construction Project: Indicate if the project is a Seismic Compliance Construction Project. If yes, the Seismic Compliance section must be completed.
- Seismic Extension Qualifying Project: Select 'SB 90 Extension' if this project is a Seismic Extension Qualifying Project. Select 'N/A' if not a qualifying project. Selecting any other values will display an error message and will block continue this application.
- **Project includes primary gravity** and/or lateral load elements/systems: Indicate if the project includes primary gravity and/or lateral load elements/systems. When "Yes" is selected, the project will be created as an "H" project; when "No" is selected, the project will be created as an "S" project.
- HCAI Building Number: Enter the HCAI Building Number for each building that this project affects. Building numbers are available for look-up at <u>https://hcai.ca.gov/construction-finance/facility-detail/</u>
- This project is mitigation for: If applicable, select the appropriate value based on the following. Otherwise, select 'N/A'.
 - Alternate Power Mitigation Select this value if the project is mitigation for Alternate Power Source. In accordance with Assembly Bill 2511, Skilled Nursing Facilities, or OSHPD 2 Buildings, and Health and Safety Code (HSC), Section 1418.22 requirements for alternative source of power to maintain a safe temperature for residents, maintain availability of lifesaving equipment, and maintain availability of oxygen-generating devices. Refer to <u>Advisory</u> <u>Guide 6 – Alternate Source of Power for SNF's</u>.
 - Unauthorized Construction Investigation Select this value if the project is mitigation from the result of an unauthorized construction investigation. Title 24, Part 1, Section 7-128 was chaptered to address construction that was performed without a permit. Section 7-128 specifies that construction or alteration of any health facility performed without the benefit of review, permit, and/or observation by the Office shall be subject to examination by the Office to assess relevant code compliance.
 - Article 10 Mitigation Select this value if the project is mitigation for non-structural walls or partitions as described in California Administrative Code, Title 24, Part 1, Chapter 6, Article 10 - EVALUATION OF ELEMENTS THAT ARE NOT PARTOF THE LATERAL-FORCE-RESISTING SYSTEM. SPC-1 buildings that did not meet the January 1, 2015 Seismic Compliance deadline are prohibited from any new remodel projects except Seismic Compliance projects, maintenance and emergency repairs.



- **Review Type:** Select **Electronic** if you are requesting the project to be reviewed by HCAI in an electronic format. Select **Paper** if you are submitting paper construction documents.
- **Over-The-Counter Review Requested:** Check the box if you are requesting the project to be reviewed at an over-the-counter location. Note: OTC Review will disable Field Review Requested option.
- **Field Review Requested:** Select **Yes** if you are requesting the project to be reviewed by HCAI Field Staff at the project site during their normal visits or remoting using electronic plan review software. **If field** review is requested, you must contact the HCAI field staff to schedule review of all documents. You are presented with additional data confirmations to enter.

"Field Reviewed Projects are projects that are reviewed in the field by HCAI field staff. To be eligible for field review, the project must be simple enough to be reviewed by HCAI staff within the amount of time permitted by the program." The FREER Manual identifies the kinds of projects that are eligible for field review. If a Field Review is requested, you must contact the HCAI Field Staff to arrange for a review of the construction documents.

Note: Selecting Field Review Request 'Yes' will present four more data entry fields for acknowledgement and confirmation that the HCAI Field Staff have been contacted and accepted the field review of the construction documents. For the last three checkboxes, select the checkboxes indicating the field staff that are needed to complete the field review. Options: Compliance Officer, District Structural Engineer, and Fire & Life Safety Officer



Click Continue Application to proceed to the next step.

Step 7. Enter Emergency Work (Optional)

• If the project does not have emergency work as detailed in <u>PIN72</u>, select **No** and select Continue Application to view the next page..



1 Facility Information	2 Project Details	3 Professionals and Contacts	4 Facility Authorization	5 Payment Options	6 7	8
Emergency work may be	Details > Emergence necessary due to permanent no occupant health or safety.	·	saster, or other occurrenc	es that require immediate repa	ir or replace	ement
he Department of Heal eferred to as "Office", re	th Care Access and Informat	emporary construction and i		ealth Planning and Developm equipment is sometimes req)) and
lote that an emergency	is not maintenance to preve	ent something from failing.	true emergency is the a	actual disaster, event, or failu	e of equipr	nent.
		gency authorization to proc te. These are the same files a		the "Project Includes Emerge		these
elds within the online a	pplication, there is no need	to submit the form from PIN	72.			
elds within the online a	pplication, there is no need	to submit the form from PIN	72.		es a require	
	pplication, there is no need		72.			
			72.			
Project Include		ork	ncy Work' field to make vi	* indicat	es a require	d field
Project Include	es Emergency Wo gergency work, select "Yes' on o Policy Intent Notice 72 for d	Drk the 'Project Includes Emerge	ncy Work' field to make vi	* indicat	es a require	d field

• If the project does include emergency work, select **Yes** to display the justification fields for emergency work. These are the same fields as describe in PIN 72 and can be replacement for submitting the form to the RCO for approval. Enter all pertinent data related to the emergency



work so the RCO can review the details. <u>Even though you submit the project, you must still contact</u> the RCO to inform the RCO of the emergency work.

Permanent Equipment or Building Compo	nents to be Replaced: 🕐	
v		- 84
Temporary Equipment or Building Compo	nents to be Replaced:	
Duration of Work (Days): *		- 84
75		- 8
Equipment or Building Components 1: *		- 8
Emergency replacement of failed nurse call on 4 s received.	south. Interim wireless equipment will be deployed until permanent equipment is	-
Equipment or Building Components 2:		- 84
Once permanent components have arrived and ar locations. New devices to connect to existing nurs	re ready for install. The replacement will be like-for-like of equipment in similar se call power circuits.	+
Equipment or Building Components 3:	n	- 8
		+
Equipment or Building Components 4:		- 84
	h.	- 8
Justification for Emergency Project: *		- 84
	Failed equipment on 4 south and are requesting an emergency authorization from nt while we actively work towards design approval, and procurement of the permanent //	-

Note: When project includes emergency work, an IOR is required to the application.

• **Permanent Equipment and/or Building Components** - State if the construction work/equipment is permanent.



- Temporary Equipment and/or Building Components State if the construction work/equipment is temporary
- **Time Duration** Enter the time duration, if work is temporary.
- Equipment and/or Building Component Details Enter the equipment and/or building components to be replaced. Enter permanent and temporary equipment. i.e., temporary emergency generator with size and capacity and location, boiler replace size and capacity and location, HVAC unit size and capacity and location, etc. If multiple items are to be replaced, (i.e. multiple HVAC units) indicate the most critical unit to be replaced.
- Justification Justification for the need of an Emergency Authorization and reason this service is critical to patient care and/or operation of the facility.

Step 8. Enter Project Tabular Information.

Costs

The project estimated construction costs are entered on this step and you must enter one Costs row. To add one Costs row, click the **Add a Row** button in the COSTS section.

Costs					
COSTS Enter the estir	nated costs for	the project. To enter costs,	click the "Add a Row" button. En	ter only one cost i	row. Do not enter commas or dollar signs.
Showing 0-0					
	Cost Date	Construction Costs	Fixed Equipment Costs	Total Costs	Cost of Imaging Equipment
No records	found.				
Add a Row	Edit	Selected Delete Sel	lected		

On the pop-up window, enter the estimated Construction Costs, Fixed Equipment Costs and Imaging Equipment Costs, then click the **Submit** button to copy form to Costs Table. For more info, click (?)

COSTS Enter the estimated costs for the proje dollar signs.	ct. To enter costs, click the "Add a Row" butto	on. Enter only one cost row. Do not enter commas or
*Cost Date:	* Construction Costs: 🕧	* Fixed Equipment Costs: 🕐
	Ex: 100000.00	Ex: 20000.00
Total Costs: (?)	* Cost of Imaging Equipment:	D
	Ex: 300000.00	
Submit Cancel		

Deferred Items

Where a portion of the design cannot be fully detailed on the approved construction documents because of variations in product design and manufacture, the approval of the construction documents



for such portion may be deferred until the material suppliers are selected. HCAI has sole discretion as to the portions of the design that may be deferred. All deferred items allowed by HCAI must be clearly described on the construction documents. Deferred submittals must comply with Title 24, California Administrative Code Section 7-126.

For each type of Deferred Submittal Item, click Add a Row to create a new entry in the Deferred Items Table or click the down arrow to add up to 10 rows simultaneously.

	erred Submittal Ite down arrow to ac the plans.)		To enter deferred submittal items, click the "Add a Row" button; you may rows as needed. (Remember: Each item listed here must be shown on the	
	Discipline Applicant Tracking Number Description of Deferred Approval			
No record	ls found.			
	Edit S	Selected Delete Selected		

In the pop-up window, enter the discipline specific to the deferred item, i.e. Fire & Life Safety for a fire alarm deferred submittal item, enter the tracking number that will be used by the Applicant and provide a brief description of the deferred submittal item.

	t are being requested for this project. To enter defe rrow to add multiple rows at one time. Enter as ma of the plans.)		
Discipline:	Applicant Tracking Number: 🕐	Description of Defe	erred Approval:
Fire and Life Safety 🔹	DA #1	Fire Alarm System	\sim
Submit Cancel			

Structural Analysis Software

When applicable, indicate the type of structural design software used in the preparation of the design.

For each type of structural analysis software, click Add a Row to create a new entry in the Structural Analysis Software Table or click the down arrow to add up to 10 rows simultaneously.

Structu	ral Software	
STRUCTU	IRAL ANALYSIS SOFTWARE	
	Structural Analysis Software used in the design of o click the down arrow to add multiple rows at on	this project. To identify the Structural Analysis Software, click the "Add a Row" button; e time. Enter as many rows as needed
you may also		e and, liter as many rows as needed.
Showing 0-	-0 of 0	
Showing 0-	0 of 0 Structural Analysis Software Used	Other Structural Analysis Software Used
Showing 0- No record	Structural Analysis Software Used	Other Structural Analysis Software Used



In the pop-up window, enter the Structural Analysis Software used.

STRUCTURAL ANALYSIS SO	FTWARE	×
· · · ·	ware used in the design of this project. To identify the Structural Analysis Software, click the "Add a e down arrow to add multiple rows at one time. Enter as many rows as needed.	
* Structural Analysis Software Used:	 Other Structural Analysis Software Used: [7] 	
Select	Enter version. If 'Other' is selected, enter name of software and version.	
Submit Cancel		

Note: If your designs were not prepared using software listed in this area, please be advised that plan review may be delayed while HCAI develops a work-around, or purchases the software indicated.

When finished, click **Continue Application** to proceed to the next screen.

Step 9. Add Licensed Professionals (LP) to the project.

Search the HCAI database for active LP records by entering at least one search criteria such as License Type, License Number, or Name. Click on the **Look Up** button to perform the search. If an LP is not found in your search the reason may be:

- License is not in our database
- License is expired or other reason for inactive.

Licensed Professionals (LP) data must be validated against the licensing authority before they can be added to projects so you must contact <u>eserv@hcai.ca.gov</u> or 916-440-8400 if an LP is not in your search results.

License Type: Select	C999	License Number:	1	
First Name:	Middle:	Last Name:	1	
Name of Busin	ess:			
Address Line 1				
Enter professions	al's work address			
Encer professiona				
	State:	Zip:	Country:	
City:	State:	Zip:	Country: Select	•
		Zip:		•
City:	Ма		Select	•

To obtain the best search results, limit the number of fields in the search. For instance, enter only the license number and leave all other fields empty. eCA will automatically find and add the professional to the application. If you do not know the LP's license number, enter the license type and last name only and then click **Look Up**. The search results will return all licensed professionals with that last name. If the search returns no results, the Licensed Professional is not currently in our database. Contact HCAI at <u>eserv@hcai.ca.gov</u> or 916-440-8400 to add a new Licensed Professional to our database.

HCAi

"Equitable Healthcare Accessibility for California"

When searching by name and license type, locate the correct LP in the returned list then check the box next to their license number and click **Continue**. The LP's name, address, and other information will be automatically populated with the current information from our database.

Look Up Lie	cense			×
Revise Search Search results: Showing 1-9 of 9				
License Numb	ber License Type	Licensed Professional Name	Business Name	
C12436	Architect	Tom Lee	LDA ARCHITECTS	
C14643	Architect	Al Lee	STANTEC	
C16814	Architect	Alvin Lee	UCLA CAPITAL PROGRAMS	
C17825	Architect	Chin-Whan Lee	HMC ARCHITECTS	
C25642	Architect	Shong Leng Lee	ASPEN STREET ARCHITECTS	
C26975	Architect	Michael Lee	THE BOLDT COMPANY	
C27636	Architect	Kam Lee	MARSHALL LEE INC	
C29310	Architect	Tachen Lee	TAYLOR DESIGN	
2537	Architect	L Kam Lee	Marshall/Lee Architects	
	iscard Changes			

Architect		State License Number: Enter a valid State License		
First Name:	Middle:	Last Name:		
Name of Busin	ess:			
Address Line 1		55		
		ss Zip:	Country:	
Enter profession	al's work addre		Country: Select	
		55		

Please verify that the information is correct. Contact HCAI at <u>eserv@hcai.ca.gov</u> or 916-440-8400 to update the existing Licensed Professional's information.

Note: When project includes emergency work, an IOR is required to the application. If Emergency Work = No, IOR cannot be added to submittal.

To indicate which licensed professional is the 'Design Professional in Responsible Charge' of the project, click the Edit link to the right of the screen and set the "Responsible Primary (eCA)' button to **Yes**.



Select from Acco	unt Look U	p			
	onal removed succe	ssfully.			
owing 1-2 of 2 License Number	License Type	Contact Name	Business Name	Action	
C31183	Architect	Hunvey Chen	НОК	Edit Delete	
S3566	Structural	Joseph L La Brie	MAKE IT RIGHT, INC.	Edit Delete	

To add additional Licensed Professionals, repeat the steps above; continue these steps to add all Licensed Professionals (Delegates and Alternates) to the project. Click the Edit link for each licensed professional to indicate his or her role on the project – Alternate or Delegate. Delegates should include the area of responsibility, such as 'Structural' or 'Anchorage & Bracing', etc.

You can always delete the Licensed Professional(s) by clicking on the **Delete** link at the end of the record line.

Click **Continue Application** to proceed to the next page flow screen.

Step 10. Adding Contacts.

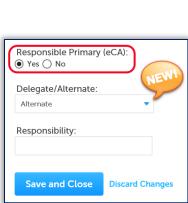
There are three Contact types that must be included for every project (Primary Project Contact, Authorized Agent, and Facility Representative).

Primary Project Contact will receive all correspondence from HCAI regarding this project in addition to the Design Professional of Record. This includes approval letters, field operations reports and closure notifications such as requests for Final Verified Compliance Reports and Final Cost Affidavit.

Authorized Agent may sign official documents regarding this project such as revised project applications, the Notice of Start of Construction, and the Final Cost Affidavit, etc. The facility PIN holder is an Authorized Agent by default.

Facility Representative is a person employed by the facility or governing body. The Facility Representative is NOT an employee or owner from the design team. This contact will be used when communication with the facility is needed.

The fourth contact type is for additional projects contacts. This can be more Authorized Agents or a plain Contact. You can enter multiple contacts in this contact group.



Responsible Primary (eCA): Yes O No)
Delegate/Alternate:	
Delegate 🔻	
Responsibility:	
Save and Close Discard Changes	

Step 3: Professionals and Contacts > Contacts
The first three contact types entered on this page represent distinct roles on a project.
submission of the project cannot be completed. Specific details for each contact are list
At any time during the submission of this application, clicking Save Pending Submittal will s
Primary Project Contact
A Primary Project Contact will receive all correspondence from HCAI regarding this project in a includes approval letters, field operations reports and closure notifications such as requests for Affidavit.
Examples: Capitol Project Leaders, Corporate Project Leaders, Facility Engineers, Owners Repre
Examples. Capitor roject Leaders, corporate rroject Leaders, racinty Engineers, owners repre
Select from Account Add New
Authorized Agent
Autonized Agent
An Authorized Agent may sign official documents regarding this project such as revised
Construction, and the Final Cost Affidavit, etc. The facility PIN holder is an Authorized A
You may add additional Authorized Agents on the Additional Contacts area below. A Le
Authorized Agent during project creation, but will be required if an additional Authorize
Select from Account Add New
Facility Representative
The Facility Representative is a person employed by the facility or governing body. The Facility I design team. This contact will be used when communication with the facility is needed.
Examples: The Administrator, Chief Executive Officer, Director of Facility Management, Design :
Construction, Director of Engineering/Plant Operations, etc.
Select from Account Add New



correspondence		ithorized Agents here. These o	contacts are supplemer	tal to the con	tacts above and are available to be copied
amples: Capitol I anagers, etc.	Project Leaders, Corpo	orate Project Leaders, Facility E	ngineer, Owners Repre	sentative Proj	ect Manager, Design Team Project
5					
Select from A	Account Add	d New			
nowing 0-0 of 0					
Name	Business Name	Contact Type	Work Phone	E-mail	Action
No records four	ıd.				

Unlike adding Licensed Professionals, a search function is not available for Contacts and they must be added by clicking the **Add New** button and completing each applicable field **OR** by clicking the **Select from Account** button to use information contained in your Public User account. The Contact Type is preselected and click on the **Continue** button to save the selected contact. When complete, click **Continue** to copy the information to the Contacts List. Multiple Contacts may be added to the project.

	C Either S					
Select from	Account Add	New				
Showing 0-0 of	0					
Name	Business Name	Contact T	ype Wo	rk Phone	E-mail	Action
No records fo	und.					
Contact	nformation					
	nformation		Titler	_		
Contact I First Name: Jane	nformation Middle: *Last N	ame:	Title: Project Manager			
First Name: Jane	Middle: • Last N	ame:				
• First Name: Jane Name of Busin	Middle: *Last N Doe ess:	ame:				
First Name:	Middle: *Last N Doe ess: ent, Inc.	ame: • City:		*Zip:		
• First Name: Jane Name of Busin Project Managerr	Middle: *Last N Doe ess: ent, Inc.		Project Manager	• Zip: 90000		
First Name: Jane Name of Busin Project Manager Address Line	Middle: *Last N Doe ess: eent, Inc.	* City:	Project Manager	90000		
First Name: Jane Name of Busin Project Manager Address Line 123 Main Street	Middle: • Last N Doe ess: eent, Inc. 1:	* City: Los Angeles	Project Manager * State: CA ▼ E-m	90000		

Contact added successfully.						
Showing 1-1 of 1						
Name	Business Name	Contact Type	Work Phone	E-mail	Action	
Jane Doe	Project Management, Inc.	Facility Representative	123-456-7890	Jane.Doe@PMInc.com	Edit Delete	

Click **Continue Application** to proceed to the next screen.



Step 11. Enter Facility PIN code or Save pending submittal.

Before entering the Facility PIN Code, it is recommended that you have clicked on "Save pending submittal" at least once!

If you are authorized by the facility and have obtained a valid Facility PIN, enter it on the screen, then click **Continue Application** button to proceed to the next page flow screen.

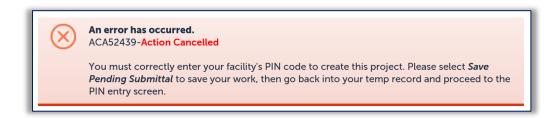
If you do not have a valid Facility PIN code, click the **Save pending submittal** button to save the record.

Authorization	
	ix digit PIN below. You will not be able to complete this project without a valid PIN. If you do click "Save pending submittal" now. This will save your record and issue a temporary project
If you do not know the PIN k	out a PIN has been issued, forward your temporary application number to the PIN holder.
	ssued a PIN, or if you are having any other access issues, please contact eCA's Access Manager pd.ca.gov or call (916) 440-8400.
Facility PIN Code:	0
Continue Application »	Save pending submittal

If you click the "Save pending submittal" button, the application process stops and you will be redirected to the Project List page. eCA issues a temporary Project ID and displays the application in the Project list. You or other authorized users can "Resume Application" at a later time.

6	Z 1	partial application (sume the application(-	ıme Applic	cation link.
-	ojects	+ Download results, Add to coll	ection				
	Date	Project Number	Project Type	Project Name	Status	Related	Action
	10/31/2016	16TMP-015624	Application for New Project	Project Name		0	Resume Applica
	10/30/2016	S162557-37-00-ACD0001	Post Approval Document	mc16088 Jacobs Sink installation Rm LL-483	Open	3	

If you enter an invalid Facility PIN, eCA displays an error message at the review step and prevents you from completing the application. You may return to the Security page and re-enter the correct PIN; however, after 3 times entering an incorrect PIN, the application will be locked.





Step 12. Select Payment Option.

After entering a valid Facility PIN code, select one of the payment options. The description of each payment options is as follows:

Payment Option		
PAYMENT OPTION To prevent the Facility Pin from on the next screen.	n being displayed, user must select a paymo	ent type and complete the application submittal
Payment Option:	Select Pay Now Invoice Me	
Continue Application »		Save pending submittal

- Invoice Me: HCAI will mail an invoice to the facility billing address on file.
- **Pay Now**: facility intends to make an immediate online payment using a credit card on the next screen before the application is submitted.

If you do not select a payment type and proceed to complete the application, the Facility PIN will be visible on the review page to any authorized user when the application is resumed later. To prevent the Facility PIN from being displayed, you must complete this step by selecting a payment type and completing the application. When this step is completed, the Facility PIN is hidden from all users.

Click **Continue Application** to proceed to the next page flow screen.

Step 13. Review the data entered and makes edits if needed.

On this screen, click the **Edit** button in each application step to make necessary changes.

Step 6: Review	
Continue Application »	Save pending submittal
Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application"	to move on.
Record Type	
Application for New Project	
Facility	Edit
Facility ID 12359	
Facility Name University of California, San Diego Medical Center	
Responsible Region: South Region	
Type of Facility: General Acute Care Geographic Region: South Region	
County Code: 37 - San Diego	

Once all data is verified, click **Continue Application** to proceed to the next page flow screen.

If you selected the "Invoice Me" option, skip to step 14 below.



Step 14. Pay Application Fees online.

If you selected "Pay Now" option, this screen displays the total fees to be paid with a credit card.

Click on "Continue Application" to proceed to the payment screen.

Step 7: Pay Fees

Listed below are the fees assessed by OSHPD based on the information you have provided. The application fee is not refundable. The Plan Review Fee for the estimated construction costs, 1.64% for hospital buildings or 1.5% for skilled nursing facilities, will be invoiced directly to the facility.

Application Fees

Fees	Qty.	Amount
Application Fee	1	\$250.00

TOTAL FEES

Note: This does not include additional inspection fees which may be assessed later.

\$250.00

Continue Application »

Step 15. Submit online payment.

On this screen, enter the accurate credit card information then click on **Submit Payment** button.

Paymen	t Options
	ication fee is non-refundable per California Administrative Code, California Code of Regulations, Section 7-133(a)3.
Amount to be ch	arged: \$250.00
Pay with Cred	it Card
Credit Card	Information:
* Card Type:	Card Number: Security Code:
Select 🔻	
*Name on Card	* Exp. Date:
	01 2016 -
Credit Card	Holder Information:
Auto-fill with	John Smith
Country:	
United States	▼
* Street Address	
* City:	• State: • Zip:
city.	Select
* Phone:	
E-mail:	
Submit Payn	nent »



Step 16. Project submission confirmation.

On this final screen, eCA display a project submission confirmation including the project record number. You may print a project record summary from this screen, and if the fees were paid with a credit card, a payment receipt can be printed. These documents open in a PDF format sand may be saved or emailed. You can also view the detailed information about the project by clicking on **View Record Details** button.

Email confirmation is automatically sent to the Public User that started the application (Design Professional) and to the Public User that approved the application by entering the PIN (Owner Representative).

Congratulations! You have successfully submitted an Application for a New Project to HCAI!

Your application has been successfully submitted. Please print your record and retain a copy for your records.
Thank you for using eClient Access to submit your application for a new project. Your Project Number is S162686-37-00.
You will need this number to check the status of your project. Please print a copy for your records.
Print/View Project Print/View Receipt Print/View Summary
Your application has been accepted and is now in the eServices Portal project tracking system.
Please click the Print/View Summary button to print the transmittal that must accompany the construction documents to the office or to your appointment with the OSHPD Field Staff. If construction documents are not received within 45 days, this application will be cancelled.
View Project Details » (You must post the record in the work area.)



3 Submit Construction Documents to HCAI

When the Design Professional receives the confirmation email, they must log in to eCA and click the Projects tab. The most recent project will be at the top of the list.

Home Project	s 1					
Create an Applica	tion Search Projects	i				
Projects	+ Download results Add to col	lection				
Date	Project Number	Project Type	Project Name	Status	Related	Action
11/02/2016	S162686-37-00 2	Application for New Project	Project Name	Open	0	Amendment
10/30/2016	S162557-37-00-ACD0001	Post Approval Document	mc16088 Jacobs Sink installation Rm LL-483	Open	3	

Click on the project number to open the Project Detail view. Below the 'More Details' section, click the **Print/View Summary** button – this will open the Project Summary report that must be printed and included when **paper construction documents** are submitted to HCAI, regardless of whether the project will be submitted to the office or to field staff for a FREER review.



s86-37-00 cation for New Proj) - University of Cal at Name at Scope al nodel	eet ifomia, San Diego M	edical Center		
it Name it Scope al	ifomia, San Diego M	edical Center		
it Name it Scope al	ifomia, San Diego M	edical Center		
it Scope				
nodel				
D-12345				
Chen, (310) 838-95	55, testingesp@oshpd	.ca.gov		
		Cost of Imaging	Reason	
.00 \$5,000.0	0 \$15,000.00	\$0.00		
				_
riation	Date Sent Meth	od of Courier	Backcheck At	tached
-piion				
			_	
n Summary form r	eplaces the paper ap	plication; it is not n		
		04000	686-37-0	20
	on Fixed Equipmer ost Con 000 \$5,000.0 ription ation Summary for 1 Summary form r	on Flood Equipment Taini Cost Costs .00 \$5,000.00 \$15,000.00 	on Flord Equipment Total Cost Cost of out Costs Insging 000 \$5,000,00 \$15,000,00 \$0.00 iption Date Sent Method of Courier Transmitual Name	in Flord Equipment Total Cost Cost of Reason out Costs Integing 00 \$5,000.00 \$15,000.00 \$0.00 iption Date Sent Method of Courier Backcheck Att Transmittal Name —

This form is the transmittal letter and is the only document that is required for a paper plans and documents; it is not necessary to include a paper application when project applications are created using eClient Access.



For electronic plan submittal and electronic plan review, there are two methods to View or Add documents, click the Dropdown menu Record Info and select **Attachments**. Or select the **Attachment** link shown below.

Record Info 🔻		Payments 🔻	Attac	hments		
Project Details						
Processing Status						
Related Projects	iment At	tachment Contro	l" for instru	ctions on usi	ng this d	ocument porta
Attachments	nents wil	l be scanned for i	ssues befor	e being attac	hed to t	he record. If is
	ation iss	ues.				
Field Operations	sting, In स्eminders	spection and Obs Lists page on the	OSHPD wel	osite. Please	ensure y	ou are using th
orms, Applications o	sting, In: Reminders , if you are u	spection and Obs Lists page on the ploading supplem	OSHPD wel	ments witho	ensure y ut uploa	ou are using th ding a plan file,
orms, Applications of During plan review	sting, In: Reminders , if you are u	spection and Obs Lists page on the ploading supplem	OSHPD wel	ments witho	ensure y ut uploa	ou are using th ding a plan file,
During plan review	sting, In: Reminders , if you are u	spection and Obs Lists page on the ploading supplem	OSHPD wel	ments witho	ensure y ut uploa	ou are using th ding a plan file,

Follow the instructions in User Guide #10 to attach plans and construction documents to this record for instantaneous submittal to HCAI. Also see User Guide #11 for specific information on how to format the electronic documents prior to uploading.

Congratulations! Your Ap plication for a New Project is ready to be reviewed by HCAI!