



HCAI e-Services Portal

Public User Guide

Version Number: 6.4

Section 9 – Expedited Building Permits for Skilled Nursing Facilities





1 Introduction

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

This section provides users with step-by-step instructions for creating and submitting an application for a new HCAI Expedited Building Permit project for a skilled nursing or intermediate care facility 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 Expedited Building Permit Applications

2.1 Page Flow Overview

Users must follow the predefined steps to create and submit project applications. The steps involved in submitting an Application for an Expedited Building Permit, or XBP, is slightly different from those in submitting for a PAD or a New Project. Below is an illustration of the page flow steps.

Table 1: eCA Pageflow

Page No.	Page Title	Description
Application for New Project		
1	Record Type	User must select Expedited Building Permit on this step in order to submit an application for this type of project.
2	Select Facility	User selects the facility from HCAI’s facility database. eCA auto-populates the facility, address, and facility owner information. Only Skilled Nursing and Intermediate Care Facilities are eligible for Expedited Building Permits.
3	Project Information	User records the Project Name and Project Scope specific to the project.
4	Compliance Checklist	The compliance checklist is used to provide an assessment of specific conditions for the facility where the project is located to determine eligibility and requirements for the project.
5	Professionals	User identifies each Contractor or Owner/Builder and the IOR specific to the application. eCA auto-populates the information.
6	IOR Assessment	The assessment of the qualifications and acceptability of the IOR are entered by the Contractor or Owner/Builder.
7	Workers Comp and Costs	User enters information for the Workers Compensation Insurance for the Contractor or Owner/Builder and estimated Project Costs.
8	Attachments	User uploads attachments such as floor plans, workers compensation insurance certificates, IOR workload report and other documents.
9	Contacts	User identifies each Facility Contact specific to the application. eCA auto-populates the information.
10	Facility Authorization	User enters a valid Facility PIN code. Usually entered by Facility Representative but may be entered by any user with the valid PIN.



11	Payment Options	User selects one of the three application fee payment options: “Pay Now”, “Pay Later” or “Invoice Me”.
12	Review	User reviews the data entered on the application for accuracy; edits can still be made if necessary.
13	Pay Fees	If user selects the “Pay Now” option, user pays the outstanding fee by credit card online.
14	Confirmation	Project application submitted to HCAI. eCA issues a project ID number. User prints project summary sheet, preliminary invoice or payment receipt as needed.

2.2 Basic rules of page flow

Below are some basic rules of submitting an application using the eCA page flow:

- ✓ To start creating an application for a new XBP project, or to resume an existing in-progress application, user must start from the first page flow step.
- ✓ User can navigate back and forth within the completed pages.
- ✓ User 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, user must click the “Save” button in the section to save each professional/contact to the record in order to add the next.
- ✓ It is recommended that user clicks 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. User must correct any errors before continuing to the next page flow screen.

2.3 Create and Submit an XBP

The following information will guide users through the steps necessary to create an Application for an Expedited Building Permit (or XBP).

Step 1. Start Create an XBP

Only registered users may create an Application for an Expedited Building Permit. Begin by clicking on the “Create an Application” link.



Instruction guides organized by subject are available by clicking the "User Guides" tab at: <https://hcai.ca.gov/construction-finance/eservices-portal-information/>

<p>Facility Information</p> <p>Lookup Facility Information</p>	<p>Projects</p> <p>Create an Application</p> <p>Search Projects</p>
<p>Enforcement</p> <p>Create an Application</p> <p>Search Applications</p>	<p>Preapproval</p> <p>Create an Application</p> <p>Search Applications</p>

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 on "Continue Application" button.

Online Application

Welcome to the HCAI 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 HCAI Privacy Policy below before beginning your application.

HCAI Privacy Policy

By continuing, I have read and accept the HCAI privacy policy. <https://hcai.ca.gov/home/privacy-policy/>

I have read and accepted the above terms.

[Continue Application >>](#)

Step 3. Select Record Type

Select the "Expedited Building Permit" then click on "Continue Application" button. Expedited Building Permits are intended only for single-story Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities that are of wood frame construction; if your facility does not meet this criteria you will receive an error message when you proceed.



[Expedited Building Permit](#)

An Expedited Building Permit is a companion process to the HCAI 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 HCAI Compliance Officer.**

▼ Construction Project Applications
 Application for New Project
 Expedited Building Permit

Click "Continue Application".

Step 4. Enter Facility Information

Enter the HCAI Facility ID or Facility Name then click on "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.

* Facility ID <input type="text" value="21212"/>		Facility Name <input type="text"/>
Responsible Region: <input type="text" value="--Select--"/>	Type of Facility: <input type="text" value="--Select--"/>	
Geographic Region: <input type="text" value="--Select--"/>	County Code: <input type="text" value="--Select--"/>	
RCO: <input type="text"/>	ACO: <input type="text"/>	DSE: <input type="text"/>
Senior Architect: <input type="text"/>	Plan Review PT: <input type="text"/>	
<input type="button" value="Search"/>		<input type="button" value="Clear"/>



Expedited Building Permit

1 Select Facility 2 Project Information 3 Professionals and Contacts 4 Security and Payment 5 Review 6 7

Step 1: Select Facility > SNF or ICF

Expedited Building Permits are only permitted in Skilled Nursing and Intermediate Care Facilities. If your facility is not a Skilled Nursing or Intermediate Care Facility, you will not be permitted to continue.

* indicates a required field.

Facility

Enter the OSHPD Facility ID for this Project (or select 'Auto-fill' if available) and then click on the Search button. Select the correct facility from the returned list. Both the Address and Owner sections will be automatically completed with the current information from our database. **Please verify that this information is correct.** Contact OSHPD at eserv@oshpd.ca.gov if the current facility information is incorrect or to add a new facility.

* Facility ID: 21212 Facility Name: Vintage Estates of Hayward

Responsible Region: Central Region Type of Facility: Skilled Nursing and Intern. Care Facility

Geographic Region: Central Region County Code: 01 - Alameda

RCO: GDUNGER ACO: SREX DSE: SPANDYA Field FLISO: MMCCLURE Closure PT: GDUNGER

Senior Architect: MBJORGUM Plan Review PT: EBLACKMA

Search Clear

Address

* Street No.: 25919 * Street Name: Gading Road City: Hayward State: CA Zip: 94544

Search Clear

Owner

Auto-fill with 10604 - KAISER FOUNDATION HOSPITAL, INC

Owner Name: 21212 - WINDSOR CHEVIOT HILLS, LLC

Address Line 1: 9200 W SUNSET BLVD. City: WEST HOLLYWOOD State: CA Zip: 90069

Phone: E-mail:

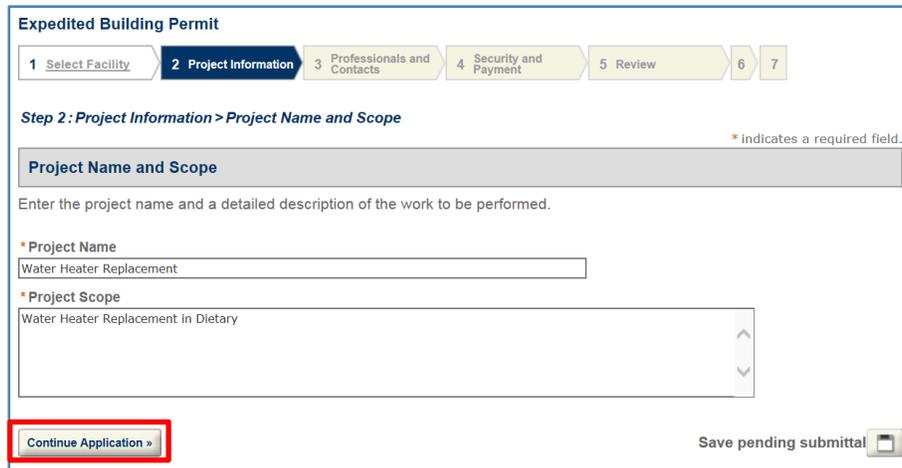
Search Clear

Continue Application » Save pending submission

To search for another facility, click on “Clear” button in Facility section. This clears the previous entered facility. To advance to the next page flow step, click on “Continue Application”.

Step 5. Enter Project Details and Additional Details.

Enter the record/project name and enter a detailed description of the work to be performed. Click Continue Application.



Expedited Building Permit

1 Select Facility 2 **Project Information** 3 Professionals and Contacts 4 Security and Payment 5 Review 6 7

Step 2: Project Information > Project Name and Scope * Indicates a required field.

Project Name and Scope

Enter the project name and a detailed description of the work to be performed.

* Project Name
Water Heater Replacement

* Project Scope
Water Heater Replacement in Dietary

Continue Application » Save pending submittal 

Step 6. Complete the Compliance Checklist.

Expedited Building Permits may be used for various project types; the current types of projects that an Expedited building Permit may be used for are water heater replacement, handrail replacement, and TV/monitor bracket installation projects. These are referred to as “Submittal Types”. Additional Submittal Types are forthcoming in future months.

Each Submittal Type has a custom checklist to provide an assessment of specific conditions for the facility where the project is located. All questions must be answered and, based on the answers provided, eCA will determine if the facility is eligible for the project to be submitted using the Expedited Building Permit process. *The HCAI Compliance Officer will field verify compliance with this checklist and additional work may be required to bring the installation into code compliance if found to be deficient.*

Begin by entering the appropriate Submittal Type.



* indicates a required field.

Compliance Checklist

EXPEDITED BUILDING PERMIT CODE COMPLIANCE CHECKLIST

The following checklist is used to provide an assessment of specific conditions for the facility where the project is located. This checklist gives no consideration to suitability for use in a specific application, compatibility with other building systems, appropriate use of materials or design, appearances, etc. The facility owner and/or his/her representative must review all such qualities, features, and/or properties to ensure compliance with the California Building Standards Code and all applicable local zoning codes and ordinances, appropriate integration with other building systems, and proper design for the project specific conditions and installation, etc.

While not mandatory, OSHPD recommends the facility consult with a California-licensed architect or engineer, or a California-licensed contractor to assist in the review of the code compliance checklist herein below. In this manner the facility will have a better understanding of the scope of work that may be required for a code compliant project prior to beginning the work.

NOTE: The OSHPD Compliance Officer will field verify compliance with this checklist and additional work may be required to bring the installation into code compliance if found to be deficient.

Submittal Type: [Please Enter a Submittal Type]

[! icon] Please select a submittal type from the dropdown list.

Upon completion of compliance checklist, the answers to the questions will be used to determine if the facility or project is eligible for the Expedited Building Permit process:

[checkmark icon] Success. Your project is qualified to apply for an expedited building permit.

If any of the answers disqualify the project, a notification will appear at the bottom of the checklist:

[X icon] Your project does not meet the requirements for an expedited building permit.

If the project is determined to be eligible for the expedited Building Permit process, it may also be filed under the facility's Annual Building Permit; it can also be used to mitigate unauthorized construction. Select the applicable button and click Continue Application.

Additional Information

APPLICATION

Use Annual Building Permit: [Yes selected] No
Unauthorized Construction Mitigation: Yes [No selected]

Continue Application »

Save pending submittal [icon]

Step 7. Add Licensed Professionals, Contractor or Owner/Builder and IOR.

While not mandatory, HCAI recommends the facility consult with a California-licensed architect or engineer, or a California-licensed contractor to assist in the review of the code compliance checklist herein below. In this manner the facility will have a better understanding of the scope of work that may be required for a code compliant project prior to beginning the work. If a Registered Design Professional such as an Architect or Engineer will be responsible for the design of the project, they must be included on the Application for Expedited Building Permit. At a minimum the Licensed Contractor or Owner/Builder and Inspector of Record (IOR) must be added at this step.

To add a Licensed Professional, Contractor or IOR to this application, click "Look Up" and enter search criteria in at least one of the fields. To add an Owner-Builder contractor, enter "OBXXXXX" in the 'State License Number' field with the 5-digit Facility ID Number in place of "XXXXX" (i.e. OB21212).

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. 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 eserv@hcai.ca.gov to add a new Licensed Professional to our database.

Look Up License

License Type:	State License Number:
Contractor <input type="text"/>	OB21212 <input type="text"/>

First Name: <input type="text"/>	Middle: <input type="text"/>	Last Name: <input type="text"/>
----------------------------------	------------------------------	---------------------------------

Name of Business:

Business License #:

Address Line 1:

Enter professional's work address

City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	Country: <input type="text"/>
			--Select-- <input type="text"/>

Phone: <input type="text"/>	Mobile Phone: <input type="text"/>	Fax: <input type="text"/>
<small>Enter the work phone number</small>		

[Discard Changes](#)

If the search results in a single record, the LP, Contractor or IOR will be added to the application; if the search results in more than one record, locate the correct LP in the returned list then check the box adjacent to the License Number and click Continue. The LP's name, address, and other information will be automatically populated with the current information from our database. **Please verify that the information is correct by clicking Edit under the Action column.** Contact HCAI at eserv@hcai.ca.gov to update the existing or missing Licensed Professional's information.



* indicates a required field.

Licensed Professional List

[Look Up](#)

✔ Licensed professional added successfully.

Showing 1-2 of 2

License Number	License Type	Contact Name	Business Name	Action
A20468	IOR	Marcia Lee - Stalker	DS CERTIFIED INSPECTION SERVICES	Edit Delete
OB21212	Contractor		St. Michael Convalescent Hospital	Edit Delete

[Continue Application »](#) Save pending submittal

Indicate whether the licensed professional or the Contractor or Owner/Builder is the Design Professional in Responsible Charge of the project by setting the “Responsible Primary (eCA)” button to **Yes**. Click on “Save and Close” button; the updated record is copied to the Licensed Professionals List. Continue these steps to add all LPs, Contractor and IOR to the project. User can always delete an entry by clicking on the “Delete” link at the end of the record line.

Licensed Professional List

✔ Licensed professional added successfully.

Showing 1-2 of 2

License Number	License Type	Contact Name	Business Name	Action
22658	Architect	TOMAS OSINSKY	TOMAS OSINSKY DESIGN	Edit Delete
M31169	Mechanical	Alexandru Musat	UC DAVIS MEDICAL CENTER	Edit Delete

Licensed Professional Information

* License Type:
 * State License Number:
 Name of Business:

First Name:
 Last Name:
 E-mail:

* Address Line 1:
 * City:
 * State:
 * Zip:

Phone:
 Mobile Phone:
 Fax:

Responsible Primary (eCA):
 Yes No

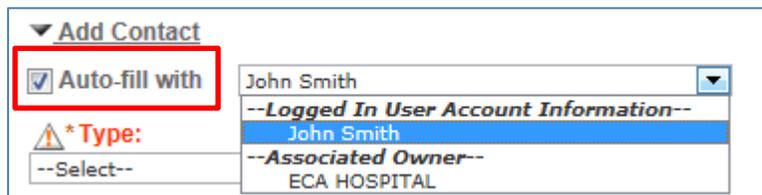
[Discard Changes](#)

Click on “Continue Application” to proceed to the next page flow screen.

Step 8. Add Contacts to this project.

A Contact is the individual representing the Facility to whom correspondence will be copied. At least one Contact must be included for every project. Unlike adding Licensed Professionals, a search function is not available for Contacts and they must be added by completing each applicable field. Click “Save” to copy the information to the Contacts List at the top of the page. Multiple Contacts may be added to the project.

The user can check the “Auto-fill with” checkbox and select the applicable Contact information from the adjacent dropdown box. The information of the highlighted contact will then be auto-populated in the fields below. Missing data from required fields must be completed to continue the application.



▼ Add Contact

Auto-fill with

* Type: --Select--

John Smith

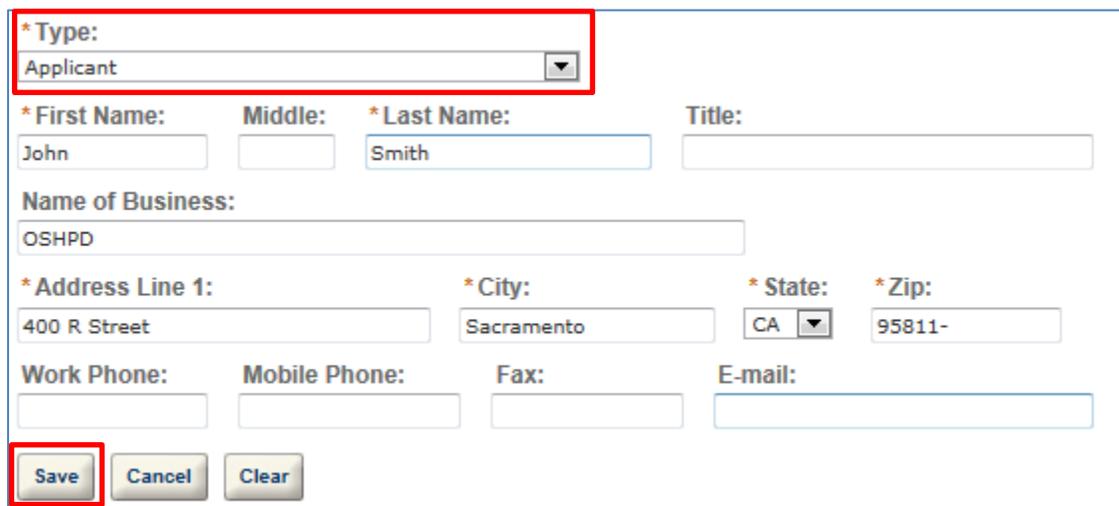
--Logged In User Account Information--

John Smith

--Associated Owner--

ECA HOSPITAL

User must select a Contact Type and click on “Save” button to save the selected contact.



* Type: Applicant

* First Name: John Middle: Title:

* Last Name: Smith

Name of Business: OSHPD

* Address Line 1: 400 R Street * City: Sacramento * State: CA * Zip: 95811-

Work Phone: Mobile Phone: Fax: E-mail:

Save Cancel Clear

Click on “Continue Application” to proceed to the next page flow screen.

Step 9. Enter Project Details and Additional Details.

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



Step 3: Project Details > Scope and Details * indicat

Detail Information

* Project Name

* Project Scope

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

Additional Details

PLAN REVIEW

* Submittal Type:

* Kind of Project:

Total Beds Before Construction:

Total Beds After Construction:

* Square Footage of Project:

* Use Annual Building Permit: Yes No

* Managed Project Requested: Yes No

Seismic Compliance Construction Project: Yes No

* Project includes primary gravity and/or lateral load elements/systems: Yes No

OSHPD Building #:

- **Submittal Type:** Indicate the type of project that is being submitted for review:
 - AB 2632 – maintenance or repair project for SNFs and ICFs
 - Phased or Collaborative Review – projects over \$20 million
 - Examination – Clinics reviewed on a T&M fee basis
 - Final – 100% Construction Documents review
 - Geotech Only – soils 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
 - Maintenance - projects necessary to repair systems or equipment, or that are undertaken for routine maintenance purposes
 - New Building
 - Remodel
 - ROCC – for internal HCAI use only
- **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.
- **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 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.
- **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.

Step 10. Enter Project Tabular Information.

Costs

The project estimated construction costs are entered on this step. User must enter at least one Costs row. To add one Costs row, click on “Add a Row” button in COSTS section.

COSTS

Please enter cost for each requested category

Showing 0-0 of 0

Cost Type	Cost Date	Construction Costs	Fixed Equipment Costs	Total Costs	Cost of Imaging Equipment
No records found.					

On the pop up window, enter the estimated Construction Costs, Fixed Equipment Costs and Imaging Equipment Costs, then click on “Submit” button to copy form to Costs Table. For more info, click



COSTS
Enter the estimated costs for the project. Enter only one cost row.

* Cost Date:

* Construction Costs:

* Fixed Equipment Costs:

Total Costs:

* Cost of Imaging Equipment:

Submit

Enclosures

For each type of Enclosure, click Add a Row to create a new entry in the Enclosure table or click the down arrow to add up to 10 rows simultaneously.

ENCLOSURES
Enter all of the various plans and construction documents that will be submitted to OSHPD. To enter enclosures, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed. If project documents are not received by OSHPD within 30 days, this project will be closed inactive.

Showing 0-0 of 0

Number of Copies	Enclosure Type	Enclosure Description	Date Sent	Method of Transmittal	Courier Name (if used for Transmittal Type)
No records found.					

Add a Row

In the pop-up window, enter the number of copies submitted, and select the Type from the dropdown list and provide a brief description of the submittal in the Enclosure Description in the text field if necessary. Enter the Date Sent, select the Method of Transmittal (Courier, Electronic, In Person, Mail), and the Courier name (FedEx, UPS, GSO, etc.). Click "Submit" to copy form to Enclosures Table.

ENCLOSURES
Enter all of the various plans and construction documents that will be submitted to OSHPD. To enter enclosures, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed. If project documents are not received by OSHPD within 30 days, this project will be closed inactive.

Number of Copies:

Enclosure Type:

Enclosure Description:

Date Sent:

Method of Transmittal:

Courier Name (if used for Transmittal Type):

Submit

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.

DEFERRED ITEMS

Enter all Deferred Submittal Items that are being requested for this project. To enter deferred submittal items, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed. (Remember: Each item listed here must be shown on the title page of the plans.)

Showing 0-0 of 0

Discipline	Applicant Tracking Number	Description of Deferred Approval
No records found.		

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.

DEFERRED ITEMS

Enter all Deferred Submittal Items that are being requested for this project. To enter deferred submittal items, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed. (Remember: Each item listed here must be shown on the title page of the plans.)

Discipline:

Applicant Tracking Number:

Description of Deferred Approval:

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.

STRUCTURAL ANALYSIS SOFTWARE

Identify the Structural Analysis Software used in the design of this project. To identify the Structural Analysis Software, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed.

Showing 0-0 of 0

Structural Analysis Software Used	Other Structural Analysis Software Used
No records found.	

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



STRUCTURAL ANALYSIS SOFTWARE

Identify the Structural Analysis Software used in the design of this project. To identify the Structural Analysis Software, click the "Add a Row" button; you may also click the down arrow to add multiple rows at one time. Enter as many rows as needed.

* Structural Analysis Software Used: (?) Other Structural Analysis Software Used: (?)

--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 on "Continue Application" to proceed to the next page flow 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 an valid Facility PIN, enter it on the screen, then click on "Continue Application" button to proceed to the next page flow screen.

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

* indicates a required field.

Authorization

SECURITY

Enter the six digit Facility PIN below. If you do not know the Facility PIN, click "Save pending submittal" now. **Do not click "Continue Application" without a valid PIN. If you enter an invalid PIN, you will receive an error message and you will lose all of the information you have entered and will need to restart the application. If you entered an incorrect Facility PIN and you have a temporary application number (e.g. 13TMP-00014), click eserv@oshpd.ca.gov to email OSHPD with the TMP identification number to reset this project application.**

Facility PIN Code: (?)

Continue Application » Save pending submittal

If you click the "Save pending submittal" button, the application process stops and user is redirected to the Project List page. eCA issues a temporary Project ID and displays the application in user's project list. Users can "Resume Application" at a later time.



Your partial application (13TMP-000519) has been successfully saved. To resume this application, go to the Projects section and click the Resume Application link.

Projects

Showing 1-10 of 61 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Project Number	Project Type	Project Name	Status	Related	Action
<input type="checkbox"/>	03/15/2013	13TMP-000518	Application for New Project			0	Resume Application
<input type="checkbox"/>	03/15/2013	13TMP-000519	Application for New Project	Project Name		0	Resume Application

If user enters an invalid Facility PIN, eCA displays an error message and prevents user from proceeding to the next screen. The application will be locked and can only be reset by an HCAI System Administrator. If this occurs, contact HCAI at eserv@hcai.ca.gov to have the record reset.

An error has occurred. This application cannot be continued without a valid facility PIN. If you have a temporary application number (e.g. 13TMP-00014), contact OSHPD to activate facility PIN. If you did NOT click "Save Pending Submittal" prior to receiving this error, you must restart the application.

Step 12. Select Payment Option.

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

PAYMENT OPTION

* ACA Payment:

(Dropdown menu options: --Select--, Invoice Me, Pay Later, Pay Now)

- **Invoice Me:** HCAI will mail an invoice to the facility billing address on file.
- **Pay Later:** facility intends to make online payment at a later time. If unpaid after ten calendar days, OSHDP will mail the 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 user does 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, user 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 on “Continue Application” to proceed to the next page flow screen.

Step 13. User reviews the data entered and makes edits if needed.

On this screen, user can click on “Edit” button in each application step to make necessary changes.

Step 6 : Review

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 00000
 Facility Name eCA Hospital
 Responsible Region: North Region
 Geographic Region: North Region

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

If user selected “Invoice Me” or “Pay Later” option, skip to step 14 below.

Step 14. Pay Application Fees online.

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

Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

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

Click on “Continue Application” to proceed to the payment screen.

Step 15. Submit online payment.

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



Amount to be charged: \$250.00

Pay with Credit Card

Credit Card Information:

* Card Type: * Card Number: * Security Code: [?](#)

* Name on Card: * Exp. Date:

Credit Card Holder Information:

Billing Information:

* Street Address:

* City: * State: * Zip:

* Phone:

E-mail:

Step 16. Project submission confirmation.

On this final screen, eCA display a project submission confirmation including the project record number. User can 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 and may be saved or emailed. User can 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 (Owner Representative).



Your application has been successfully submitted.
Please print your record and retain a copy for your records.

You will need this number to check the status of your project. Please print a copy for your records.
Your Record Number is S130086-19-00.

You will need this number to check the status of your project. Please print a copy for your records.

[Print/View Receipt](#) [Print/View Summary](#)

A licensed professional is now authorized to proceed with work at the designated location.

Your record type requires a follow-up inspection once work is completed. You may schedule the inspection now or return to schedule the inspection upon completion of the work. Choose "View Record Details" to Schedule Inspections, check status, or make other updates.

[View Record Details »](#) (You must post the record in the work area.)

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

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 **Projects**

[Create an Application](#) | [Search Projects](#)

Projects

Showing 11-20 of 52 | [Download results](#) | [Add to collection](#)

Date	Project Number	Project Type	Project Name	Status	Related	Action
08/26/2013	S131881-19-00	Application for New Project	HMNMH ED Medicine Room Conversion	Active - Plan Review	0	Amendment
08/26/2013	S131880-19-00	Application for New Project	HMNMH Emergency Power for AHU 18	Active - Plan Review	0	Amendment
08/26/2013	S131879-19-00	Application for New Project	HMNMH Pyxis Equipment Exchange	Active - Plan Review	0	Amendment
08/26/2013	P-2012-01857-DSI0004	Post Approval Document	RRU- HMNMH Pavilion Building Case Management Office Remodel.	Approved	10	



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 with the construction documents when they

More Details

[Print/View Record](#) [Print/View Summary](#)

[Create Amendment](#)

are submitted to HCAI, regardless of whether the project will be submitted to the office or to field staff for a FREER review. This form is the transmittal letter and is the only document that is required for the application; it is not necessary to include a paper application when project applications are created using eClient Access.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION

Project Number: S131881-19-00
 Project Type: Application for New Project
 Parent Project Number:
 Facility: 13333 - Henry Mayo Newhall Memorial Hospital

Project Description: HMNMH ED Medicine Room Conversion
 Convert existing emergency department clean utility room to medicine room

Submittal Type: Final
 Kind of Project: Remodel
 OSHPD Building #:

Primary Professional/Phone Number: Stephen C. Wen, (626) 793-9805
 Primary Contact Name/Phone Number: John V. Schleit, (661) 200-1026

Cost Type	Cost Date	Construction Cost	Fixed Equipment Costs	Total Cost	Cost of Imaging	Reason
Estimated	08/26/2013	\$45,000.00	\$0.00	\$45,000.00	\$0.00	amount on new project application.

Enclosures:

# of Copies	Enclosure Type	Description	Date Sent	Method of Transmittal	Courier Name	Backcheck	Attached
1	Application for New Project						
1	Plans						
1	Testing, Inspection and Observation Program (TIO)						

Please include this transmittal with your construction documents when submitting to OSHPD. This Project Application Summary form replaces the paper application; it is not necessary to include the paper application when project applications are created using eClient Access.

S131881-19-00

Your Application for a New Project is ready to be reviewed by HCAI!