

**e-Services
Portal
User
Guide**

**SNF BACKUP
POWER SOURCE
ASSESSMENT
FOR SKILL NURSING
FACILITIES**

VERSION 1.0

**Section
22**

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 Backup Power Source Assessment for a skilled nursing or intermediate care facility using eCA.



Remember: This user guide provides step-by-step help to submit the assessment application. For details on code interpretation and design criteria, see [PIN 74](#) and [Advisory Guide A6 Backup Power Source for Skilled Nursing Facilities](#).

For help with submitting an application, user account, or other, contact us at eserv@hcai.ca.gov or 916-440-8400.

What is needed to prepare for submitting a SNF Backup Power Assessment

Before you begin the online application, here are the topics that you will need to complete the application:

- Documentation substantiating compliance with HSC 1418.22 or proposing remediation to bring into compliance with HSC 1418.22 for the following if in use at your facility:
 - Heating System(s)
 - Cooling System(s)
 - Ventilator(s)
 - Automated External Defibrillators (AED)
 - Crash Cart(s)
 - Other Life-Saving Equipment
 - Oxygen Concentrator(s)
 - Positive Pressure Apparatus (PPA)
 - Oxygen Generation System(s)
 - On-site Permanent Backup Generator(s)
 - On-site Permanent Alternate Power Source
- Floor plan showing location of existing systems listed above and area of coverage for each.
- Information about the following existing system(s);
 - Heating System
 - Heating System Type (ex. Central Air-handling system – Heat Pump)
 - Quantity of Heating System(s)
 - Fuel Type
 - Cooling System
 - Cooling System Type (ex. Central Air-handling system – Hydronic Chilled Water)
 - Quantity of Cooling System(s)
 - Fuel Type
 - On-site Permanent Backup Generator(s).

- Make and Model
- Size (KVA and Voltage)
- On-Site Fuel Capacity
- On-Site Fuel Storage Generator Run Time
- On-site Permanent Alternate Power Source(s).
 - Make and Model
 - Size (KVA and Voltage)
 - On-Site Fuel Capacity
 - On-Site Fuel Storage Alternate Power Source Run Time

With the above information, you will be able to complete the online application. In **Appendix A**, the questions in the online application are available for your use.



Note: Once you have submitted the assessment, you can print a report that shows the questions, answers and requirements based on the answers. See **Appendix B** for how to print the report.

Appendix C details the process for compliant facilities and non-compliant facilities needing remediation to become compliant.

2 SNF Backup Power Assessment Applications

2.1 Page Flow Overview

Users must follow the predefined steps to create and submit assessment applications. The steps involved in submitting an application for an Backup Power Source Assessment, or SNF-BPS are similar to those submitting for an Expedited Permit. 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 SNF Backup Power Assessment on this step.
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 required to submit Backup Power Source Assessments.
3	Contact	User enters facility authorized agent that HCAI/OSHPD will communicate with while reviewing the submittal.
4	Professionals	User identifies Licensed Professional that assisted in preparing the documentation specific to the application. eCA auto-populates the information after searching licenses number.
5	Application Information	Application Name and Scope are auto-populated. No data entry by user is required. This page is not visible to the end user.
6	Compliance Checklist	The compliance checklist is used to provide an assessment of specific conditions for the facility to determine general compliance, requirements for documentation required for the assessment.

7	OSHPD Building #s	User identifies the OSHPD building number for each building at the facility. Visit Facility Details web page.
8	Heating Equipment	User identifies each heating system used at the facility.
9	Cooling Equipment	User identifies each cooling system used at the facility.
10	Generator(s)	User identifies each generator system used at the facility.
11	Alternate Power	User identifies each alternate power system used at the facility.
12	Attachments	User uploads attachments such as site plans, documentation for proposed remediation, and other documents.
13	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.
14	Payment Options	User selects one of the two application fee payment options: "Pay Now" or "Invoice Me".
15	Review	User reviews the data entered on the application for accuracy; edits can still be made if necessary.
16	Pay Fees	If user selects the "Pay Now" option, user pays the outstanding fee by credit card online.
17	Confirmation	Application submitted to HCAI. eCA issues a record ID number. User prints summary sheet or payment receipt as needed.

2.2 Basic rules of page flow

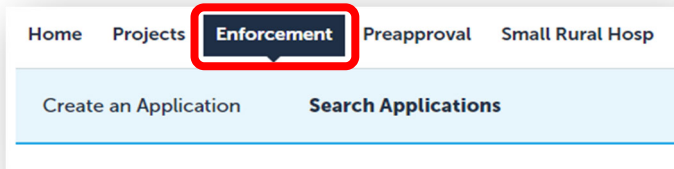
Below are some basic rules of submitting an application using the eCA page flow:

- ✓ To start creating an application for a new assessment, 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 and Resume Later" 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 professionals or multiple contacts, user must click the "Save" button in the section to save each professional/contact to the record to add the next.
- ✓ It is recommended that user clicks the "Save and Resume Later" 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 SNF-BPS

The following information will guide users through the steps necessary to create an application for an Backup Power Source Assessment (or SNF-BPS).

If you do not have an eClient Access login, click the **“Register for an Account”** link on the eClient Access site at <https://esp.oshpd.ca.gov>.



Step 1. Start Create an SNF-BPS

Only registered users may create an Application for Backup Power Source Assessment. Begin by clicking on the **“Create an Application”** link under **Enforcement** module.



Note: If you have already submitted a SNF Assessment and received the results of the review and project(s) to bring into compliance have been completed and you are submitting a follow-up assessment application, see Appendix C for creating an amended application.

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 2. Accept HCAI Privacy Policy

Step 3. 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.

A screenshot of a web application menu. At the top is a search bar with a magnifying glass icon and a blue 'Search' button. Below the search bar are two main categories: 'Compliance Enforcement Applications' with a sub-option 'Re-Open Closed Project', and 'SNF/ICF Assessments' which is highlighted with a red rectangle. Under 'SNF/ICF Assessments' is a sub-option 'SNF Backup Power Assessment'. At the bottom of the menu is a blue button labeled 'Continue Application »'.

Step 4. Select Record Type

Select the **“SNF Backup Power Assessment”** then click on **“Continue Application”** button. SNF Backup Power Assessment is intended only for single-story Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities; if your facility does not meet this criteria, you will receive an error message when you proceed.

Click **“Continue Application”**.

A screenshot of a 'Select a License' screen. It has a title 'Select a License' and a subtitle 'Select a license for this record from the list below. The available licenses are listed with your account.' Below this is a section labeled '* Licenses:' with a dropdown menu showing 'None Applicable', which is highlighted with a red rectangle. At the bottom is a blue button labeled 'Continue Application »'.

Step 5. Associated License

If prompted for a license associated to your user account, select **“None Applicable”** since professionals are optional.

A screenshot of a 'Step 1: Facility Information > Facility Details' screen. The title is 'Facility'. Below the title is a text box for 'Facility ID' containing the number '12345', which is highlighted with a red rectangle. To the right of the 'Facility ID' field is a 'Facility Name' field. Below these fields are two dropdown menus: 'Type of Facility:' and 'County Code:', both showing '--Select--'. At the bottom are two buttons: 'Search' (highlighted with a red rectangle) and 'Clear'.

Step 6. 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.

To search for another facility or reset and start over, click on **“Clear”** button in Facility, Address and Owner section (shown on next page). This clears the previous entered facility. Once the correct facility is selected, to advance to the next page flow step, click on **“Continue Application”**.

Step 1: Select Facility > SNF or ICF

* indicates a required field.

Facility

Enter the HCAI Facility ID of the Skilled Nursing Facility / Intermediate Care Facility for this application and then click on the Search button (or select 'Auto-fill' if available). 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 HCAI at eserv@hcai.ca.gov if the current facility information is incorrect or to add a new facility.

Only Skilled Nursing and Intermediate Care Facilities are required to submit an assessment. If your facility is not a Skilled Nursing or Intermediate Care Facility, you will not be permitted to continue.

* Facility ID 20005	Facility Name Windsor Chico Care Center
Responsible Region: North Region	Type of Facility: Skilled Nursing and Intern. Care Fa
Geographic Region: North Region	County Code: 04 - Butte
RCO: JLABRIE	ACO: CCERVANTES
DSE: NSTEPT	Field FLSO: JTRUMBAUER
Senior Architect: DHARRIS	Plan Review PT: SACPT1
Closure PT: SACPT2	
Search	Clear

Address

* Street No.: 188	* Street Name: Cohasset Ln	City: Chico	State: CA	* Zip: 95926
Search	Clear			

Owner

☐ Auto-fill with 10039 - THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Owner Name: 20005 - WINDSOR CHICO CARE CENT

Address Line 1: 9200 W SUNSET BLVD., SUITE 725 City: WEST HOLLYWOOD State: CA Zip: 90069

Phone: E-mail:

Search Clear

Continue Application »

Save and resume later

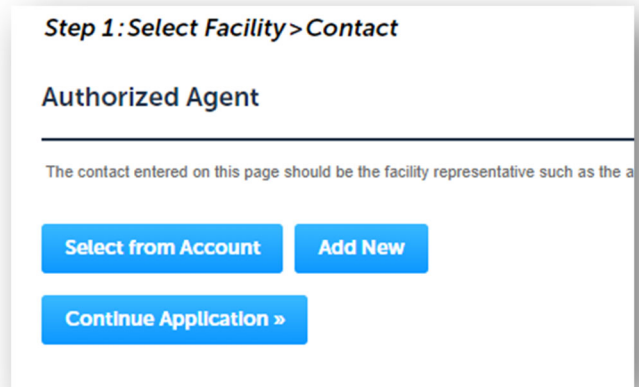
Clearing Searched Results

Step 7. Enter Contact

A Contact is the individual representing the Facility to whom correspondence will be copied. Unlike adding Licensed Professionals, a search function is not available for Contacts. If the logged in user is the contact, click “Select from Account” add the contact. If the logged in user is not the contact, click “Add New” to enter the information. Click Continue to return to application.

Missing data from required fields must be completed to continue the application.

When entered, click on “Continue Application”.



Step 1: Select Facility > Contact

Authorized Agent

The contact entered on this page should be the facility representative such as the a

Select from Account Add New

Continue Application »

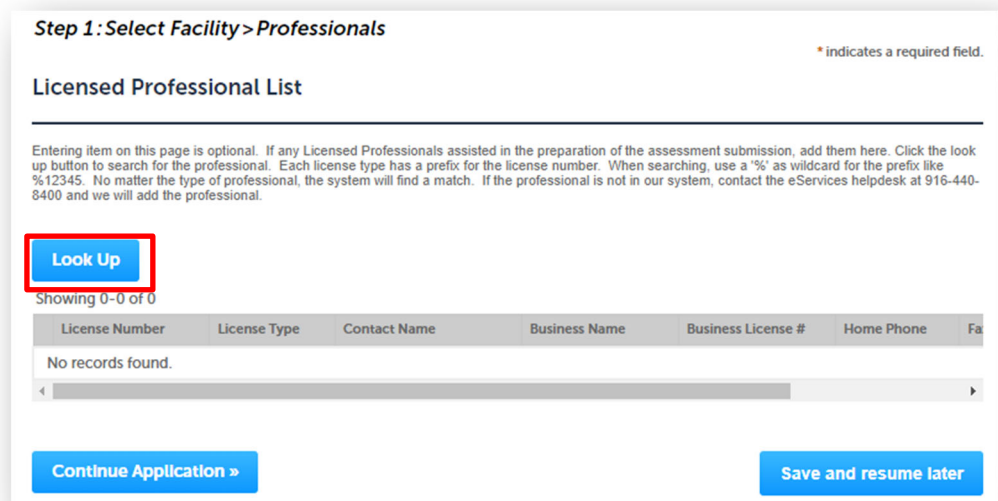
Step 8. Enter Licensed Professionals

If a Licensed Professional (LP) assisted in the preparation of the documentation for the submittal, the license can be added. This is optional.

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. Click “Lookup” to

search for the license number. Use a ‘%’ as a wildcard for the license number prefix like “%1234”. 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 LP’s with that last name. If the search returns no results, the LP is not currently in our database. Contact HCAI at eserv@hcai.ca.gov or 916-440-8400 to add a new LP or update an existing LP to our database.

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.



Step 1: Select Facility > Professionals

* indicates a required field.

Licensed Professional List

Entering item on this page is optional. If any Licensed Professionals assisted in the preparation of the assessment submission, add them here. Click the look up button to search for the professional. Each license type has a prefix for the license number. When searching, use a ‘%’ as wildcard for the prefix like %12345. No matter the type of professional, the system will find a match. If the professional is not in our system, contact the eServices helpdesk at 916-440-8400 and we will add the professional.

Look Up

Showing 0-0 of 0

License Number	License Type	Contact Name	Business Name	Business License #	Home Phone	Fa
No records found.						

Continue Application » Save and resume later

While not mandatory, HCAI recommends the facility consult with a California-licensed engineer 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.

Step 9. Application Name and Scope

The record name and scope are auto populated by the system and are not display on the submission page. This merely to let you know about the auto-populate.

Step 2: Assessment Details > Application Name and Scope

Detail Information

Project Name:

Emergency Generator Backup Power Source Assessment

Project Scope:

Assessment of facilities emergency generator backup power source for compliance with HSC 1418.22

Step 10. Complete the Compliance Checklist.

Complete **Backup Power Assessment** checklist to provide an assessment of specific conditions for the facility with regards to emergency power. All questions must be answered and based on the answers provided, eCA will indicate if the facility is compliant. Once submitted, HCAI/OSHPD will verify compliance using submitted documents and the checklist. If additional work is required to bring the facility into code compliance, the result of the assessment process will provide next steps.

Begin by selecting the Assessment Type.

SNF Backup Power Assessment

1 Select Facility
2 Assessment Details
3 Security and Payment
4 Review
5 Pay Fees
6

Step 2: Assessment Details > Assessment Information

* indicates a required field

Checklist

Assessment Type: Backup Power Source Assessment

The assessment questions will display and a Yes, No or N/A can be selected (N/A is not available for all questions).

As you select the answer to each question, a summary of the remaining questions is displayed at the bottom of the checklist.

SAFE TEMPERATURE FOR RESIDENTS

- Heating. Are there heating systems currently in place at the facility? ☐ Yes ☐ No ☐ N/A
- Does existing heating system meet HSC §1418.22 requirements maintaining temperature above 71 degree Farenheit? ☐ Yes ☐ No ☐ N/A
- Is heating provided at resident's unit? ☐ Yes ☐ No ☐ N/A
- Is heating provied by a central plant? ☐ Yes ☐ No ☐ N/A
- Floor plan showing existing heating units and area of coverage is included in this submittal? ☐ Yes ☐ No ☐ N/A
- Is heating system connected to emergency power? ☐ Yes ☐ No ☐ N/A
- Will heating system work in event of utility power outage? ☐ Yes ☐ No ☐ N/A



Please answer questions: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33.

As questions are completed, requirements resulting from the answers entered will display at the bottom of the checklist. These requirements might be for the documentation required for the submittal or requirements for bringing the facility into compliance.

Requirements based on answers entered:

13. Floor plan showing existing cooling units and area of coverage must be submitted with this application.

25. Submit documentation with proposed remediation to bring facility in compliance with HSC 1418.22 requirements for Life-saving equipment.

Upon completion of the questions in the compliance checklist, a green success banner will be displayed, or an alert banner will inform you that the checklist indicates non-compliance. HCAI/OSHPD staff will perform a detailed review of the assessment submittal.



Success. Your project is qualified to apply for an expedited building permit.

OR



Based on the answers entered, the facility is not compliant with HSC 1418.22 requirements for Backup Power Source. HCAI/OSHPD will review this submission and determine compliance. If determined non-compliant, remediation to bring the facility compliant will be necessary. The determination letter you receive at the completion of this assessment will detail non-compliant items.

Note: See Appendix A for a list of questions from compliance checklist. You can determine compliance and identify items that will require documentation needed for submission with the application.

Step 11. OSHPD Building Number

On the same page as the checklist, enter the OSHPD building number. For multiple buildings, separate with commas. Visit [Facility Details](#) web page to determine the number and type of buildings at each facility. If other buildings exist at the facility that do not have a building number, contact SeismicComplianceUnit@hcai.ca.gov. Building numbers will be issued for those buildings.

OSHPD Building #:



Ex: BLD-05217, BLD-025

Continue Application »

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

Step 12. Heating Equipment

Enter a row for each type of heating system in use at the facility. Click “Add Heating System” to begin the entry.

HEATING EQUIPMENT
Enter a row for each different heating system servicing the facility. If multiple of a single type, enter the quantity.

Showing 1-1 of 1

<input type="checkbox"/>	Heating System Type	Sub Type	Quantity	Fuel Type
1	Radiator - Hydronic Hot Water	Boiler	3	Heating Oil (Diesel)

Add Heating System **Edit Selected** **Delete Selected**

Select Heating System Type
(Select only one)

For assistance or to apply for Heating System Type not listed below please contact us.

Heating System Type

- ☐ Central Air-handling System - Furnace
- ☐ Central Air-handling System - Heat Pump
- ☐ Central Air-handling System - Hydronic Hot Water
- ☐ Non-central Recirculating Air Handling System - Heat Pump
- ☒ Non-central Recirculating Air Handling System - Hydronic Hot Water Heat Pump
- ☐ Other (Provide Information)
- ☐ Radiant Floor - Hydronic Hot Water
- ☐ Radiator - Hydronic Hot Water

2

Next » **Cancel**

You will be prompted for Type and Sub Type.
Selecting a Type limits available items in Sub Type.
Click “Next”.

Select Sub Type
and click “Finish”
to save entry.

Select Sub Type
(Select only one)

Non-central Recirculating Air Handling System -

Sub Type

- ☒ Boiler
- ☐ Combined Heat and Power
- ☐ Other (Provide Information)
- ☐ Water to Air Heat Pump

3

« Back **Finish »** **Cancel**

Once selected, enter remaining
required fields and click
“Submit”.

To enter more Heating Systems,
click the “Add Heating System”
to add a new row.

HEATING EQUIPMENT
Enter a row for each different heating system servicing the facility. If multiple of a single type, enter the quantity.

*Heating System Type: Radiator - Hydronic Hot

*Sub Type: Boiler

*Quantity: 3

*Fuel Type: Heating Oil (Diesel)

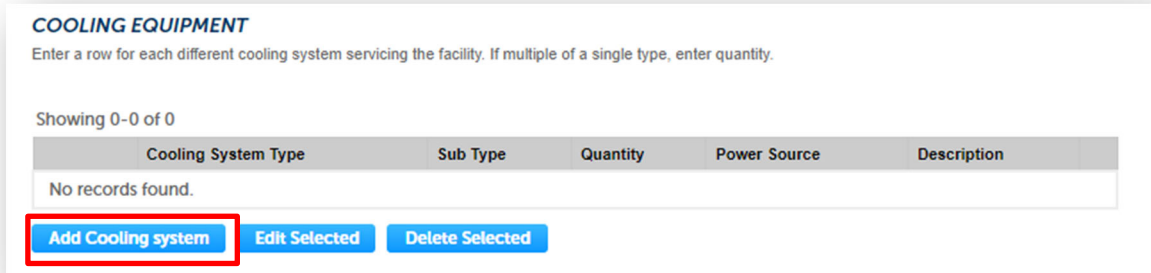
Description:

4

Submit **Cancel**

Step 13. Cooling Equipment

Enter a row for each type of cooling system in use at the facility. Click **“Add Cooling System”** to begin the entry. Similar to Heating Systems, you will be prompted with a list of cooling Types and Sub Types. Select appropriate items and complete remaining fields. Click **“Finish”** to save cooling system row. To add another cooling system, click **“Add Cooling System”**.



COOLING EQUIPMENT
Enter a row for each different cooling system servicing the facility. If multiple of a single type, enter quantity.

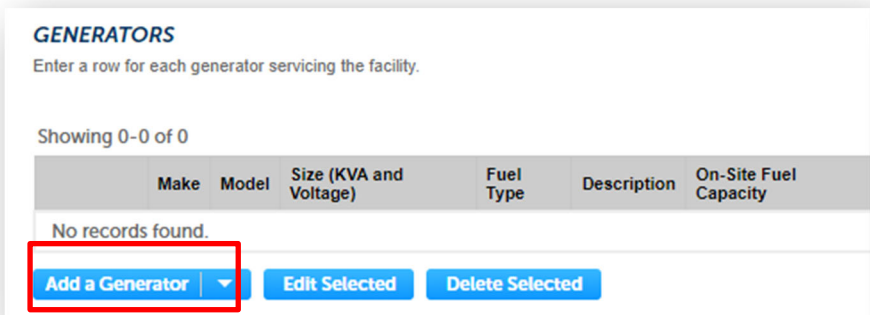
Showing 0-0 of 0

Cooling System Type	Sub Type	Quantity	Power Source	Description
No records found.				

Add Cooling system **Edit Selected** **Delete Selected**

Step 14. Generator(s)

Click **“Add Generator”** to enter a row for each generator at the facility.

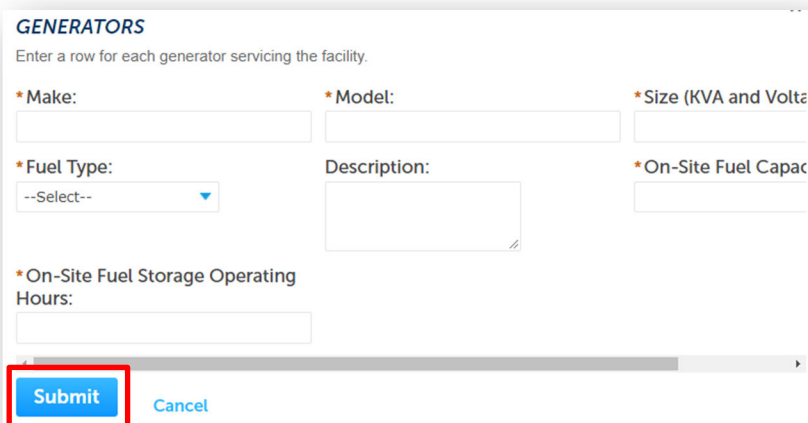


GENERATORS
Enter a row for each generator servicing the facility.

Showing 0-0 of 0

Make	Model	Size (KVA and Voltage)	Fuel Type	Description	On-Site Fuel Capacity
No records found.					

Add a Generator **Edit Selected** **Delete Selected**



GENERATORS
Enter a row for each generator servicing the facility.

* Make: * Model: * Size (KVA and Voltage):

* Fuel Type: Description: * On-Site Fuel Capacity:

* On-Site Fuel Storage Operating Hours:

Submit **Cancel**

Enter required fields. Click **“Submit”** to complete the row.

You may need to scroll to the right to see all fields.

To add another generator, click **“Add Generator”**.

Step 15. Alternate Power Source(s)

Enter a row for each alternate power source (excluding generators) that are in use at the facility. Click **"Add an Alternate Power Source"** to begin a row.

Note: If no alternate power source exists, do not add a row. If a required value is unknown, enter "None" or "Unknown".

ALTERNATE POWER
Enter a row for each alternate power source servicing the facility other than emergency generator.

Showing 0-0 of 0

Make	Model	Size (KVA and Voltage)	Fuel Type	Description	On-Site Fuel Capacity
No records found.					

1 Add an Alternate Power

Edit Selected Delete Selected

4 Continue Application »

Enter required data and click **"Submit"** to save. Click **"Add an Alternate Power Source"** to begin another row if multiple alternate power sources exist at the facility.

ALTERNATE POWER
Enter a row for each alternate power source servicing the facility other than emergency generator.

* Make: * Model: * Type: --Select--

* Size (KVA and Voltage): * Fuel Type: --Select--

Description:

* On-Site Fuel Capacity: * On-Site Fuel Storage Operating Hours:

2

3 Submit Cancel

When finished adding alternate power sources, click **"Continue Application"** to view the Attachments page.

Step 16. Attachments

A Floor Plan showing location of heating, cooling, life-saving equipment, oxygen device generator, and alternate power sources and the coverage area for each.

A Facility Report substantiating compliance or presenting proposed remediation of non-compliant systems.

To add an attachment, click **"Add"**.

Step 2: Assessment Details > Attachments

* indicates a required field.

Attachments

A Site Plan showing locations of all heating units, cooling units, generators, and alternate power source and area of coverage for each is required to complete submission. If assessment questions indicate non-compliance for heating, cooling, generator or alternate power, submission of proposed remediation will be necessary.

The maximum file size allowed is 300 MB.
ade;adp;bat;chm;cmd;com;cp;exe;hta;htm;html;ins;isp;jar;js;se;lib;lnk;mde;mht;mhtml;msc;mst;php;plf;reg;scr;sct;shb;shs;sys;vb;vbe;vbs;vxd;v are disallowed file types to upload.

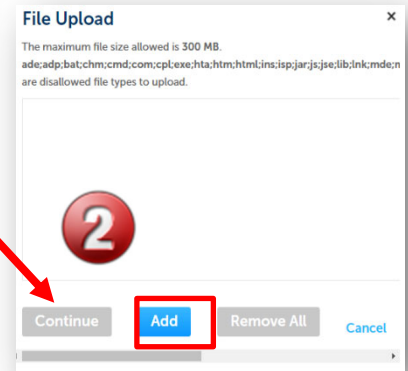
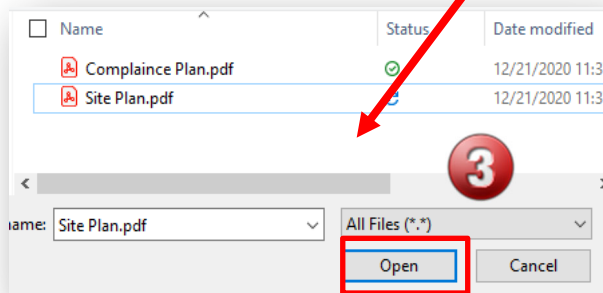
Name	Type	Size	Latest Update	Action
No records found.				

1 Add

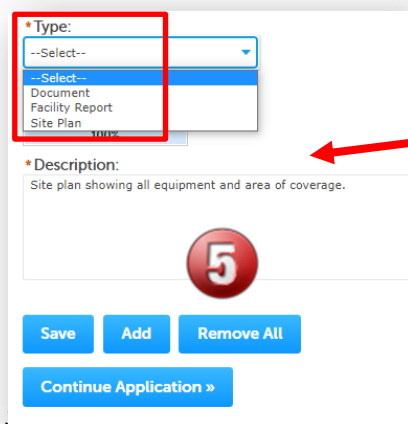
Continue Application » Save and resume later

On the next window, click “Add” to navigate to find the files.

Select one or more files and click “Open”.



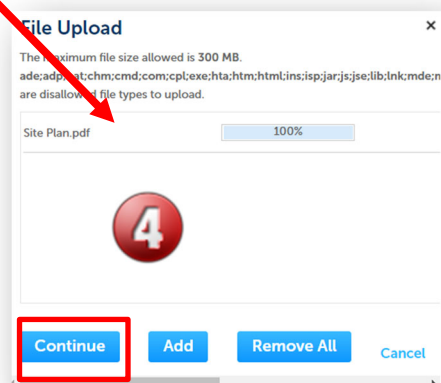
Once each file is uploaded 100%, click “Continue”.



Select document type and enter description. Click “Save”.

Repeat 1 thru 5 to add more documents.

Then, click “Continue Application”



Step 18. Facility PIN Before entering the Facility PIN Code, it is recommended that you have clicked on “Save and Resume Later” at least once!

If you are authorized by the facility and have obtained a 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 and Resume Later” button to save the record.

Step 3: Security and Payment > PIN Security

* Indicates a required field.

PIN

SECURITY

Please enter your Facility's six digit PIN below. **You will not be able to complete this project without a valid PIN.** If you do not know your Facility's PIN, click “Save pending submittal” now. This will save your record and issue a temporary project number (e.g. 17TMP-00014); a confirmation email will be sent to you.


If you do not know the PIN but a PIN has been issued, forward the confirmation email to the PIN holder.

If your facility has not been issued a PIN, or you having other access issues, please contact the eCA Access Manager at eCA.Access.Manager@oshpd.ca.gov or call (916) 440-8400.

Continue Application »

Save and resume later

If you click the “Save and Resume Later” button, the application process stops, and user is redirected to the record List page. eCA issues a temporary Project ID and displays the application in user’s record list. Users can “**Resume Application**” at a later time.




Your partial application (22TMP-SNF-0006) has been successfully saved.
To resume the application(s), go to the Records section and click the Resume Application link.

Showing 1-10 of 18 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	12/21/2022	22TMP-SNF-0006	SNF Backup Power Assessment	Emergency Generator Backup Power Source Assessment		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. Click “**Save and Resume Later**” and when resumed, select “**Start from Beginning**”



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 19. Select Payment Option.

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

Step 3: Security and Payment > Payment Options * Indicates a required field.

Pay Now or Invoice me

PAYMENT OPTION
To prevent the Facility Pin from being displayed, user must select a payment type and complete the application submittal on the next screen.

Payment Option:

--Select--

--Select--

Pay Now

Invoice Me

Continue Application »

Save and resume later

- **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 user does not select a payment type and proceeds 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 20. 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” option, skip to step 22 below.

Step 21. Pay Application Fees online.

If user selected “Pay Now” option, this screen displays the application fee of \$250.00 to be paid with a credit card.

If user selected “Invoice Me” option, this screen displays fees due as \$0.00 and no payment is necessary at this time.

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 22. Submit online payment. (If Pay Now is selected)

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:

Submit Payment »

Step 23. Submission confirmation.

On this final screen, eCA displays a project submission confirmation including the record number. User can print a record summary from this screen, and if the fees were paid with a credit card, a payment receipt can be printed. These documents are in 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 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 SNFA-2023-0001

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


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.

(You must post the record in the work area.)

Congratulations! You have successfully submitted an Application for Backup Power Assessment to HCAI!

To the right is an example of the submission confirmation email sent by the system.



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: HMN/MH 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 Schleif, (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.

IMPORTANT: Until the PIN is entered and the application submission is complete, the application is considered a Temp record. Temp records are purged from the system after 30 days. Thus, it is recommended that you collect the information needed for submission before beginning the online application.

3 Appendix A

The compliance checklist questions are shown below to allow you to determine any items that are not compliant and require proposal for remediation within the assessment submission.

SNF Backup Power Source Assessment (Heating and Cooling)			
Section	Topic	Question Nbr	Question
Safe Temperature for Residents	Heating Equipment	1	Are there heating systems currently in place at the facility?
		2	Does existing heating system meet HSC 1418.22 requirements for maintaining a safe heating temperature in patient care areas.
		3	Is heating provided at resident's unit?
		4	Is heating provided by a central plant?
		5	Provide a floor plan showing existing heating units and area of coverage is included in assessment submittal?
		6	Is heating system equipment connected to emergency power?
		7	Is the heating system equipment connected to an alternate power source (not emergency)?
		8	Will heating system electrical components work in event of utility power outage?
		9	Does the facility currently meet HSC 1418.22 requirements regarding run-time for alternate power source (if required) to maintain safe heating temperature for 96 hours during a utility outage?
	Air Conditioning	10	Is mechanical cooling provided at the facility?
		11	Does existing cooling system meet HSC 1418.22 requirements for maintaining a safe cooling temperature in patient care areas (i.e. below 81 F)?
		12	Is cooling provide by central air-handling system(s)?
		13	Is cooling provided by a non-central recirculating system at resident's unit?
		15	Is cooling system equipment connected to emergency power?
		16	Is the cooling system equipment connected to an alternate power source (not emergency)?
		17	Will cooling system work in event of utility power outage?
		18	Does the facility currently meet HSC 1418.22 requirements regarding run-time for alternate power source (if required) to maintain safe cooling temperature for 96 hours during a utility outage?

NF Backup Power Source Assessment (Life Safety and Oxygen)

Section	Topic	Question Nbr	Question
Life-Saving Equipment	Ventilators	19	Are there ventilators using 120V for operation/charging at the facility?
		19a	Are the ventilators connected to emergency power?
		19b	Will the ventilators work in event of utility power outage?
	AEDs	20	Are there automated external defibrillators (AED) using 120V for operation/charging at the facility?
		20a	Are the AED connected to emergency power?
		20b	Will the AED work in event of utility power outage?
	Crash Carts	21	Are there Crash Carts using 120V for operation/charging at the facility?
		21a	Are the Crash Carts connected to emergency power?
		21b	Will the Crash Carts work in event of utility power outage?
	Other Equipment	22	Are there other life-saving equipment at the facility?
		22a	Are the other life-saving equipment connected to emergency power?
		22b	Will the other life-saving equipment work in event of utility power outage?
		23	Does the facility currently meet HSC 1418.22 requirements for Life-saving equipment backed up by alternate power source for 96 hrs.?
Oxygen-Generating Devices	Concentrators	24	Are there Concentrators using 120V for operation/charging at the facility?
		24a	Are the Concentrators connected to emergency power?
		24b	Will the Concentrators work in event of utility power outage?
	Positive Pressure Apparatus	25	Are there Positive Pressure Apparatus (PPA) using 120V for operation/charging at the facility?
		25a	Are the PPA connected to emergency power?
		25b	Will the PPA work in event of utility power outage?
	Oxygen System	26	Does the facility utilize an on-site, large-scale oxygen generating systems?
		26a	Are the oxygen generation devices connected to emergency power?
		26b	Will the oxygen generation devices work in event of utility power outage?
		27	Does the facility currently meet HSC 1418.22 requirements for Oxygen-generating devices backed up by alternate power source for 96 hrs?

SNF Backup Power Source Assessment – (Generator(s) and Alternate Power Source)

Section	Topic	Question Nbr	Question
Existing Generator(s)	Emergency Generator(s)	28	Does your facility currently have a permanent on-site emergency generator?
		28a	Does the emergency generator have 96 hours of on-site fuel storage?
		28b	Does the emergency generator have a minimum of 6 hours of on-site fuel storage?
		28c	Does the facility have a fuel delivery agreement to supply the generator(s) with fuel to comply with the 96 hours operational requirements of HSC 1418.22?
	Legally Required Standby Generator	29	Does your facility currently have a Legally Required Standby generator?
		29a	Do all components of the Legally Required Standby system have special seismic certification?
		29b	Does the Legally Required Standby generator have 96 hours of on-site fuel storage?
		29c	Does the Legally Required Standby generator have a minimum of 6 hours of on-site fuel storage?
		29d	Does the facility have a fuel delivery agreement to supply the Legally Required Standby generator with fuel to comply with the 96 hours operational requirements of HSC 1418.22?
Existing Alternate Power Source	Alternate Power Source (DER)	30	Does your facility currently have a permanent on-site alternate power source (not including emergency generator)?
		30a	Does the alternate power source backup the entire normal service?
		30b	Do all components of the alternate power source have special seismic certification?
		30c	Does the alternate power source have 96 hours of on-site fuel storage?
		30d	Does the alternate power source have a minimum of 6 hours of on-site fuel storage?
		30e	Does the facility have a fuel delivery agreement to supply the alternate power source with fuel to comply with the 96 hours operational requirements of HSC 1418.22?

Appendix B

(Printing Report Summary)

After the application is submitted, you can print a report that shows the questions, your answers and any requirements based on the answers provided. Plus, the details entered for Heating, Cooling, Generators and Alternate Power.

Step 1. Select Assessment Record – When you are logged into eCA and you select the “Enforcement” module, a list of applications you have submitted are displayed. Click the record number to navigate to the record details.

Home Projects **Enforcement** Preapproval Small Rural Hosp

Create an Application Search Applications

Records

To pay invoices, click the Pay Fees link, or click [Shopping Cart Payment Portal](#). You must be logged in to eCA to access the payment portal. See eCA Online Payment Instructions for more information.

Showing 1-5 of 5 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Record Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	12/30/2022	SNFA-2022-0001	SNF Backup Power Assessment		Open	Pay Fees Due

Step 2. Select Report from drop down – Viewing the record details you will see a Reports link on the upper right of the page. Clicking the drop down you will see a report named “SNF Assessment Client Summary”. Select the report to generate the report in PDF.

eServices Portal

Announcements Logged in as: Robert Fisher Collections (2) Reports (2) **Account Management** Logout

Home Projects **Enforcement** Preapproval Small Rural Hosp


Create an Application Search Applications

Record SNFA-2022-0001:
SNF Backup Power Assessment
Record Status: Open [Add to collection](#)

Record Info Payments Custom Component

Reports (2):
[SNF Assessment Client Summary](#)
[eCA Payment Receipt](#)

Step 3. **Report is generated** – When the report is generated, you will see the information you entered.



DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
 Office of Statewide Hospital Planning and Development
SNF Backup Power Source Assessment

Created on 12/30/2022 11:26 PM

Record# : SNFA-2022-0001
 Assessment Type: Backup Power Source Assessment
 Scope:

Facility: 00000 - No Facility - System use only
 1234 Facility Address, Facility City, CA 99999

Heating Equipment				
Heating Type	Sub Type	Fuel Type	Quantity	Description
Central Air-handling System - Heat Pump	Not Applicable	Heating Oil (Diesel)	2	

Cooling Equipment				
Cooling Type	Sub Type	Power Source	Quantity	Description
Natural Ventilation (Windows)	Not Applicable	Other (Provide Information)	22	22 rooms have large windows

Generator Equipment						
Make	Model	Fuel Type	KVA/Voltage	Fuel Capacity	Fuel Run Time	Description
Generac	RG06024ANAX	Dual Fuel (Natural Gas and Propane)	60000 watts - 120/240 Single-Phase	150	6	

Alternate Power Source							
Make	Model	Fuel Type	KVA/Voltage	Fuel Capacity	Fuel Run Time	Type	Description

And, the question along with the answers you entered and any requirements for action need are included.

Compliance Checklist Summary			
No.	Question	Answer	Requirements
1	Are there heating systems currently in place at the facility?	Yes	Floor plan(s) showing existing heating units and area of coverage must be submitted with this application.



Note: Depending on your PDF viewer, you can print or save the report results.

Appendix C

There are two possible outcomes to the assessment:

- Facility is determined compliant with HSC 1418.22
- Facility is determined non-compliant with HSC 1418.22.

If a facility is determined to be compliant with HSC 1418.22, the assessment application information is forwarded to CDPH for concurrence of determination. If CDPH concurs, the HCAI/OSHPD involvement is complete, and the assessment application is closed with compliance. CDPH is responsible for regulating and surveying of health care facilities.

If a facility is determined to be non-compliant, the assessment application is closed without compliance and remediation of non-compliant systems must be submitted to HCAI/OSHPD in the form of construction projects utilizing [Application for New Project](#) via the eServices Portal electronic project tracking. Once all construction projects are complete and closed in compliance, the facility will submit a new *SNF Backup Power Assessment* application with documentation to substantiate assertions of compliance by the facility. If determined to be compliant, notification to CDPH requesting concurrence as state above.

If a facility is determined to be non-compliant after construction projects are closed and an additional *SNF Backup Power Assessment* is submitted, further construction projects will be needed to bring the facility into compliance with 1418.22.

To submit revised *SNF Backup Power Assessment* applications, follow the steps on page 4 of this user guide.