



Long Term Care Facility Development Approval Process

June 2020

Table of Contents

Introduction	1
Definitions	2
Appendices/References	3
Project Governance	4
Project Reporting	5
Step 1: Project Manager Selection.....	6
Step 2: Project Team Selection.....	7
Step 3: Functional Program/Preliminary Project & Start-Up Occupancy Plan.....	9
Step 4: Conceptual Design/Preliminary Site Selection/Update Project Budget...	12
Step 5: Schematic Design/Site Purchase/Finalize Budget.....	16
Step 6: Design Development/Update Project Cost	19
Step 7: Pre-Construction Document Finalization/Contractor Selection	21
Step 8: Furniture, Fixtures, and Equipment Procurement	23
Step 9: Household Rough-In Inspection	25
Step 10: Commissioning Report	26
Step 11: Pre-Occupancy Checklist/Licensing Inspection	28

Introduction

The Facility Development Approval Process (FDAP) document is provided to Service Providers who have been selected to enter into discussions with the Department of Health and Wellness for the development of a new or replacement long term care facility. The document provides a consistent methodology for planning, designing, and commissioning new long term care facilities. It explains the FDAP and interactions with the Department of Health and Wellness as well as submission requirements for each step.

Long term care facilities are an important component of care for Nova Scotians and every effort must be made to ensure that residents receive the best care possible in facilities licensed to operate in Nova Scotia.

This document is not intended to provide complete direction. Service Providers are responsible for ensuring that the steps are followed, and the submissions are satisfied in a timely manner to support the delivery of the long term care facility.

Efforts have been made to ensure all information in this document aligns with known, adopted, and enforceable Codes and Standards within the Province of Nova Scotia. However, should anything within this document contradict or contravene accepted technical Codes or Standards, the latter (provided they are legally binding) shall take precedence.

Definitions

- Construction Budget – The sum of money established by the owner as available for construction of the project
- Construction Contingency – An amount of money set separately aside from the construction budget to cover any unexpected construction related costs that can arise throughout a construction project
- Department – Nova Scotia Department of Health and Wellness
- Design Development – The design phase in a project where architects/engineers complete their detailed understanding of owner requirements and begin to describe it in terms of architectural, electrical, mechanical, and structural systems
- FDAP – Facility Development Approval Process
- FF&E – Furniture, Fixtures, and Equipment
- Functional Program – A pre-design document describing the functional requirements of a building in enough detail to initiate conceptual design
- LTC – Long Term Care
- Project Budget – The total sum of money established by the owner and approved by the Department of Health and Wellness as available for the entire project
- Project Contingency – An amount of money set aside within the project budget to cover any unexpected costs that can arise throughout a project
- Schematic Design – A design phase in a project where architects/engineers prepare schematic diagrams giving a general view of components and the overall scale of the project
- Start-Up Occupancy Plan – A document that describes how the facility will operate within the design constraints associated with the Service Provider's facility
- Value Engineering – A systematic method to improve the "value" of goods, or products and services, by using an examination of functions and priorities

Appendices/References

Appendices

1. Appendix A: Capital Project Status Report
2. Appendix B: Project Accounting System
3. Appendix C: Submission Coversheet
4. Appendix D: Project Manager Qualifications and Scope of Work
5. Appendix E: Project Team Qualifications and Scope of Work
6. Appendix F: Project Plan Template
7. Appendix G: Space Summary Table
8. Appendix H: Space Summary Comparison Table
9. Appendix I: Pre-Occupancy Checklist

References

1. Long Term Care Facility Requirements: Requirements for Nursing Home Design in Nova Scotia ([Link](#))
2. Long Term Care Program Requirements: Nursing Homes & Residential Care Facilities ([Link](#))
3. Start-Up Funding Policy ([Link](#))
4. Capital Renewal Reserve Policy ([Link](#))

Project Governance

The Service Provider is responsible for all work associated with the development and construction of the LTC facility subject to this FDAP, the Development Agreement with the Department, and applicable laws and policies.

The Service Provider is responsible for maintaining control over the full scope of the construction project, which requires planning to acknowledge risks, identifying ways to mitigate those risks, and implementing ongoing monitoring of mitigation strategies. Risks that the Service Provider could face and must manage include, but are not limited to:

1. Scope creep,
2. Cost changes as a result of market conditions, unanticipated change orders and other factors,
3. Schedule delays,
4. Disputes and litigation by consultants, contractors or others,
5. Contractor failures (non-performance or bankruptcy),
6. Delays in approvals.

The Service Provider must provide a clear rationale to the Department for any proposed change or departure from the intended outcome of a facility, with supporting materials as the Department may require. Such change or departure is entirely subject to the Department's approval, in its sole discretion.

The Department will provide the Service Provider with the FDAP document and all associated appendices, reference documents, and applicable policies. The Department is not responsible for any work with development and construction related to the LTC facility. The Department will not take on any risk associated with the project.

The facility design must be carried out by designers (i.e., architects/engineers) who are experienced in LTC facility design, are fully conversant in current LTC best practices and are registered to practice in Nova Scotia.

Project costs are defined as the costs that can be clearly associated with the implementation of the Project and are appropriate to be capitalized. This includes all costs incurred through the warranty period. Predicting and controlling project costs is fundamental to project management. Managing this risk is the responsibility of the Service Provider. Knowledgeable project management resources must be allocated towards this ongoing task.

In addition to Department approvals required hereunder and pursuant to the Development Agreement, the Service Provider must obtain all other required approvals (e.g., municipal planning, Office of the Fire Marshal, Nova Scotia Environment) and permits.

Project Reporting

The Service Provider must keep the Department informed on the progress of the project through two (2) methods:

1. **Monthly Capital Project Status Reports** – Capital Project Status Reports are intended to inform the Department of progress each month. Reports are a prerequisite for receiving mortgage draws from Housing Nova Scotia, where applicable. Reports are to be submitted as per Appendix A: Capital Project Status Report and submitted on or before the 10th business day of the month following the reporting period and are to begin following the first month of the project commencing. Documents are to be submitted electronically and hard copy.
2. **FDAP Step Submissions** – Step submissions are submitted once the Service Provider has completed all deliverables in each step. Each step submission must be presented with Appendix C: Submission Coversheet, which is signed by the Service Provider. Documents are to be submitted electronically and hard copy.

All reports will be reviewed by the Department. FDAP step submissions will be responded to, in writing, to the Service Provider. Possible responses include:

- Approved – Approvals will be communicated in writing and an electronic copy of the signed submission form will be returned to the Service Provider,
- Approved with comments – Conditional approval with comments specifying concerns that are to be addressed by the Service Provider, or
- Not approved – Comments or reasons for rejection will be provided in writing, and resubmission will be necessary.

Should the Department have questions regarding project status, the Service Provider will be contacted directly.

Service Providers who move onto the next step of the FDAP without submission step approval do so at their own risk. Should submission approval not be given by the Department, any costs incurred as a result of the decision to move forward without approval are the responsibility of the Service Provider.

All project costs reported to the Department in the monthly reports or step submissions must be in the format of Appendix B: Project Accounting System.

Step 1

Project Manager Selection

Purpose: This submission is to verify that a qualified Project Manager is selected to manage the LTC facility project.

1.1 **Step Rationale:** The implementation of a multi-million-dollar capital project is complex with risks requiring careful consideration, management, and leadership. It is the responsibility of the Service Provider to ensure that the necessary resources and governance structure are in place.

1.2 **Responsibilities:**

1.2.1 Service Provider:

- A. Acquire a qualified Project Manager for recommendation,
- B. Submit the completed submission for review to the Department.

1.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

1.3 **Process:**

1.3.1 The Service Provider is required to select a Project Manager and submit evidence of the following:

- A. The Project Manager has the necessary qualifications as per Appendix D: Project Manager Qualifications and Scope of Work.
- B. The Project Manager was acquired using a process that ensures best value for the Project.

1.4 **Deliverable:** Service Provider must provide the Department with:

- A. A recommended Project Manager for award that includes evidence of necessary qualifications and best value for the Project.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify the skills and experience of the recommended Project Manager.

1.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and if appropriate, approval to proceed with the award to the Project Manager. (Timeline: 2 weeks)

Approval of this step is required prior to award of contract to the successful Project Manager.

Step 2
Project Team Selection

Purpose: It is required that the LTC facility is designed, and construction is verified by, an Architect and a team of engineering consultants registered to practice in Nova Scotia. This submission is to verify that a qualified Project Team is selected that must consist of:

- Prime Design Consultant
- Architect
- Mechanical Engineer
- Electrical Engineer
- Geotech
- Structural Engineer
- Civil Engineer

The Service Provider should also consider engaging the following specialist consultants:

- Change Management Professional
- Quantity Surveyor
- Independent Commissioning Agent
- Surveyor
- Human Resource Consultant
- Move Manager
- FF&E Specialist

2.1 **Step Rationale:** It is the responsibility of the Service Provider to ensure qualified and adequate resources are acting as part of the Project Team which contribute towards the project reaching successful outcomes.

2.2 **Responsibilities:**

2.2.1 Service Provider:

- A. Acquire Project Team members,
- B. Submit the completed submission for review to the Department.

2.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

2.3 **Process:**

2.3.1 The Service Provider is required to select a Project Team and submit evidence of the following:

- A. The Project Team has the necessary qualifications as per Appendix E: Project Team Qualifications and Scope of Work.
- B. The Project Team was acquired using a process that ensures best value for the Project.

- 2.4 **Deliverable:** Service Provider must provide the Department with:
- A. A recommended Project Team for award that includes evidence of necessary qualifications and best value for the Project.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify the skills and experience of the recommended Project Team.

- 2.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and if appropriate, approval to proceed with the award to the Project Team members. (Timeline: 2 weeks)

Approval of this step is required prior to award of contract to the successful Project Team.

Step 3

Functional Program/Preliminary Project & Start-Up Occupancy Plan

Purpose: The Service Provider is to ensure that the LTC facility is designed in accordance with the *Long Term Care Facility Requirements* ([Link](#)) and the *Long Term Care Program Requirements* ([Link](#)). The submission is to verify that the facility program meets all necessary requirements and that the preliminary project and start-up occupancy plans meet the expectations of all stakeholders.

3.1 **Step Rationale:** The Service Provider's scope of work, budget, and schedule must align with the Department's approvals. The operational and project planning must work in unison with design.

3.2 **Responsibilities:**

3.2.1 Service Provider:

- A. Develop the preliminary project plan and schedule,
- B. Develop the Functional Program for the facility,
- C. Develop the preliminary start-up occupancy plan and budget,
- D. Create a preliminary summary list and budget for FF&E,
- E. Develop the preliminary project budget,
- F. Submit the completed submission for review to the Department.

3.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

3.3 **Process:**

3.3.1 The Service Provider will develop:

- A. The preliminary project plan as per Appendix F: Project Plan Template. This will also include a risk management section which will identify potential risks before they occur so that actions may be planned and implemented to ensure the final facility achieves the agreed upon objectives,
- B. The project schedule in graphic form illustrating milestones through to occupancy, start/end dates for tasks, and relationships between tasks (i.e., predecessors/dependencies). The schedule must allow time for submissions and review by the Department.

The Service Provider is responsible for ensuring the project plan and schedule are actively managed throughout the project.

- 3.3.2 The Service Provider will develop the facility's Functional Program, which includes:
- A. Overall planning assumptions that act as guiding principles and are consistent with:
 - The Philosophy of Care as outlined in the *Long Term Care Program Requirements* ([Link](#)),
 - Policies and/or processes that influence staffing, location and design,
 - Functional relationships of key spaces within departments and/or services, as well as major space occupying equipment,
 - Specific design or environmental requirements.
 - B. Facilities or functions that are contemplated to be provided in, or adjacent to, the proposed facility and are not within the approved project scope or funding. A business case must be provided for these potential facilities or functions.
- 3.3.3 The Service Provider will develop the preliminary start-up occupancy plan and budget:
- A. Provide a preliminary start-up occupancy plan. The plan must describe how the facility will operate on a regular basis as per the *Long Term Care Program Requirements* ([Link](#)). This includes preliminary operating procedures.
 - B. Develop the preliminary start-up occupancy budget as per the *Start-Up Funding Policy* ([Link](#)). Provide in the format of Appendix B: Project Accounting System.
- 3.3.4 The Service Provider is to create a preliminary summary list of FF&E and budget for procurement.
- A. Provide a preliminary summary list of FF&E
 - B. Provide an estimated budget per major category of FF&E,
 - C. Identify existing FF&E which is to be salvaged and re-used in the new facility.

Service Providers are encouraged to participate in collaborative group purchasing. All FF&E must be of a quality that is in accordance with the *Capital Renewal Reserve Policy* ([Link](#)).

- 3.3.5 The Service Provider will develop the preliminary project budget:
- A. Provide a preliminary project budget that includes project management, land, planning, design, construction, equipment, furniture and soft costs. Provide in the format of Appendix B: Project Accounting System.

3.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:

- A. Project plan,
- B. Project schedule,
- C. Functional program,
- D. Preliminary start-up occupancy plan and budget,
- E. Preliminary summary list and budget for FF&E,
- F. Preliminary project budget.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

3.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval to proceed to the next step. (Timeline: 3 weeks)

Approval of this step is required to move to conceptual design, preliminary site selection and a project budget based on a Class D construction estimate.

Step 4

Conceptual Design/Preliminary Site Selection/Update Project Budget

Purpose: The Service Provider is to submit a Conceptual design of the facility and a summary of prospective sites. The Service Provider will also recommend their preferred site, which must be in accordance with the *Long Term Care Facility Requirements* ([Link](#)) and enable providers to meet the *Long Term Care Program Requirements* ([Link](#)). The submission presents the Department with the preferred facility design and site, along with an updated project budget based on a Class D construction estimate.

4.1 **Step Rationale:** Confirm requirements are met. Missed requirements can lead to project delays or poor site selection and may compromise resident care.

4.2 **Responsibilities:**

4.2.1 Service Provider:

- A. Develop the facility's Conceptual design,
- B. Find multiple prospective sites, conduct evaluations for preliminary site selection, and recommend preferred site
- C. Update the start-up occupancy plan and budget,
- D. Complete Appendix G: Space Summary Table,
- E. Create an FF&E detail report
- F. Update the project budget,
- G. Submit the completed submission for review to the Department.

4.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

4.3 **Process:**

Conceptual Design

4.3.1 The Service Provider is to lead development of the Conceptual design of the facility in accordance with the *Long Term Care Facility Requirements* ([Link](#)). This must include:

- A. Documentation of any space deviations and the rationale,
- B. Floor plans (min. 1:200 or 1/16" =1'-0") with room type indications,
- C. A complete set of building elevations (min. 1:200 or 1/16" =1'-0") and a building section (min.1:100 or 1/8" =1'-0") with commentary on building envelope systems,
- D. A site development plan, which indicates services (sewer, water, power), access, service area(s), parking for staff and visitors, service equipment, walkways and pedestrian hard surface areas, fences, gardens, and landscaping (include type and extent).

- E. Large scale plans (min. 1:50 or ¼" =1'-0") and perspective sketches (in colour) of key areas showing furniture and significant equipment complete with clearances and dimensions. At a minimum provide the following spaces:
- Resident Bedroom (plan only)
 - Resident Washroom/Bathroom (plan only)
 - Bathing Suite (plan only)
 - Resident Kitchenettes (plan & elevation)
 - Resident Dining Room Area (plan and elevation)
 - Resident Living Room Area (plan and elevation);

4.3.2 The Department will participate in design meetings, as requested, and will review design for compliance with policies and alignment with the *Long Term Care Facility Requirements* ([Link](#)).

Site Selection

4.3.3 Service Provider is to find multiple prospective sites within the designated area or community.

4.3.4 The Service Provider is to conduct a technical evaluation of prospective sites with requirements that are in accordance with the *Long Term Care Facility Requirements: Site Location and Characteristics* ([Link](#)).

- A. Provide a map of the community identifying all considered sites,
- B. Provide rationale for the selection of the preferred site. This should include the following: location, accessibility for emergencies, service and passenger vehicles and pedestrians, physical characteristics (e.g., configuration, topography, exposure), aesthetics, compatibility of adjacencies, environmental context and development costs,
- C. Provide a description of the location, including commentary on size and proposed building footprint. Include a map or graphic indicating overall location of the proposed site within the community and relationship to services such as transit, health care facilities, community resources, and other LTC facilities.
- D. Provide a graphic description of property size, configuration and approximate grades,
- E. Provide a description of the status of the property purchase and appraisal. Describe the proposed scope of site development and provide the total site development cost (i.e., purchase price plus estimated development cost),
- F. Provide an appraisal of current market value carried out by an AACI (Accredited Appraiser Canadian Institute) as applicable. Explain rationale for and justification of any difference between appraised value and intended purchase price,
- G. Provide commentary on any outstanding risks associated with site purchase and development.

Start-up Occupancy Plan and Budget

- 4.3.5 The Service Provider is to update the start-up occupancy plan and budget. This is to further develop how the facility will operate once open as per the evolving facility design.
- A. Provide a brief description of each room type with names and the number of people (residents, staff, visitors) in the room on average. Provide in the format of Appendix G: Space Summary Table.

FF&E Detail Report

- 4.3.6 The Service Provider is to create an FF&E detail report that identifies which pieces of FF&E will have an impact on the structure of the facility or require additional resources for operation.
- A. The report must identify changes to the FF&E list developed in Step 3 with a reason for each change, if applicable. Include updated budget estimates for FF&E.
 - B. The report must detail items that are heavier, have a large electrical load, have significant mechanical scope, etc. The locations of these items within the facility are to be identified along with the specifications for coordination into detailed design.
 - C. The report must be provided to the design team to enable the architects and engineers in designing of the facility.

Project Budget

- 4.3.7 The Service Provider is to update the project budget based on a Class D construction estimate.
- A. Provide in the format of Appendix B: Project Accounting System.

- 4.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:
- A. Conceptual design,
 - B. Preliminary site selection summary and preferred site recommendation,
 - C. Updated start-up occupancy plan and budget,
 - D. Appendix G: Space Summary Table,
 - E. FF&E detail report,
 - F. Updated project budget.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

- 4.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval to proceed to the next step. (Timeline: 3 weeks)

Approval of this step is required to move to the Schematic Design, site purchase and providing a project budget based on a Class C construction estimate.

Step 5

Schematic Design/Site Purchase/Finalize Budget

Purpose: The submission is to finalize the project budget utilizing a Class C construction estimate, Schematic Design, and final site selection. This will result in the signing of the Development and Service Agreements with the Department.

5.1 **Step Rationale:** A review of the project budget, Schematic Design, and final site selection will confirm that all requirements are satisfied and the Department's referenced policies are followed.

5.2 **Responsibilities:**

5.2.1 Service Provider:

- A. Develop the facility's Schematic Design,
- B. Select a preferred site,
- C. Create Commissioning Plan,
- D. Develop FF&E procurement plan,
- E. Finalize start-up occupancy plan and budget
- F. Finalize project budget,
- G. Submit the completed submission for review to the Department,
- H. Purchase the site, upon step approval.

5.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

5.3 **Process:**

5.3.1 The Service Provider is to develop the Schematic Design of the facility in accordance with the *Long Term Care Facility Requirements* ([Link](#)). This includes:

- A. Provide a response to each spatial requirement in the *Long Term Care Facility Requirements* indicating how the Schematic Design has responded to the requirement.
- B. Outline specifications of the facility's exterior and interior scale and materials,
- C. Provide Schematic (single line) floor plans (min. 1:200 or 1/16=1'-0") with room type indications and adjacencies,
- D. Provide a Schematic site plan indicating building location and orientation, access points, and services,
 - Provide a graphic description of property, configuration and approximate grades

- 5.3.2 If changes have occurred to the approved Conceptual design, the Service Provider must complete Appendix H: Space Summary Comparison Table and explain variations.
- 5.3.3 The Service Provider will conduct final evaluations on the preferred site:
- A. Provide a final site plan or map of the preferred site for purchasing, which should include a landscape plan,
 - B. Provide a final rationale for the selection of the preferred site,
 - C. Provide a final status update on the property purchase and the final price. Include the scope of site development and estimated price. Provide the total developed site cost (purchase price plus estimated development cost),
 - D. Provide commentary on any outstanding risks associated with site purchase and development,
 - E. Provide a Geotechnical Report and a Phase 1 Environmental Site Assessment.
- 5.3.4 The Service Provider must create a Commissioning Plan.
- A. Based upon CSA Z318.0-05 Commissioning of Health Care Facilities.
- 5.3.5 The Service Provider will develop the FF&E procurement plan.
- A. Provide a plan for the procurement of FF&E that is coordinated with the construction of the facility.
 - B. Provide a description of the methodology used to develop and procure FF&E including a Milestone Schedule.
- 5.3.6 The Service Provider is to finalize the start-up occupancy plan and budget to indicate how they will operate the facility as per the facility design on an ongoing basis.
- A. Provide a schedule for licensing inspections, operator and staff training, and move of residents and staff.
- 5.3.7 The Service Provider is to finalize the project budget based on a Class C construction estimate.
- A. Provide in the format of Appendix B: Project Accounting System.
- 5.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:
- A. Schematic Design,
 - B. Appendix H: Space Summary Comparison Table,
 - C. Preferred site final evaluation,
 - D. Commissioning plan,
 - E. FF&E procurement plan,
 - F. Finalized start-up occupancy plan and budget,
 - G. Finalized project budget.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

Approval of this submission is required to sign the Development and Service Agreements, and to move to the Design Development step.

5.4.2 The Department will provide a written response to the Service Provider with review comments and if appropriate, approval that the process step was followed correctly and that they may proceed to the next process step. (Timeline: 3 weeks)

5.5 **Step Completion:** When step approval is provided by the Department, the Development and Service Agreements between the Service Provider and the Department will be signed.

5.5.1 The Service Provider may proceed with purchasing the approved site.

Step 6

Design Development/Update Project Cost

Purpose: The Service Provider will begin finalizing the design details and operational plan for the facility. The submission is to present the Department with the final building design and project projected cost with a Class B construction estimate.

6.1 **Step Rationale:** Ensures deliverables are compliant with the Department requirements. Requirements missed in Design Development could lead to design gaps that impact schedule and/or cost.

6.2 **Responsibilities:**

6.2.1 Service Provider:

- A. Complete the facility's Design Development,
- B. Ensure regulatory agencies review design and provide feedback as appropriate,
- C. Create a project projected cost based on a Class B construction estimate,
- D. Submit the completed submission for review to the Department.

6.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

6.3 **Process:**

6.3.1 The Service Provider is to lead Design Development of the facility in accordance with the *Long Term Care Facility Requirements* ([Link](#)) and the *Long Term Care Program Requirements* ([Link](#)).

- A. Provide a report which responds to each requirement in both the *Long Term Care Facility Requirements* and *Long Term Care Program Requirements* documents. Explain how the design has met each requirement and/or document any exceptions,
- B. Complete Appendix H: Space Summary Comparison Table which compares the approved Schematic Design to the Design Development, explain variations,
- C. Provide floor plans, sections, and details complete (min. 1:200 or 1/16"=1'-0") with interior and exterior building materials and finishes, along with FF&E layouts, lighting and technology designs, and mechanical, electrical and plumbing systems,
- D. Provide a site plan indicating the following: final building location and orientation, access points and services, building elevations including roof structures and foundations, and landscape design.

6.3.2 The Service Provider is to ensure the Design Development documents undergo a preliminary review by regulatory agencies and authorities having jurisdiction. Comments provided will be incorporated into the Design Development documents before submitting to the Department.

- A. Create a report confirming the documents have been submitted to the agencies, along with their review response.

6.3.3 The Service Provider is to update the project projected cost with a Class B construction estimate.

- A. If the projected cost estimate is higher than the approved project budget, conduct value engineering with the design team.
- B. Provide the projected cost using Appendix B: Project Accounting System.

6.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:

- A. Design Development,
- B. Architect's regulatory agency/authorities report,
- C. Project projected cost with a Class B construction estimate.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

6.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval to proceed to the next step. (Timeline: 2 weeks)

Approval of this step is required to move to finalizing pre-construction documents, selecting a General Contractor and providing a project projected cost with a Class A construction estimate.

Step 7

Pre-Construction Document Finalization/Contractor Selection

Purpose: The submission is to provide a project projected cost that has been updated based on a Class A construction estimate with construction-ready drawings and specifications. The submission must also verify the process used for selecting a General Contractor provides best value for the Project.

7.1 **Step Rationale:** The updated project projected cost could exceed the Development Agreement's approved budget and require the Service Provider to engage the design team in value engineering. It is the responsibility of the Service Provider to ensure that the General Contractor selected is qualified to construct the facility.

7.2 Responsibilities:

7.2.1 Service Provider:

- A. Provide a Letter of Confirmation stating that all construction documents and specifications are construction-ready,
- B. Update the project projected cost based on a Class A construction estimate,
- C. Select a General Contractor,
- D. Prepare a recommendation for award of the General Contract,
- E. Submit the completed submission for review to the Department,
- F. Award the General Contract, upon approval.

7.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

7.3 Process:

7.3.1 The Service Provider is to provide a Letter of Confirmation stating that all construction documents and specifications are finalized, and the project is ready to proceed to construction. Additionally, construction documents must be approved by regulatory agencies and authorities having jurisdiction before submitting to the Department.

- A. The Letter must be signed by the Service Provider, Project Manager, and Designer.
- B. Submit approvals received from regulatory agencies and authorities having jurisdiction as supporting documents.

- 7.3.2 The Service Provider is to update the project projected cost informed by a Class A construction estimate.
- A. If the projected cost estimate is higher than the approved project budget, conduct value engineering with the design team.
 - B. Provide the projected cost using Appendix B: Project Accounting System.

Do not proceed to 7.3.3 unless the project projected cost is at or below the approved budget.

- 7.3.3 The Service Provider is to select a General Contractor to recommend for the construction of the facility and associated work.
- A. Provide a recommendation and relevant information that ensures the General Contractor has the necessary qualifications and was acquired using a process that ensures best value, as stipulated in the Development Agreement, for the Project.

- 7.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:
- A. Letter of Confirmation signed by the Service Provider, Project Manager, and Designer,
 - B. Final project projected cost informed by Class A construction estimate,
 - C. If applicable, value engineering report,
 - D. Recommendation for General Contractor award.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

Do not award the construction contract prior to Department approval.

- 7.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval to award the construction contract to the approved General Contractor and proceed to the next step. (Timeline: 2 weeks)

- 7.5.1 The Service Provider to award the construction contract to the approved General Contractor.

Once the General Contract is awarded, construction can begin. The Service Provider is to continue submitting monthly reports throughout the duration of construction along with any other step submissions.

Step 8

Furniture, Fixtures, and Equipment Procurement

Purpose: The Service Provider is to execute the procurement plan for FF&E in accordance with the construction of the facility. They are to update the Department regarding the status of FF&E procurement.

8.1 **Step Rationale:** Delayed procurement of FF&E can impact the construction schedule, as some items may need to be installed during specific periods of construction.

8.2 **Responsibilities:**

8.2.1 Service Provider:

- A. Create a final itemized summary list of FF&E and budget,
- B. Execute the procurement plan for FF&E,
- C. Provide confirmation of FF&E order placements.

8.2.2 Department:

- A. If necessary, provide the Service Provider with a review of the submissions with comments or approval as appropriate.

8.3 **Process:**

8.3.1 The Service Provider must create a final detailed itemized list of FF&E with confirmed prices, as well as a summary sheet.

- A. Provide itemized list and summary sheet including comparison to budgeted amount.

8.3.2 The Service Provider is to execute the procurement plan for FF&E as approved in step 5.

- A. As appropriate, provide confirmation of the execution of the procurement plan within monthly status reports.

The Service Provider must ensure that FF&E is ordered far enough in advance to ensure items arrive when they are required during the construction process, with final FF&E arriving sufficiently before the General Contractor's substantial performance date.

8.3.3 The Service Provider must submit FF&E order.

- A. As appropriate, within monthly reports detail which items have had orders placed.

- 8.4 **Deliverable:** Service Provider must provide the Department with the following submissions as appropriate in monthly reports, as detailed above:
- A. FF&E itemized list, summary sheet, and budget,
 - B. Confirmation of FF&E orders placed.

Submission contents are to be delivered within monthly reports, as appropriate. The Department reserves the right to request additional information to verify compliance of the above submission.

- 8.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval that the step was followed correctly.

Department step approval is not required to proceed to the next step of Household Rough-In Inspection, but step approval is required before the Service Provider can proceed to step 10: Commissioning Report.

Step 9

Household Rough-In Inspection

Purpose: The Service Provider is to lead the Department's Investigation and Compliance staff through the first constructed household of the facility to explain operations in detail.

9.1 **Step Rationale:** The household rough-in inspection hosted by the Service Provider can reveal issues that could impede the function or program of the facility.

9.2 **Responsibilities:**

9.2.1 Service Provider:

A. Host household rough-in inspection.

9.2.2 Department:

A. Participate in the household rough-in inspection.

9.3 **Process:**

9.3.1 The Service Provider is to schedule the household rough-in inspection with the Department.

A. The inspection should be scheduled after the first household framing rough-in is complete and before insulation or dry wall is started.

9.4 **Deliverable:** The Service Provider is to host household rough-in inspection:

A. Walk through the first roughed-in household of the facility and describe in detail how the rooms and spaces will be utilized by residents and staff.

9.5 **Step Completion:** The Department will identify any issues in writing that could impede the function or program of the facility.

The Service Provider is to resolve any issues within the households in the facility to the Department's satisfaction.

Step 10

Commissioning Report

Purpose: The Service Provider is to execute the Commissioning Plan approved in Step 5. This submission ensures the Commissioning Plan has been successfully implemented.

10.1 **Step Rationale:** Issues with the facility can occur if the Commissioning Plan is not executed by the Service Provider as intended.

10.2 **Responsibilities:**

10.2.1 Service Provider:

- A. Execute the Commissioning Plan,
- B. Prepare a Letter of Confirmation stating that all Facility Commissioning was completed by an independent commissioning agent,
- C. Provide the Commissioning Plan report prepared by an independent commissioning agent for review to the Department,
- D. Submit the completed submission for review to the Department.

10.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

10.3 **Process:**

10.3.1 The Service Provider will execute the Commissioning Plan developed in step 5 and approved by the Department.

10.3.2 The Service Provider is to prepare a Letter of Confirmation stating that that all Facility Commissioning was completed by an independent commissioning agent.

- A. The Letter must be signed by the Service Provider, Project Manager, and Designer.

10.3.3 Provide a report prepared by an independent commissioning agent which confirms that systems have been commissioned in accordance with the Commissioning Plan.

- 10.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:
- A. Letter of Confirmation signed by the Service Provider, Project Manager, and Designer,
 - B. Commissioning Plan report prepared by an independent commissioning agent.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

- 10.5 **Step Completion:** The Department will provide a written response to the Service Provider with review comments and, if appropriate, approval to proceed to the next step. (Timeline: 2 weeks)

Approval of this step is required prior to licensing of the facility.

Step 11

Pre-Occupancy Checklist/Licensing Inspection

Purpose: The Service Provider will obtain all required training, drawings, certifications, inspections, reports, and permits for completion of the facility prior to the licensing inspection. The submission is to ensure that the facility is ready for a licensing inspection.

11.1 **Step Rationale:** All required approvals and documentation must be made by the Service Provider in a timely manner or the review and scheduling of the licensing inspection can be delayed.

11.2 **Responsibilities:**

11.2.1 Service Provider:

- A. Complete the Pre-Occupancy Checklist,
- B. Write a letter requesting a licensing inspection,
- C. Submit the completed submission for review to the Department.

11.2.2 Department:

- A. Provide the Service Provider with a review of the submission, provide comments or approval as appropriate.

11.3 **Process:**

11.3.1 The Service Provider to complete Appendix I: Pre-Occupancy Checklist and provide all associated documentation.

- A. Also include any documentation that the licensing process requires,
- B. Provide all documents in a tabbed binder,
- C. Submission must be made at least six (6) weeks prior to the anticipated occupancy date.

11.3.2 The Service Provider to write a letter requesting a licensing inspection of the facility by the Department.

11.4 **Deliverable:** Service Provider must provide the Department with the following submissions as detailed above:

- A. Pre-Occupancy Checklist with all associated documentation,
- B. Letter requesting a licensing inspection.

Submission contents are to be delivered under the cover of Appendix C: Submission Coversheet. The Department reserves the right to request additional information to verify compliance of the above submission.

11.4.2 The Department is to provide a written response to the Service Provider with review comments and if appropriate, approval that the process step was followed correctly. If approved, a licensing inspection date will be provided.

The Department will be in contact with the Service Provider near the completion of the facility to ensure all documentation is received, to coordinate with Licensing to have the facility inspected, and to have the facility ready for occupancy.

11.5 **Step Completion:** Licensing will conduct an inspection, and if satisfactory, issue the license and approval for occupancy to be initiated.

Approval of this step is required prior to the facility becoming operational and accepting residents.

A. PROJECT IDENTIFICATION			
Facility Name:		Project:	
Status Date:		Distribution:	

B. ACCOMPLISHMENTS FOR PERIOD (from date – to date) List major task(s) that have been accomplished in this period
•

C. ACTIVITIES PLANNED FOR NEXT PERIOD (from date – to date) List major task(s) that are schedule to be completed in the coming period
•

D. MAJOR DELIVERABLES Input dates, if applicable describe reason for variance				
MILESTONES	PLANNED DATE	FORECAST DATE	ACTUAL DATE	REASON FOR VARIANCE
1. Project Manager Selection				
2. Project Team Selection				
3. Functional Program/Preliminary Project & Start-Up Occupancy Plan				
4. Conceptual Design/Preliminary Site Selection/Update Project Budget				
5. Schematic Design/Site Purchase/Finalize Budget				
6. Design Development/Update Project Cost				
7. Pre-Construction Document Finalization/Contractor Selection				
Break Ground Status Report				
Structure Start Status Report				
Weather Tight Status Report				
Substantial Performance Status Report				
8. Furnitures, Fixtures, and Equipment Procurement				

9. Household Rough-In Inspection				
10. Commissioning Report				
11. Pre-Occupancy Checklist/Licensing Inspection				

E. RISKS AND PLANS FOR MITIGATION				
List any risks that will impact the schedule for completion, final cost and/or quality of the Long Term Care Facility				
Risk #	Description	Planned Resolution	Owner	Required Date

F. CHANGE REQUEST SUMMARY			
List any change requests that will impact the schedule for completion, final cost and/or quality of the Long Term Care Facility			
Requestor	Description	Cost/Schedule Impact	Recommendation

G. COST MANAGEMENT
Input cost tables describing the overall budget of the project
[ATTACH PROJECT BUDGET OVERVIEW FROM APPENDIX B] [ATTACH EARN VALUE MANAGEMENT GRAPH FROM APPENDIX B]



Appendix B: Project Accounting System DIRECTIONS

June 2020

<p>1: Purpose:</p>	<p>The purpose of this document is two-fold. In the first instance it provides organizations charged with responsibility for managing major capital projects with a capital project accounting system that assists with setting a budget and tracking costs against that budget. In the second instance it provides a uniform method for tracking projects costs across the Nova Scotia health system enabling the Department of Health and Wellness to assemble and compare information which can be shared to the benefit of future projects. Most operating accounting systems do not accommodate project accounting very well and this system provides a starting point for a project specific set of spreadsheets creating a project cost control system.</p>
<p>2: System Overview</p>	<p>The accounting system consists of five worksheets. The Actuals Report (A3) is the primary worksheet for setting the facility budget, and tracking costs against the budget. Total Summary Report (A1) will provide a summary of the costs, and should be used for reports. Facility Summary Report provides costs on the facility solely. Existing Property Report (A5) should only be used if a replacement facility is being sold, and provides a summary report of the costs associated with the sale. Earned Value Management (A4) allows for costs to be tracked over time. Remember to change the tax percentage to the expected amount for each specific project.</p>
<p>3: Set the Budget</p>	<p>The Actuals Report (A3) is the main sheet of the accounting system. Once the budget determined, over FDAP steps 3-6, the final budget should be placed into column E "Budget" for each category. This column should not be touched there after.</p>
<p>4: Reporting Against Budget</p>	<p>Continue to use Actuals Report (A3) to track actual costs against the budget. For each Category, actuals are to be totaled, then placed into column F "Actuals". Then forecasted cost can be entered in which will describe estimated costs that will be accumulated in the future. This will provide the projected costs in column H, as well if the costs are going to over or under the budget with the variance column I.</p>
<p>5: Monthly Reporting to Department</p>	<p>Actuals Report (A3) automatically feeds both Total Summary Report (A1) and Facility Summary Report (A2). Earned Value Management (A4) has the budget feed into it, but requires for the actual costs to be inputted for each reporting period and category. These reports can be used in the monthly reports to the Department of Health and Wellness.</p>

Total Summary Report

Project Name: _____
Location: _____
Service Provider: _____
Development Agreement #: _____
Date: _____

Select the type of facility:

ENTER data in Peach Shaded Area only

		Planned Beds = 0	Gross Sq Ft = 0			
Category	Budget	Actuals +	Forecast (Est. to Complete) =	Projected Cost	Variance (over)/under	Notes
1	Total Facility Budget	\$0	\$0	\$0	\$0	\$0
2	Land Purchase	\$0	\$0	\$0	\$0	\$0
3	Property Disposal	\$0	\$0	\$0	\$0	\$0
4	Interest on Interim Financing	\$0	\$0	\$0	\$0	\$0
5	Start Up Budget	\$0	\$0	\$0	\$0	\$0
6	Total Project Budget	\$0	\$0	\$0	\$0	\$0
Facilities Ratios						
	Facilities Cost/GSF	\$0		\$0	\$0	
	Facilities Cost/Bed	\$0		\$0	\$0	
	Facilities + Land Cost/GSF	\$0		\$0	\$0	
	Facilities + Land Cost/Bed	\$0		\$0	\$0	
Project Ratios						
	Project Cost/GSF	\$0		\$0	\$0	
	Project Cost/Bed	\$0		\$0	\$0	

Facility Summary Report

Project Name: _____
 Location: _____
 Service Provider: _____
 Development Agreement #: _____
 Date: _____

			Current	Date Planned	Variance	% Variance	
Gross square footage (gsf)			0		0	0%	
1	2	3	4	5	6	7	
Category	Budget	Actuals +	Forecast (Est. to Complete)=	Projected Cost	Variance	% Variance	Notes
1	Pre-design	0	0	0	0	0.00%	Legend Col 1 - Category sub-headings from DOH Facilities Budget Template Col 2 - Funds committed by contract Col 3 - Costs which can be reasonably predicted Col 4 - Sum of cols 2 and 3 with % of total Projected Cost Col 5 - Latest Budget as approved by DoH with % of total Facilities Budget Col 6 - Difference between Budget and Projected Cost, (over) or under Col 7 - Amount (over) or under budget as a % of Budget Category Row 10 - Project Total Cost divided by the current gross sq footage
2	Design	0	0	0	0	0.00%	
3	Construction	0	0	0	0	0.00%	
4	Project Management	0	0	0	0	0.00%	
5	Furnishings & Equipment	0	0	0	0	0.00%	
6	Commissioning	0	0	0	0	0.00%	
9	Facility Totals	\$0	\$0	\$0	\$0	0.00%	

Paid to Date	
Project Actuals paid to date:	\$0
% of projected cost:	0%

Remaining Contingency		
Construction	\$0	0.0%
Other	\$0	0.0%
Total	\$0	0.0%

Facility Actuals & Projected Costs

Project Name: _____
Location: _____
Service Provider: _____
Development Agreement #: _____
Date: _____

		Planned Beds = 0		Gross Sq Ft = 0					
		Date:							
Category	Account	Item	Budget	Actuals +	Forecast (Est. to Complete) =	Projected Cost	Variance (over/under)	Notes	
1 Pre-design	1.100	Functional Program				\$0	\$0		
	1.200	Consultants				\$0	\$0		
	1.300	Site Selection Process				\$0	\$0		
	1.400	Site Investigation/survey				\$0	\$0		
	1.500	Site Appraisal				\$0	\$0		
	1.600	Design Consultant Selection				\$0	\$0		
	1.700	Expenses				\$0	\$0		
	1.900	Contingency (x%)				\$0	\$0		
	Total Pre-design			\$0	\$0	\$0	\$0	\$0	
							0%		
2 Design	2.100	Design Consultants (Prime)				\$0	\$0		
	2.200	Cost Consulting				\$0	\$0		
	2.300	Other Consulting				\$0	\$0		
	2.400	Site Inspection				\$0	\$0		
	2.700	Expenses				\$0	\$0		
	2.900	Contingency (x%)				\$0	\$0		
Total Design			\$0	\$0	\$0	\$0	\$0		
						0%			
Land Purchase	0.100	Land Purchase				\$0	\$0		
	0.200	Deed Transfer Tax				\$0	\$0		
	Total Land Purchase			\$0	\$0	\$0	\$0	\$0	
						0%			
3 Construction	3.100	Construction Contracts				\$0	\$0		
	3.200	Permits				\$0	\$0		
	3.300	Temporary Works				\$0	\$0		
	3.900	Contingency (x%)				\$0	\$0		
Total Construction			\$0	\$0	\$0	\$0	\$0		
						0%			
4 Project Management	4.100	Project Management fees				\$0	\$0		
	4.150	Project staff				\$0	\$0		
	4.200	Investigations/Studies				\$0	\$0		
	4.300	Materials Testing				\$0	\$0		
	4.400	Legal Advice				\$0	\$0		
	4.500	Accounting				\$0	\$0		
	4.600	Printing/Tendering				\$0	\$0		
	4.710	Meeting Expenses				\$0	\$0		
	4.720	Travel Expenses				\$0	\$0		
	4.730	Other Expenses				\$0	\$0		
	4.800	Other Consultants				\$0	\$0		
	4.900	Contingency (x%)				\$0	\$0		
Total Project Management			\$0	\$0	\$0	\$0	\$0		
						0%			
5 Furnishings & Equipment	5.100	Furn/Eq Consultants				\$0	\$0		
	5.300	Bathing Systems				\$0	\$0		
	5.350	Resident Lifts				\$0	\$0		
	5.400	Kitchen Equipment				\$0	\$0		
	5.500	Equipment				\$0	\$0		
	5.600	Telephone Systems				\$0	\$0		
	5.650	Information Technology				\$0	\$0		
	5.700	Furnishings				\$0	\$0		
	5.800	Draperies				\$0	\$0		
	5.900	Contingency (x%)				\$0	\$0		
Total Furn & Equip			\$0	\$0	\$0	\$0	\$0		
						0%			
Start-up	7.010	Cleaning - Outsourced				\$0	\$0		
	7.150	Supplies				\$0	\$0		
	7.200	Security				\$0	\$0		
	7.250	Interim Insurance				\$0	\$0		
	7.030	Moving				\$0	\$0		
	7.035	Opening Ceremonies				\$0	\$0		
	7.040	Connections of Services				\$0	\$0		
	7.050	Connections of Equipment				\$0	\$0		
	7.060	Equipment Inservice				\$0	\$0		
	7.650	Staff Orientation Overtime				\$0	\$0		
7.070	Orientation/training				\$0	\$0			
7.900	Contingency (x%)				\$0	\$0			
Total Start-up			\$0	\$0	\$0	\$0	\$0		
						0%			
6 Commissioning	6.100	Consultants				\$0	\$0		
	6.200	Materials/Equipment				\$0	\$0		
	6.700	Expenses				\$0	\$0		
	6.900	Contingency (x%)				\$0	\$0		
Total Commissioning			\$0	\$0	\$0	\$0	\$0		
						0%			
9 Sub-Total Facility Costs			\$0	\$0	\$0	\$0	\$0		
10 H S T Burden (net)			\$0	\$0	\$0	\$0	\$0		
11 Total Facility Cost			\$0	\$0	\$0	\$0	\$0		
Ratios without HST									
Construction Cost/Gsf			\$0			\$0	\$0		
Construction Cost/Bed			\$0			\$0	\$0		
Facility Cost/GSF			\$0			\$0	\$0		
Facility Cost/Bed			\$0			\$0	\$0		

Property Budget

Project Name: _____

Location: _____

Service Provider: _____

Development Agreement #: _____

Date: _____

Current Beds = 0 Gross Sq Ft = 0

Category	Account	Item	Budget	Actuals+	Forecast=	Projected Costs	Variance	Notes
A Existing Property Disposal Costs	8.100	Site Appraisal				\$0	\$0	
	8.200	Realtor Commissions				\$0	\$0	
	8.300	Demolition				\$0	\$0	
	8.400	Remediation Costs				\$0	\$0	
	8.900	Contingency (x%)				\$0	\$0	
Sub-Total Disposal Costs			\$0	\$0	\$0	\$0	\$0	
HST Rate		15%	\$0	\$0	\$0	\$0	\$0	
Total Disposal Costs			\$0	\$0	\$0	\$0	\$0	
B Existing Property Recoveries	8.400	Proceeds from Sale of Property				\$0	\$0	
C Net Property Disposal Costs (Recoveries) - (w HST)			\$0	\$0	\$0	\$0	\$0	

A. PROJECT IDENTIFICATION			
Facility Name:			
Step Number:		Submission Name:	
Date of Submission:		Response Due Date: (*2/3 weeks from Submission)	
Submitter's Name:		Signature:	

*Response time fluctuates per FDAP step

DEPARTMENT RESPONSES

B. DEPARTMENT OF HEALTH AND WELLNESS PROJECT TEAM					
Name:				Signature:	
Approved:	Yes	Yes (with Comments)	No	Date:	
Comments:					

C. TRANSPORTATION AND INFRASTRUCTURE RENEWAL					
Name:				Signature:	
Approved:	Yes	Yes (with Comments)	No	Date:	
Comments:					

D. DEPARTMENT OF HEALTH AND WELLNESS MANAGEMENT					
Name:				Signature:	
Approved:	Yes	Yes (with Comments)	No	Date:	
Comments:					

Qualifications:

Firm(s):

1. Must hold a valid Clearance Letter from the Workers Compensation Board of Nova Scotia,
2. Must be able to provide a certificate for \$5,000,000 of General Liability Insurance and a certificate for \$5,000,000 of Professional Liability Insurance,
3. Must not have any conflicts of interest with the Project, the Department, and the Service Provider.

Individual(s):

1. Must have experience in managing at least one health care capital project in excess of ten million dollars (\$10,000,000),
2. Must have a minimum of eight (8) years experience in managing and leading capital projects in excess of ten million dollars (\$10,000,000),
3. Must be certified in CSA Z317.13, Infection Control during Construction and Renovations in Health Care Facilities,
4. Shall be experienced and skilled with respect to the development and execution of complex project plans,
5. Must have education in the field of Project Management. The minimum requirement for education is Project Management Professional accreditation (i.e. PMI/PMP) or demonstrated equivalent,
6. It is recommended that the project manager (PM) has erosion and sedimentation control certification issued by the Province of Nova Scotia,
7. Must have experience with Microsoft Office.

Scope of Work:

1. The PM is to complete all work in the best interest of the Service Provider
2. The PM is to promote health and safety
3. The PM is to establish project organization structure, roles, and responsibilities as well as communication protocols
4. The PM shall lead the team in defining the Service Provider's Project requirements and document in a Project Charter
5. The PM shall lead the team in the development of the Service Provider's Budget and Schedule
6. The PM shall verify that all submissions to the Department of Health and Wellness are accurate, timely, and complete
7. The PM shall, on behalf of the Service Provider, pre-qualify, brief, develop scopes, develop RFPs, interview and arrange for the employment or contract of all Consultants whose services are required for the proper and complete execution of the Project Plan
8. The PM shall, on behalf of the Service Provider, pre-qualify, brief, oversee the tendering and bid analysis, and arrange for the employment of all contractor services required for the complete execution of the Construction Work defined to be in scope
9. The PM shall provide Project budgeting and cost control services
10. The PM shall provide Project scheduling services
11. The PM shall provide Risk Management services
12. The PM shall maintain Project records
13. The PM shall oversee, manage and coordinate all surveying, site analysis, planning and zoning requirements
14. The PM shall, in consultation with the Consultant, identify and coordinate the needs and requirements of all Authorities Having Jurisdiction for the Project to proceed smoothly and function for its intended purposes
15. The PM shall manage, coordinate and expedite all Consultant and contractual services required for the Project
16. The PM shall manage, coordinate and expedite all required reporting activities required by the Department of Health and Wellness
17. The PM shall manage, coordinate and expedite all required quality assurance and quickly control required tasks for the Project
18. The PM shall manage, coordinate and expedite the Project's commissioning plan
19. The PM shall provide services other than as set out above as instructed by the Service Provider and as agreed to from time to time throughout the duration of the Project

The Service Provider shall retain the services of a Prime Design Consultant (PDC) who should retain and coordinate the Architect, Civil, Structural, Mechanical and Electrical Engineers. Other professional services will be necessary to deliver the project, which may require input/recommendations from the PDC; however, it is up to the Service Provider and their Project Manager to determine the best approach.

Qualifications:

Firm(s):

1. Must hold a valid Clearance Letter from the Workers Compensation Board of Nova Scotia,
2. Must be able to provide a certificate for \$5,000,000 of General Liability Insurance and a certificate for \$5,000,000 of Professional Liability Insurance,
3. Must not have any conflicts of interest with the Project, the Department, and/or the Service Provider.

Individual(s):

1. The Prime Design Consultant, Architect, Mechanical Engineer, and Electrical Engineer must have a minimum of eight (8) years experience in designing projects in excess of ten million dollars (\$10,000,000),
2. The Prime Design Consultant, Architect, Mechanical Engineer and Electrical Engineer must have experience in leading at least one health care project in excess of ten million dollars (\$10,000,000),
3. The Prime Design Consultant or Architect must be certified in CSA Z317.13, Infection Control during Construction and Renovations in Health Care Facilities,
4. The Civil Engineer and Structural Engineer must have experience in designing similar scope projects, not necessarily health care,
5. All Architects and Engineers must be licensed to practice their profession in Nova Scotia.

Scope of Work

The Service Provider is recommended to follow the most recent Royal Architectural Institute of Canada (RAIC) Schedule A-Service document for the Project Team's scope of work. The document should be modified to integrate with the Facility Development Approval Process.

Please see the RAIC's website for the most recent version of the Schedule A-Service document (www.raic.org).

Introduction

Project Purpose

The purpose of this project is to build a **[Insert new or replacement]** Long Term Care Facility at the **[Insert Service Provider's Name]** as per the initiative of the Nova Scotia Department of Health and Wellness, requirements set by the Long Term Care Facility and Program Requirements, and best practices.

Project Plan Purpose

The Project Plan defines how the project will be managed to achieve the purpose. The Project Plan is a valuable tool that communicates a consistent message and approach to the various project participants, resulting in improved team performance.

Project Overview

Trigger

The Department of Health and Wellness have **[Fill in]**.

Background

The Department of Health and Wellness have **[Fill in]**.

Objectives

The following objectives will guide the delivery of the project and will form the basis of a post occupancy evaluation:

- To provide **[Insert Service Provider's Name]** and the residents it serves, with a **[Insert new or replacement]** facility capable of accommodating the Long Term Care Facility's programs and services;
- To allow for user input into the project design and delivery process;
- To guarantee the design of the **[Insert new or replacement]** facility focuses on resident care and meets the operational and functional parameters outlined in the Long Term Care Facility and Program Requirements that are necessary to deliver quality health services;
- To ensure the delivery of a facility that results in satisfied staff, residents, and visitors;
- To guarantee the project is designed using value based engineering;
- To deliver a project that is delivered on-time and within budget; and
- To conduct effective risk management planning and issue resolution;

Approval Criteria

The approval criteria have been established as part of the Long Term Care Facility Development Approval Process (FDAP).

Project Integration Management

This project is linked to or dependent on **[Insert Service Provider's Name]** and Department of Health and Wellness initiatives, policies and standards. These connections must be respected as part of project success and the continuation of other **[Insert Service Provider's Name]** and DHW initiatives, policies and standards.

Scope Management

In Scope

[Define what is in scope for the project]

Out of Scope

[Define what is out of scope for the project]

Scope Monitoring

However well designed and reviewed, the project will encounter some form of change during design and construction. Adjustments may arise due to site conditions, operational requirements, change requests from user groups, shifts in policy, or technical changes.

The Service Provider will develop a procedure for vetting and processing change requests and will seek formal approval of all changes prior to proceeding. Scope will be monitored and managed in each phase as follows:

- Phase 1 - Functional Programming
- Phase 2 - Design Development to Ready for Construction
- Phase 3 - Construction to Occupancy

Approval of Changes

Changes in project scope will require written approval as appropriate. Approval for changes will need to be approved by the Service Provider.

Time Management

Project Schedule

The Project Schedule milestones are listed below:

Critical Milestones	Scheduled Date
1. Project Manager Selection	
2. Project Team Selection	
3. Functional Program/Preliminary Project & Start-Up Occupancy Plan	
4. Conceptual Design/Preliminary Site Selection/Update Project Budget	
5. Schematic Design/Site Purchase/Finalize Budget	
6. Design Development/Update Project Cost	
7. Pre-Construction Document Finalization/Contractor Selection	
Break Ground Status Report	
Structure Start Status Report	
Weather Tight Status Report	
Substantial Performance Status Report	
8. Furnitures, Fixtures, and Equipment Procurement	
9. Household Rough-In Inspection	
10. Commissioning Report	
11. Pre-Occupancy Check List/Licensing Inspection	

Approval of Changes

Approval of changes related to time and scope will follow the process as outlined in the Facility Development Approval Process.

Cost Management

Budget

The project budget is defined in the approved Project Charter. The definitions related to the budget include the following:

- Construction Budget – The construction budget includes only those costs included in the contract documents issued for pricing by General Contractors. The Construction Budget does not include HST or contingencies. This will allow for direct comparison of construction estimates provided by the Quantity Surveyor (QS), the bid prices received and ultimately the Construction Budget.
- Construction Contingency – The construction contingency will be set prior to tender and will be utilized for issues that arise during construction and not for adding out of scope or work. The construction contingency will be based on the recommendation of the QS and the Project Management Team.
- Project Budget – The project budget includes all costs associated with the project including contingencies
- Project Contingency – The project contingency will be set using risk evaluation techniques described in the Risk Management section and will be used as necessary to complete the approved scope.

The Project Manager will develop the Project Budget and submit for review and consideration as part of FDAP Steps 3, 4, and 5. The Department of Health and Wellness will vet the information and make approvals to the Service Provider as appropriate. Once the Development and Service Agreement are signed, the Project Manager will fix the budget and report variances against the approved budget.

No Cost Resource Allocation

Management and staff at the Service Provider and DHW necessary to complete the scope of work will not be charged against the Project Budget.

Approval of Expenditures

The Project Service Provider has the authority to approve expenditures that are allocated in the Project Budget.

Budget Monitoring

The Service Provider will perform budget monitoring and reporting as outlined in the Facility Development Approval Process.

Project Reporting

The Service Provider will on a monthly basis, per Facility Development Approval Process' submissions and for specific events send out reports to the respective recipients.

Project Communication Tools

Ensure effective communication tools are used by all project participants allowing for clear direction to be provided and received resulting in a common understanding of the objectives and direction.

Risk Management

Risk Evaluation and Response

Risk management, consisting of planning, identification, analysis, response planning, monitoring and control, will be coordinated throughout the life of the project. The continual management of risk will decrease the level of uncertainty and increase the likelihood of project success.

Risk planning will begin with the identification of risks inherent with the delivery of the Functional Program. The Functional Program will identify potential risks for analysis by the Project Team. The high level risks will inform the Project Plan through the planning phase. Prior to the conclusion of Functional Program Development, the Project Manager will host a risk workshop with all project participants, to identify risks associated with the delivery of the Schematic Design. The identified risks will be analyzed by the Project Team. This assessment will inform the Project Budget, Project Schedule and Final Schematic Design Report that will be submitted to the Department of Health and Wellness. The output of this risk assessment will also inform the Project Plan through Design Development step.

The qualitative assessment carried out by the Project Team will result in each risk receiving a risk score based on the probability and impact of each risk:

Identified Risk	Likelihood of Occurring	Schedule Impact	Cost Impact	Actions to Mitigate

Agreement to the Project Plan

Project Member	Date	Name	Signature
Project Manager			
Project Service Provider			

PROJECT IDENTIFICATION			
Facility Name:		Date:	
Submitter's Name:		Signature:	

1. GENERAL		Yes	Yes, with Comments	No
1.1	Architect's Certificate of Substantial Performance			
1.2	Owner's Confirmation of Operator's Training and Staff Orientation			
1.3	Owner's Letter of Confirmation of Receipt of Operation & Maintenance Manuals			
1.4	Owner's Confirmation of Receipt of As-Built Drawings			
1.5	Provision Copy of As-Built Floor Plans to the Department of Health and Wellness			
2. AUTHORITIES HAVING JURISDICTION		Yes	Yes, with Comments	No
2.1	Municipality Occupancy Permit			
2.2	Inspection Report of Office of the Fire Marshal Certifying all Building Fire Systems are Complete and Suitable for occupancy			
2.3	Inspection Report of Elevators and/or lifts by Department of Labour			
2.4	Electrical Utility Final Inspection Report			
2.5	Department of Labour Gas System Inspection Report			
2.6	Health Inspection Report by the Department of Environment			
3. MECHANICAL SYSTEMS		Yes	Yes, with Comments	No
3.1	Letter of Acceptance of the Preliminary Air Balance Information by the Mechanical Engineer			
3.2	Statement by Mechanical Engineer Confirming they have Witnessed Testing of the Heating and Ventilation System Operating as Design intended			
3.3	Confirmation by Mechanical Designer that Heating System Will Maintain Temperatures of 22°C/Day & 20°C/Night			
3.4	Statement by Mechanical Engineer Confirming All Systems are Complete and Can Be Operated as Designed			
3.5	Independent Lab Test of Potable Water Quality			
4. ELECTRICAL SYSTEMS		Yes	Yes, with Comments	No
4.1	Statement by Electrical Engineer Confirming All Systems are Complete and Can Be Operated as Designed			
4.2	Statement by Electrical Engineer Confirming they have Witnessed Testing of the Emergency Power System and that it is Complete and Operational			
4.3	Installers Certificate Confirming Systems are Complete and Fully Operational for:			
4.4	Fire Alarm and Sprinkler			
4.5	CCTV			
4.6	Resident/Staff Response System			
4.7	Diesel Generator & Transfer Switch			
4.8	Voice and Data Wiring			