

Strengthening Home & Community Care Services in Ontario: New Regulatory Amendments

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Ministry of Health and Long-Term Care

Health Program Policy and Standards Branch

Today's Agenda

- Part I: Background & Context (15 minutes)
- Part II: Regulatory Amendments: What impact will they have on service / care provision? (60 minutes)
 - *Long Term Care Act, 1994* (LTCA) and Ontario Regulation 386/99
 - *Community Care Access Corporations Act, 2001* (CCAC Act) and Ontario Regulation 554/06
- Part III: Application (15 minutes)
- Part IV: Q & A Session (30 minutes)

Part I: Background & Context: Strengthening Home & Community Care Services in Ontario

Stewardship at the MOHLTC: A New Direction

- Role - Providing overall direction and leadership for the health care system, focus on planning and guiding resources to bring value to the health system.
 - Less involvement in the actual delivery of health care; and
 - Enable innovation at the local level
- More involvement in:
 - Establishing overall strategic direction and provincial priorities for the health system;
 - **Developing legislation, regulations, standards, policies, and directives to support those strategic directions;**
 - Monitoring and reporting on the performance of the health system and the health of Ontarians;
 - Planning for and establishing funding models and levels of funding for the health care system; and
 - Ensuring that ministry and system strategic directions and expectations are fulfilled.

In December 2008, the Government Announced a New “Strengthening Home Care Services in Ontario” Strategy

- I. **Strengthen CCAC and service provider accountability for the provision of quality home and community care services**
 - Develop balanced scorecard for public reporting and performance management framework to address quality of care including annual Continuous Quality Improvement Plans for CCACs and service providers
- II. **Promote better quality health outcomes for Ontarians**
 - Support changes to CCAC client service delivery based on integrated client care teams
- III. **Enhance fairness, transparency and communication in the selection of service providers for quality home & community care services**
 - Improve current competitive bidding process set out in the Ministry of Health and Long-Term Care (MOHLTC) Client Services Procurement Policy and Procedures for CCACs
- IV. **Promote flexibility and innovation in service provision**
 - Make regulatory changes to enable an enhanced mandate for CCACs and innovation in service provision

This Strategy Emphasizes the Growing Role of the Home and Community Care Sector in Ontario's Health Care System

- This strategy supports other health system strategies by allowing for innovation in service delivery
 - Aging At Home: supporting people to live within their own home (respecting client preference and reducing pressure on institutions) by providing care for the elderly in the community
 - Reduction in Wait Times: providing specialized services to clients in the community (reduces ER visits and hospital readmissions)
 - Diabetes / Chronic Disease Prevention Management: meeting the needs of those with chronic disease by enabling service provision in group and clinic settings

The Expanded Role for this Sector is Enabled Through Changes to the Regulatory Framework

- Current legislative framework developed and implemented during the early 1990s, as part of a major reform of Ontario's long-term care system
 - LTCA - legislation and regulations for the provision of community services, including a significant portion of the services provided by CCACs
 - *Health Insurance Act* - regulatory provisions relating to the eligibility criteria for professional services
- The CCAC Act governs the corporate structure and operation of CCACs
- Regulation changes under these Acts have occurred on an “as needed” basis
- The NEW regulatory amendments are significant and comprehensive
 1. Enable innovation in service delivery
 2. Consolidate and update regulations
 - Regulatory provisions relating to the eligibility criteria for professional services removed from the *Health Insurance Act* and incorporated under the LTCA and updated
 - Other provisions updated

Part II: Implementation – What will the Regulatory Amendments Mean for Service Delivery?

A. Amendments to Regulation 386/99 Under the LTCA

An Overview: The LTCA Governs the Provision of Community Services to Persons in the Community

- The Act applies to the provision of the following community services (subsection 2(3)):
 1. community support services (includes meal services, transportation services, caregiver support services, friendly visiting, security checks or reassurance services)
 - Services provided by approved community support service agencies
 2. homemaking services (includes housecleaning, doing laundry, planning menus, preparing meals, banking and others)
 - Provided by or through CCACs, supportive housing agencies, and other approved agencies
 3. personal support services (includes personal hygiene activities or routine personal activities of living)
 - Provided by or through CCACs, supportive housing agencies, and other approved agencies
 4. professional services (includes the services of a Nurse, Occupational Therapist, Physiotherapist, Speech Language Pathologist, Dietician or Social Worker)
 - Provided by or through CCACs only
- The case management model requires all approved agencies providing community services to assess clients, determine eligibility, and, if eligible, develop a plan of service (sections 22 and 23)
- Complaint and appeal rights apply to certain decisions made by approved agencies (sections 39 and 40)

Professional Services Under the LTCA

New Regulatory Provisions Under the LTCA Apply to the Professional Services Provided by or Arranged Through CCACs

- Professional services listed in the LTCA are nursing, OT, PT, social work, speech-language pathology, dietetics, and training a person to provide these services (subsection 2(7))
- Professional services listed in the Regulation (section 3.1):
 - Pharmacy services (new)
 - Respiratory Therapy services (new)
 - Social service work services (new)
 - Medical supplies, dressings and treatment equipment relating to nursing, physiotherapy, occupational therapy, speech-language pathology and dietetics
 - Diagnostic and laboratory services
- Expanded current eligibility criteria for receipt of professional services
- Expanded locations where care can be provided

New Eligibility Criteria for Receipt of Professional Services are Listed in the Regulation under the LTCA

- Eligibility criteria for the provision of professional services (section 3.4):
 - The person must be insured under the *Health Insurance Act*
 - Services must be necessary to enable the person to remain in home or return home from a health care facility
 - Services must be reasonably expected to result in progress towards rehabilitation, **maintenance of functional status or palliation (does not apply to pharmacy services) - NEW**
 - **Location of service provision must have the physical features necessary to enable the services to be provided - NEW**
 - **Risk of serious physical harm to the service provider must not be significant, or if significant, reasonable steps must be able to be taken to reduce the risk – NEW**
- Eligibility criteria removed from Regulation 552 under the *Health Insurance Act*:
 - The services must be provided in the person's home
 - The services are available in the area where the insured person resides

In Addition, Specific Eligibility Criteria are Set Out in the Regulation under the LTCA for Certain Professional Services to Align with Government Programs

- Pharmacy services - person must be taking 3+ medications, at risk of Rx complications due to complex medical needs, and unable to access the services outside of home due to his/her condition
- Physiotherapy services & necessary supplies, dressings and treatment equipment:
 - in-home services can only be provided if person is home-bound due to condition
 - congregate or group physiotherapy can only be provided if the client is: 65 years + OR the person was recently discharged as an in-patient at a hospital and the services are directly related to the reason for the admission to the hospital
- Respiratory therapy services – person must be ventilator-dependent, have artificial airways or be receiving home oxygen services under the Ministry's Assistive Devices Program
- Diagnostic / laboratory services AND medical supplies, dressings and treatment equipment – person must be in receipt of nursing services, occupational therapy services, physiotherapy services, speech language pathology services or dietetics services

Professional Services under the LTCA Can be Provided at Home and in Congregate or Group Settings

- “Congregate or group setting” not defined in the Regulation
 - Broad scope: a location where multiple clients can access a professional service
 - Reflection of ‘on the ground’ innovation
 - Nursing clinics are already in existence (for example, Erie St. Clair CCAC offers a range of nursing and care services within this venue: drug infusions and injections, wound care, foot care, etc.)
- Relevant regulatory provisions (section 3.5):
 - Professional services can be provided in a person’s home or in a congregate or group setting with the following exceptions:
 - Pharmacy services may only be provided in a person’s home
 - In-home physiotherapy services can only be provided if person is home-bound due to his/her condition
 - Congregate or group physiotherapy can only be provided if the client is: 65 years + OR the person was recently discharged as an in-patient at a hospital and the services are directly related to the reason for the admission to the hospital
- Service in a congregate or group setting could benefit:
 - Clients who are independently mobile, prefer to receive care in a group setting outside the home, are unable to self-administer drug injections, or need to schedule their care around their work, school or other commitments

The Regulatory Changes Under the LTCA Increase Access to Professional Services by Expanding the Type of Service Providers Who May Provide Professional Services

- Regulation lists the professional services, rather than the professional who has to provide them
 - Impact: Enables care provision by assistants
- New requirement that service providers must have a plan of care for clients in receipt of professional services if the services involve treating or advising within the scope of practice of a regulated health professional
 - Plan of care must be developed, evaluated and revised by a member of the appropriate regulatory college

Professional Services in Long-Term Care Homes

The Regulatory Amendments Under the LTCA Enable New Professional Services to be Provided to Long-Term Care Home Residents

- CCACs are currently authorized to provide physiotherapy, occupational therapy and speech-language pathology services to LTC residents
- CCACs are authorized to provide additional professional services to LTC residents:
 - Nursing services (as part of the Nurse-led LTC Outreach Team program as well as training to provide nursing services)
 - When providing nursing services, CCACs will not be required to perform any case management functions relating to the resident.
 - Respiratory therapy services - if the resident meets the eligibility criteria set out below
- Eligibility criteria for the provision of professional services in long-term care homes:
 - The resident must be insured under the *Health Insurance Act*
 - The resident must be unable to access the services outside the home due to his/her condition (does not apply to nursing services)
 - The services must be reasonably expected to result in progress towards rehabilitation, **maintenance of functional status or palliation (NEW)**
 - **In order to receive respiratory therapy services, the resident must be ventilator-dependent, have artificial airways or be receiving home oxygen services under the MOHLTC's Assistive Devices Program (NEW)**

Additional Regulatory Amendments

The Eligibility Criteria in the Regulation under the LTCA for Homemaking and Personal Support Services Provided by CCACs Has Been Updated To Provide Protections for Service Providers

- Eligibility criteria for receipt of homemaking services (subsection 2(1)):
 - The person must be insured under the *Health Insurance Act*
 - The person must require personal support services along with the homemaking, must receive personal support and homemaking services from a caregiver who requires assistance with the homemaking OR must require constant supervision due to a cognitive impairment/ ABI and the person's caregiver must require assistance with the homemaking services
 - **Location of service provision must have the physical features necessary to enable the services to be provided - NEW**
 - **Risk of serious physical harm to the service provider must not be significant, or if significant, reasonable steps must be able to be taken to reduce the risk - NEW**
 - NOTE: Persons in care homes within the meaning of the *Residential Tenancies Act, 2006* and residents of LTC homes are not eligible to receive these services.
- Eligibility criteria for receipt of personal support services (section 2.1):
 - The person must be insured under the *Health Insurance Act*
 - **Location of service provision must have the physical features necessary to enable the services to be provided - NEW**
 - **Risk of serious physical harm to the service provider must not be significant, or if significant, reasonable steps must be able to be taken to reduce the risk - NEW**

Additional Regulatory Amendments Provide Clarity

LTCA

- The provisions relating to professional and personal support services provided in school settings have been amended to clarify that these are “health” services.
- The role of the nurse practitioner has been added to the provisions which set out the maximum amount of nursing services that can be provided.

Health Insurance Act and Ontario Drug Benefit Act

- CCAC clients receiving professional services are eligible for drug benefits, and are exempt from the requirement to pay a co-payment for ambulance services.
- These benefits have not been impacted by the regulatory amendments.

Community Support Sector: The Regulatory Amendments Under the LTCA Incorporate All of the Community Support Services Funded by the MOHTLC

- The community support services currently listed in the LTCA are meal services, transportation services, caregiver support services, adult day programs, home maintenance and repair services, friendly visiting services, security checks or reassurance services, social or recreational activities, and providing prescribed equipment, support or other goods
- The regulatory amendments list the following 11 additional community support services:
 1. Aboriginal support services
 2. Client intervention and assistance services
 3. Emergency response services
 4. Foot care services
 5. Home help referral services
 6. Independence training
 7. Palliative care education and consultation services
 8. Psychogeriatric consulting services relating to Alzheimer disease and related dementias
 9. Public education services relating to Alzheimer disease and related dementias
 10. Services for persons with blindness or visual impairment
 11. Services for persons with deafness, congenital hearing loss or acquired hearing loss
 - See Appendix “slide A” for the definitions of some of these services.
- Transportation services are no longer listed as a professional service. CCACs may be approved to provide these services as a community support service under the LTCA.

New Regulatory Provisions Fall Within the Scope of the Complaint and Appeal Provisions in the *Long-Term Care Act, 1994*

- New regulatory provisions (new services and eligibility criteria) fall within the complaint and appeal processes outlined in the LTCA
- Approved agencies must have a complaint process for reviewing complaints relating to decisions concerning eligibility, exclusion of service from a plan of service, amount of service, termination of service, quality of service and an alleged violation of the Bill of Rights (section 39(1))
- There is a right to appeal to the Health Services Appeal and Review Board decisions concerning eligibility, exclusion of service from a plan of service, amount of service, and termination of service (section 40)
- The Board is bound by the provisions in the LTCA and the regulations thereunder.

**B. Regulatory Amendments Under the CCAC Act
(& Related Regulatory Amendments under the LTCA)**

The Regulatory Amendments to the CCAC Act Provide the CCAC with the Authority to Play an Enhanced Role as a System Navigator

- Regulation 554 / 06 under the CCAC Act has been amended to allow CCACs to manage the placement of persons into:
 - adult day programs provided under the LTCA
 - supportive housing programs
 - Where personal support and homemaking services are available 24 hours a day to persons who are frail / have a cognitive impairment; persons with a physical disability; persons with an acquired brain injury; or persons with AIDS or HIV
 - Chronic care beds (also referred to as complex continuing care beds) and rehabilitation beds in public hospitals.
- These provisions are enabling rather than prescriptive or directive (provide the authority for an expanded role)
 - Enhance client care: broaden the mandate of CCACs to provide a coordinated single point of access to a broader array of services
 - To reduce ER wait times through integrated, proactive client management

LHINs, CCACs and Local Health Service Providers Will Consider Whether and How the CCAC Should Undertake this Function

- MOHLTC approval is required before this authority can be exercised
 - CCACs can only assume this expanded placement role with the approval of the Minister of Health and Long-Term Care.
 - Section 5 of the LTCA provides that the Minister may approve an agency to provide a community service if the agency meets the statutory test (financial viability, competence, honesty, integrity, etc.). The approval may be subject to terms and conditions.
 - Client placement is one aspect of the case management model set out in the LTCA.
- A local decision – it is anticipated that the request for approval will come from the CCAC and their respective LHIN, or the CCAC supported by the LHIN.
 - The Minister will respond in writing to a request made by the CCAC and the LHIN

CCACs Will Be Required to Perform Certain Case Management Functions When Placing Persons into Chronic Care or Rehabilitation Beds, Adult Day Programs or Supportive Housing Programs

- When placing persons into chronic care or rehabilitation beds, CCACs will be required to:
 - assess the person's requirements
 - determine the person's eligibility
 - manage the placement of the person into the bed or, if a bed is not immediately available, place the person on a waiting list and advise the person when a bed is available (section 8 of the Regulation under the LTCA)
 - NOTE: A physician's order is still required for admission into a hospital bed in accordance with Regulation 965 under the *Public Hospitals Act*.
- When placing persons into adult day programs or supportive housing programs, CCACs will be required to:
 - assess the person's requirements
 - determine the person's eligibility
 - develop a plan of service that sets out the services to be provided
 - manage the placement of the person into the program or, if the services are not immediately available, place the person on a waiting list and advise the person when the services are available

Part III: Application

The Amendments to the Regulations are in Force on Friday, September the 18th.

- What does this mean?
 - All new provisions are effective on September 18th.
 - People have a right to appeal the decisions of a CCAC or other approved agencies relating to these matters (eligibility, exclusion of service, amount of service, and termination of service)
- Updating the CCAC Client Services Policy Manual

Scenarios: Applying Your Knowledge

Scenario: Maria

- Maria is a 70 year old woman. She has various co-morbidities and requires weekly injections for one of her conditions. Currently, a nurse visits her to administer the injections. Maria is also taking 4 prescription medications by mouth, and because of her severe arthritis, has limited mobility. With assistance, she is able to get around her apartment building, but not beyond it. Within her apartment building many of the residents receive nursing services through their local CCAC.
- What new service options could be offered to Maria?

Scenario: John

- John is a 35 year old man who requires physiotherapy due to a recent motorcycle accident. After his accident, he visited the emergency room at his local hospital. He was told by a doctor that his right arm and his wrist were broken, and that physiotherapy would be required to regain full use of his wrist (he is right handed).
- Is John eligible to receive physiotherapy services in his home through his local CCAC?
- Is John eligible to receive physiotherapy services in a clinic or group setting through his local CCAC?

Scenario: Nathan

- Nathan is three years old. Due to severe dysphagia (difficulty swallowing), his speech development has been significantly delayed. His CCAC Case Manager has made the determination that he requires intense speech language pathology services, and has referred his case to their speech language pathology service providers. The service provider determines that a Speech Language Pathology Assistant should provide his care, and notes this in Nathan's written plan of care.
- Did the service provider comply with the regulations?

Scenario: Jacqueline

- Jacqueline is an 85 year old resident of a long-term care home in Scarborough. She has severe Chronic Obstructive Pulmonary Disease (COPD). She receives oxygen services at the home, which she pays for privately. She has asked a nurse at the home if a Respiratory Therapist could come in to see her, as she feels a reevaluation of her treatment is necessary. At this point, Jacqueline does not require artificial devices to assist her with her breathing.
- Is Jacqueline eligible for such a visit?

Thank you for your time.

Questions??

Appendix A

Appendix A. Community Support Services – Definitions

- “client intervention and assistance services” means providing support to persons to assist them to cope with activities of everyday living;
- “emergency response services” means installing electronic devices in homes to connect persons with emergency response centres;
- “home help referral services” means referring a person who requires home help services to a person who provides such services;
- “independence training” means teaching the skills to improve independent functioning in the community, including the effective use of personal support services;
- “psychogeriatric consulting services” means providing psychogeriatric consultation, training and support to staff of long-term care homes, community care access centres and other approved agencies;
- “services for persons with blindness or visual impairment” means providing rehabilitation, visual orientation, counselling, referrals and technology to persons with blindness or visual impairment;
- “services for persons with deafness, congenital hearing loss or acquired hearing loss” means providing rehabilitation and communication training, counselling, technology and education to persons with deafness, congenital hearing loss or acquired hearing loss.