

**Amendments to Ontario Regulation 79/10 (Regulation) under the *Long-Term Care Homes Act, 2007* (LTCHA) pertaining to long-term care home admissions and discharge during the COVID-19 pandemic**

**FREQUENTLY ASKED QUESTIONS**

**Q1: Why are regulatory amendments urgently needed for the long-term care sector to address the COVID-19 pandemic?**

**Answer:**

The Ministry of Long-Term Care (Ministry) is making amendments to admissions and discharge processes to support applicants, residents, long-term care homes and placement co-ordinators in responding to the COVID-19 pandemic.

The Ministry has already made amendments to ensure sufficient nursing and personal support care staff are available to support long-term care home residents in light of the current issues raised by COVID-19.

Long-term care residents are older, more frail, and more medically complex than the general population. Therefore, protecting the safety and health of long-term care residents during this pandemic is imperative.

**Q2: What is the purpose of these changes?**

**Answer:**

The Ministry is actively working with our partners at all levels in the health care system to implement enhanced measures and supports to ensure that we are prepared to protect the health of our most vulnerable. The health and well-being of all Ontarians, including long-term care residents, their families, and staff, is our government's number one priority.

As part of these enhanced measures, the Ministry has made urgent amendments to Ontario Regulation 79/10 (Regulation) under the *Long-Term Care Homes Act, 2007* (LTCHA) pertaining to long-term care home admissions and discharge during the COVID-19 pandemic. These amendments will:

1. Help address severe capacity pressures faced by public hospitals by expediting placement into long-term care homes of eligible patients through a truncated placement process;
2. Support placement co-ordinators and long-term care homes in being able to facilitate placement of applicants seeking long-term care home placement from outside of hospital through more nimble placement requirements;

3. Enable community applicants to not be penalized for refusing to move into a long-term care home during the pandemic by removing the requirement that they be removed from all waiting lists for refusing to move in (hospital applicants are already exempt from this requirement); and
4. Enable current residents to leave a long-term care home if they wish to do so due to COVID-19 and expedite their return to the long-term care home when they need to go back.

### **Q3: How have stakeholders responded to this proposal?**

#### **Answer:**

These proposed amendments directly respond to the feedback received by our sector partners.

The Ministry has received input and taken into consideration the feedback from key stakeholders in the long-term care sector, including the Ontario Long-Term Care Association (OLTCA) and AdvantAge Ontario when considering these amendments. In addition, the Ministry has been collaborating with placement co-ordinators to understand their current situation and requirements.

Placement co-ordinators have requested that the Ministry modify the placement requirements, as they are already experiencing challenges with facilitating placement during the pandemic. Similarly, the OLTCA and AdvantAge Ontario have asked the Ministry to reduce administrative burdens for long-term care homes to allow them to dedicate more time to front-line care.

### **Q4: What amendments were made to the Regulation?**

#### **Answer:**

The Ministry has made the following amendments to the Regulation to help support the health care system in being better positioned to care for individuals who require health care services during the COVID-19 pandemic:

1. Amendments to help address severe capacity pressures faced by public hospitals by expediting placement to long-term care homes of eligible patients through a truncated placement process:
  - For hospital patients, the placement co-ordinators shall determine eligibility for long-term care home placement based on as much information as is available in the circumstances (as opposed to, for example, being required to fill out forms from the Ministry and requiring that two separate regulated health professionals fill out the forms).

- Hospital patients awaiting long-term care home placement will be offered admission to a long-term care home selected by the placement co-ordinator (as opposed to applicants selecting the long-term care home).
    - In selecting the long-term care home, the placement co-ordinator is required to take into account several factors including the any preferences of the applicant relating to the proximity of the home to applicant's family, home and community and support networks.
    - An application for authorization of admission is not required so long as the patient consents to the disclosure of all necessary information for the placement co-ordinator to handle the application.
  - Placement shall be authorized only with consent from the applicant (or their substitute decision-maker, if applicable).
    - If the applicant does not consent, the placement co-ordinator would identify other long-term care homes for the person.
  - Long-term care homes are required to notify the placement co-ordinator whether they approve or withhold approval for the applicant's admission either orally or in writing within five days of receiving information about the patient (as opposed to being required to submit written notices only, within five business days).
  - These applicants shall be placed in category 1 ("crisis") on the waiting list.
  - To facilitate the transfer of these persons to their preferred home, once the capacity pressures in the health care system arising from the pandemic are improved there would be a truncated process for transfer to their preferred home, and these persons would:
    - Be placed in category one ("crisis") on the waiting list for their first choice home
    - Have a higher spot on the waiting list for their other homes by allowing the date they were admitted to the first home count as the date by which they are ranked on the other waiting lists (e.g. categories 3B or 4B) instead of the date they sought admission to their home or homes of choice, if beneficial to the person.
2. Amendments to support placement co-ordinators and long-term care homes in being able to facilitate placement of applicants seeking long-term care home placement from outside of hospital through more nimble placement requirements:
- As with hospital patients, the placement co-ordinators shall determine eligibility for long-term care home placement based on as much information as is

available in the circumstances (as opposed to, for example, being required to fill out forms from the Ministry and requiring that two separate regulated health professionals fill out the forms).

- Long-term care homes shall make the decision whether to approve or withhold approval based on this information and notify the placement co-ordinator of that decision either orally or in writing (as opposed to being required to submit written notices only) within five days of receiving the information.
3. Amendments to enable community applicants to not be penalized for refusing to move into a long-term care home during the pandemic by removing the requirement that they be removed from all waiting lists (hospital applicants are already exempt from this requirement).
- Placement co-ordinators shall skip over these applicants on the waiting list and offer admission to the next highest-ranking applicant.
4. Amendments to enable current residents to leave a long-term care home if they wish to do so due to COVID-19 and expedite their return to the long-term care home when they need to go back.
- Before the resident leaves the long-term care home, the licensee is required to provide specified information, including information on the resident's care requirements and that the resident (or the resident's substitute decision-maker, if applicable) assumes full responsibility for the care, safety and well-being of the resident.
  - During the time the person is away, the bed will be available for occupancy by another person.
  - The process for returning to the home they were discharged from differs according to the time the resident was away from the home:
    - For absences that are three months or less, the resident would be deemed eligible and accepted for admission by the licensee, and simply placed into the "re-admission" category (this category is the highest-ranking category for vacant beds; it ranks higher than the "crisis" category).
    - Longer absences require a truncated assessment by the placement co-ordinator with the ability for the licensee to refuse the admission if the circumstances for refusing an admission in the LTCHA exist. If accepted, the person would be placed into the "re-admission" category for that long-term care home.

**Q5: Would these proposed amendments pose any risk to the long-term care sector?**

**Answer:**

These amendments are being proposed in order to address a public health emergency.

As these amendments provide greater flexibility for assessments prior to long-term care home placement, licensees may not have as much detail about an applicant's health and care needs prior to accepting them as they would under non-pandemic circumstances. Licensees will need to obtain missing information by ensuring that appropriate measures are taken upon the admission of applicants (e.g. assessments are done immediately following admission) to ensure appropriate care plans are developed.

**Q6: How will these changes impact applicants who are already waiting for placement in long-term care homes?**

**Answer:**

Placement for all applicants, including those coming from the community, will become more streamlined as placement co-ordinators determine eligibility based on as much information as is available in the circumstances (as opposed to, for example, being required to fill out forms from the Ministry and requiring that two separate regulated health professionals fill out the forms).

These changes will lead some applicants to be reprioritized on the waiting list, as applicants from hospitals are placed in long-term care homes more quickly. Placement co-ordinators will continue to manage crisis placements, whether in hospital or in the community, based on urgency of need. In addition, these changes eliminate the requirement that community applicants be removed from all waiting lists if they refuse admission. Instead, placement co-ordinators would offer admission to the next highest-ranking applicant.

**Q7: Will applicants from hospital still get to choose their preferred homes?**

**Answer:**

Due to the urgent need to free up public hospital beds and reduce the risk to vulnerable ALC patients of contracting COVID-19, placement co-ordinators are permitted to select homes for eligible patients to promote the expeditious movement of these patients out of hospital.

Consent is still required for admission into the home selected by the placement co-ordinator. If the patient refuses to consent to admission, the placement co-ordinator would have to find another long-term care home.

**Q8: How is the Ministry supporting long-term care applicants who have financial barriers?**

**Answer:**

Long-term care homes will be required to make preferred accommodation available as basic to persons who are waiting for placement in a basic bed. The maximum daily rate is \$88.82 for private and \$62.18 for basic accommodation (older long-term care homes may charge less for preferred accommodation). This will also enable people who cannot afford to pay the full basic rate to apply for a rate reduction. The Ministry is seeking necessary approval to be able to reimburse the licensee for the cost-difference.