

**Ministry of Health
Ministry of Long-Term Care
Ontario Health**

Hospital Technical Webinar hosted by OHA Implementation of Bill 7

September 2022

Webinar Purpose & Overview

Purpose: To provide an overview of key aspects of Bill 7 Implementation to Support Ontario's Plan to Stay Open: Health System Stability and Recovery

- Including regulation changes to the *Public Hospitals Act* (PHA)



Context: Supporting Transitions to Long- Term Care

Supporting Transitions to Long-Term Care Overview

The *More Beds, Better Care Act, 2022* passed in the Legislature and received Royal Assent on August 31, 2022.

The *Fixing Long-Term Care Act, 2021* (Act) and Ontario Regulation 246/22 **have been amended to improve the flow of eligible Alternate Level of Care (ALC) patients to long-term care (LTC)** by enabling placement co-ordinators to do the following without the consent of a person designated ALC, or the consent of their substitute decision-maker (SDM):

- **Determine LTC eligibility**
- **Select a LTC home** for the person designated ALC within a **defined geographic area** of a person's preferred location(s) as would be set out in regulation (including where that is near a partner or spouse, loved one or friends)
- **Provide assessments and information** about the person designated ALC to a LTC home, **authorize admission to a LTC home** and transfer the responsibility to another placement co-ordinator
- Place an ALC patient in **preferred accommodation even if basic accommodation has been requested** and require it to be **made available as basic accommodation**

The amendments **do not preclude** a patient from choosing another care option upon discharge (e.g., private care).

The amendments **do not provide for the physical transfer** of someone who refuses to leave the hospital or go to a LTC home.

Current pandemic provisions that authorize the admission of hospital patients to preferred accommodation where basic has been selected will be **repealed** and replaced with **transitional provisions**.

The amendments will come into force on **September 21, 2022**.

In partnership with HCCSS, Ontario Health (OH), and other key stakeholders, MLTC has developed a **Field Guidance document** to support placement co-ordinators in implementing these changes.

Determining LTC Eligibility

Amendment Summary

- **Eligibility criteria** for admission to LTC have not changed.
- **Information will be provided to the ALC patient** to help ensure they are aware of the regular (i.e. with consent) and modified (i.e., without consent) admissions processes and their options.
- Where consent is not provided, the **determination of eligibility** will use the “**most available information**”.
 - Information will be collected using **existing records or in consultation with the ALC patient’s health care providers** (e.g., hospital staff, primary care provider, and home and community care services provider) as well as **Developmental Services Ontario and some organizations that support people with a developmental disability (where appropriate)**.

O. Reg. 246/22 Reference

- Section 240.1

Selection of Homes

Amendment Summary

- **Selection of LTC homes by a placement coordinator** will be unlimited in number and will consider the patient's conditions and circumstances; their preferred class of accommodation, if any; and proximity of the home to their preferred location(s), within set geographic parameters.
 - A patient's **preferred location** is defined in the Regulation as:
 - the address of a location or locations specified by the patient, or
 - where a location is not specified by the patient, their primary residence or the hospital where they are located when the homes are selected.
- A geographic area of a **70 km radius (from the preferred location)** will be used across **Ontario** except in the areas within the boundaries of **the North East and North West HCCSS** regions where the radius will be 150 km.
- A placement coordinator will be able **to select a LTC home outside the geographic parameter** in the North East and North West HCCSS regions, only when there is no LTC home within the geographic parameter or limited vacancy within the geographic parameter (i.e., may then select the next closest LTC home(s) to preferred location that can meet patient's needs).
- Placement co-ordinators will make efforts to place patients **as close as possible to their preferred location** within the geographic area.

O. Reg. 246/22 Reference

- Section 240.2

Admissions to a non-preferred home

Amendment Summary

- Placement co-ordinators will be able to **authorize admission to preferred accommodation even if basic accommodation has been requested** and require it to be made available as basic accommodation.
- **The patient must move into the LTC home in five days** otherwise the bed may be offered to the next person on the waiting list.
- Upon admission to a LTC home selected by the placement co-ordinator, a resident may **select up to five LTC homes for transfer** and be placed in the **category 1 (crisis) designation for those five choices**.

O. Reg. 246/22 Reference

- Section 240.3



Public Hospitals Act **Regulation** **Amendments**

Changes to Regulation 965 under the *Public Hospitals Act* (PHA)

- The discharge provisions under the PHA require hospitals to discharge patients who are no longer in need of treatment in the hospital.
 - The regulation is being amended to clarify that this discharge obligation applies in respect of ALC patients when their admission to a long-term care home is authorized under the new *Fixing Long-Term Care Act* provisions added by the *More Beds, Better Care Act, 2022* (Bill 7).
- The regulation, effective November 20th, will also require hospitals to charge discharged patients a standardized fee of \$400 for every day that they remain in hospital after discharge (following a 24-hour period).
 - This would apply across-the-board to all patients who have been discharged and remain in the hospital, including (formerly) ALC patients.

No changes/ refresher: Hospital Chronic Care Co-Payment Rate

- The Hospital Chronic Care Co-Payment applies to applicable patients before they are discharged while they are waiting for long-term care placement.
- Hospitals must charge applicable patients the Hospital Chronic Care Co-Payment Rate once the clinician has determined that the patient both requires chronic care and is more or less permanently resident in hospital or another institution, including a long-term care home. This includes ALC patients for a long-stay bed in a long-term care home.
- The Hospital Chronic Care Co-Payment Rate is set to increase from \$62.18 to \$63.73 per day on October 1, 2022.
- The Hospital Chronic Care-Copayment is the patient's contribution to the cost of their meals and accommodation and is the same as the co-payment fee for residents in long-term care homes.

Post Discharge Daily Rate vs Hospital Chronic Care Co-Payment Rate

	Post Discharge	Hospital Chronic Care
Daily Rate	\$400 (effective November 20)	\$62.18 (current) \$63.73 (October 1)
Application	Post Discharge 24 hours after patient has been discharged and patient remains in hospital	Pre Discharge When clinician has determined the patient is a resident of the hospital i.e. chronic care or ALC for long-term care
Eligible for Reductions / Exemptions	No	Yes e.g. income, palliative, etc.
Legislation	<i>Public Hospitals Act</i>	<i>Health Insurance Act</i>

FAQs will be shared after this presentation

Thank you for attending this webinar

Appendix

Waitlist Management

Amendment Summary

- **The licensee will be required review the patient's information** provided by the placement co-ordinator promptly and approve or withhold approval of the patient onto the LTC home waitlist in writing.
- Patients will be put on the existing **long-stay waitlist in the crisis category** for the homes selected by the placement co-ordinator and their preferred homes. They would be placed on the **crisis waitlist until they are placed in a preferred home**.
- **Once admitted, if the resident declines admission to any of their preferred homes**, they will be **removed** from all waitlists, it will be assumed they have accepted their current home.
- If an ALC patient **meets the criteria for a Reunification Priority Access Bed (RPAB)**, their **place on the applicable waiting list for a RPAB would be maintained** even if the ALC patient is admitted to a home chosen by the placement co-ordinator or consents to admission to a home chosen by the placement co-ordinator.

O. Reg. 246/22 Reference

- Section 240.3

**In instances where two spouses are both in hospital waiting for an LTC placement, the Field Guide instructs placement coordinators to look for opportunities to place them in the same home. The placement coordinator must not authorize admission for either spouse unless there are available placements for both spouses in the same home, or the spouses have consented to separate admissions.*