

Long-Term Care Home Accountability Planning Submission (LAPS)

Education Session

October 13, 2009

Delta Markham – 9:00am to 12:00pm

Overview

1. Central LHIN Overview
2. What are LAPS and L-SAA
3. LAPS Guidelines Development
4. LAPS Overview
5. Instructions for the Completion of LAPS Forms
6. Timeframes
7. Questions

Our Collective Challenge

“ A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

Ministry of Health and Long Term Care Vision for Health Care 2005

Health Transformation in Ontario

LHIN Mandate: Plan, coordinate, integrate and fund the delivery of health services at the local level

- Made-in-Ontario solution intended to build on the fabric of voluntary local governance (independent boards)
- No direct provision of services
- No hard boundaries for residents or providers

LHIN legislation states that LHINs will:

- Engage local communities to identify needs and priorities
- Plan changes and service improvements
- Coordinate the flows of clients
- Fund local health care services

14 Local Health Integration Networks (LHINs) in Ontario

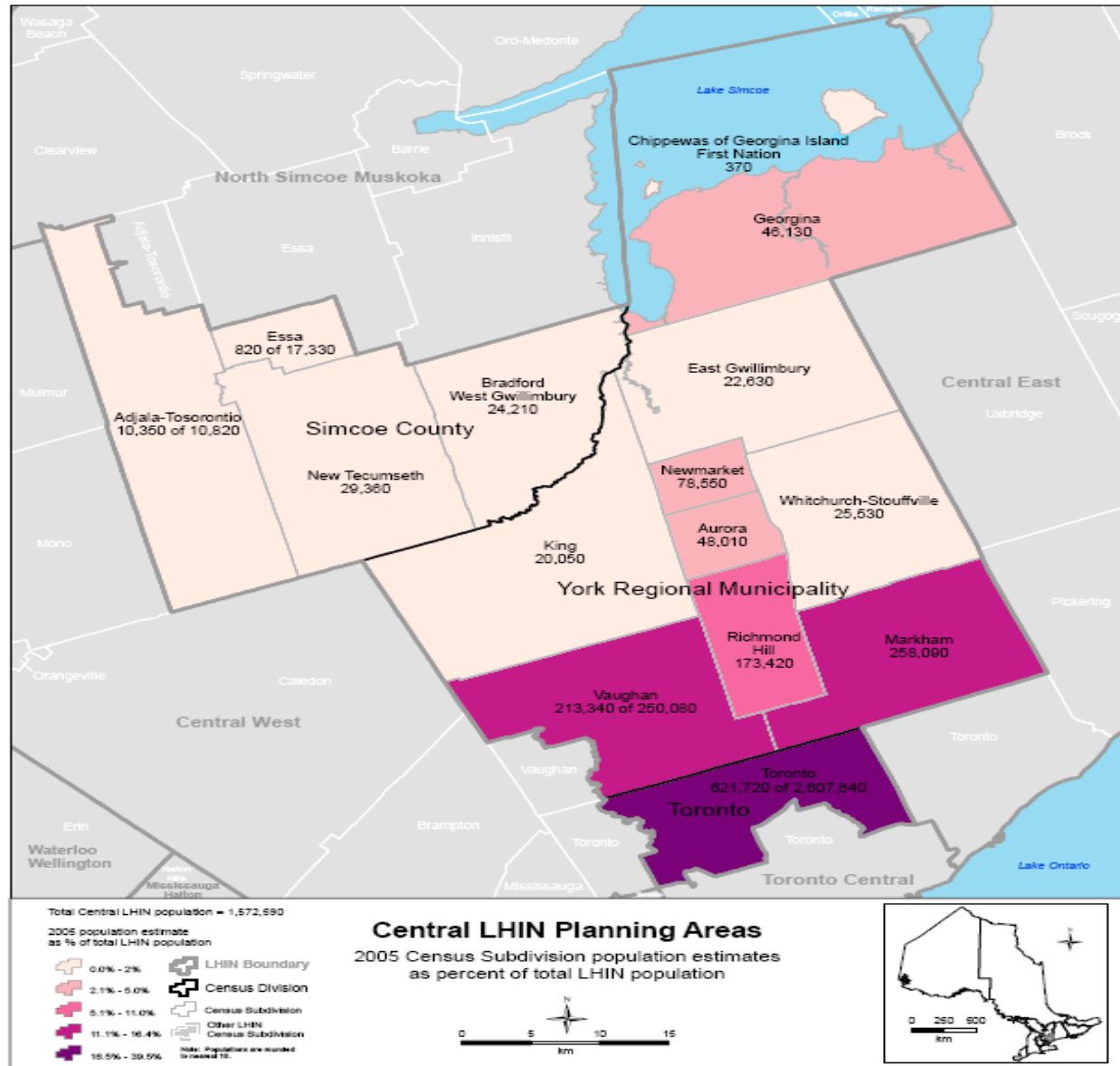
A part of the health transformation agenda for Ontario



- | | |
|---------------------------------------|-------------------------|
| 1 Erie-St. Clair | 8 Central |
| 2 South West | 9 Central East |
| 3 Waterloo Wellington | 10 South East |
| 4 Hamilton Niagara
Haldimand Brant | 11 Champlain |
| 5 Central West | 12 North Simcoe Muskoka |
| 6 Mississauga | 13 North East |
| 7 Toronto Central | 14 North West |



The Central LHIN



Source: 2001 Census Cartographic Boundary Files, Statistics Canada. 2005 Population Estimates, Ontario Ministry of Finance. Prepared for Central Local Health Integration Network by the Health System Intelligence Project.

Central LHIN – Fast Facts

- 1.6 million residents - 12.5 % of provincial population
- Budget of \$1.6 Billion or \$4.4 Million per day
- 3.3 % growth - fastest growing areas of the province
- Significant diversity – highest proportion of immigrants in the province
- Different types of communities – urban (high density), suburban and rural (agricultural)
- Rapid change occurring in communities, both in growth, and composition

Central LHIN Challenges (2009/10 & 2010/11)

- Reducing Wait Times spent in Emergency Department
 - Targeted Diversion Programs / Nurse-Led Outreach Teams
- Decreasing Alternate Level of Care (ALC) days
 - Interim Beds
- Improving access to Mental Health & Addictions
 - Behavioral Support Units
- Improving management of Chronic Diseases
 - With a Focus on Diabetes
- Advancing Health Equity

LAPS

Long-Term Care Home Accountability Planning Submission:

- A planning document
- Provides information about an individual LTCH
- Supports the negotiation of the Long-Term Care Home Service Accountability Agreement (L-SAA).
- Completed by each LTC Home

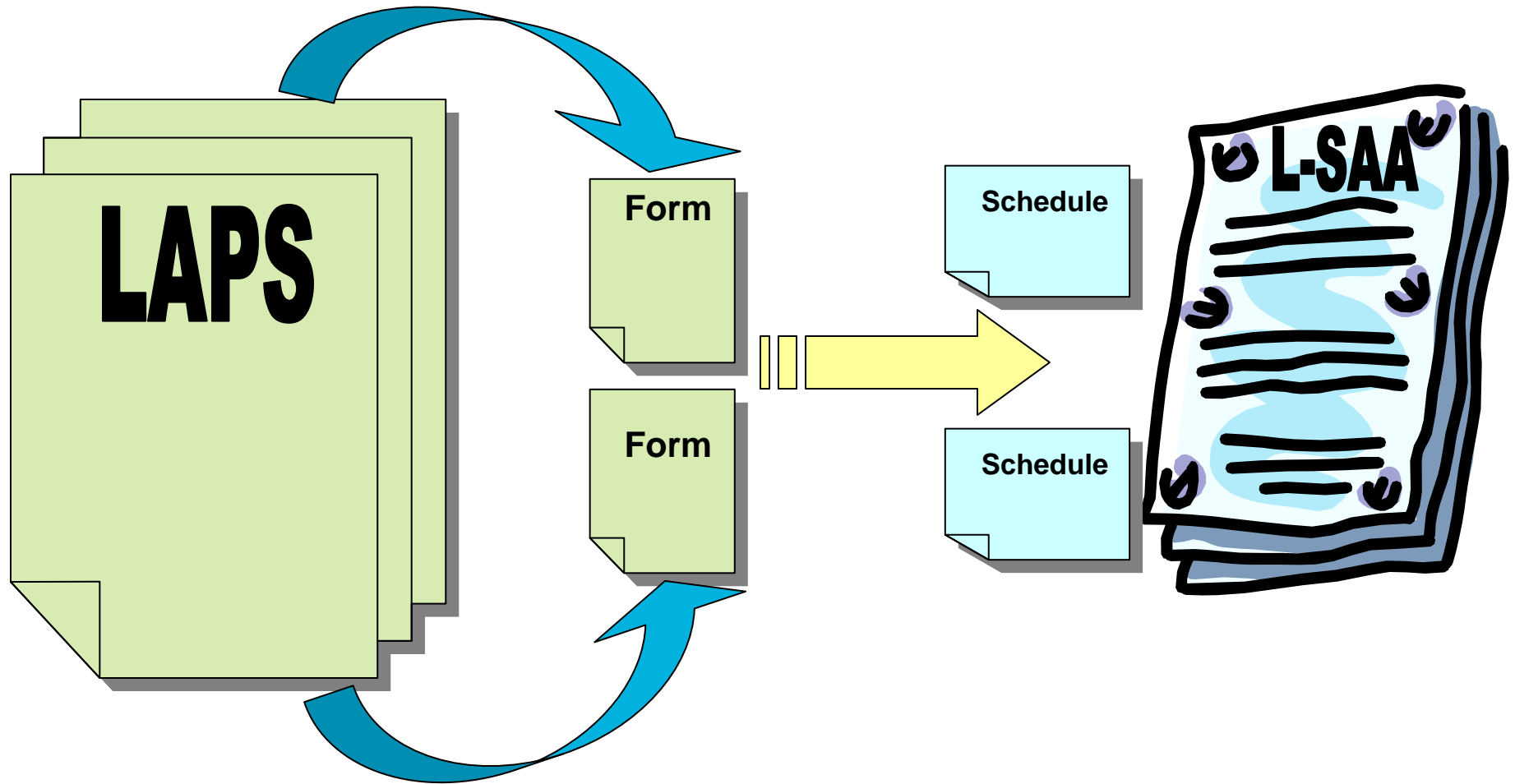
L-SAA

Long-Term Care Home Service Accountability Agreement

- Agreement between the LTCH and the LHIN
- Replaces the current service agreement
- Covers a 3-year term of April 1, 2010 to March 31, 2013.
- Addresses performance, planning and integration towards the development of a health system

The LTCH's LAPS and L-SAA must reflect the home as part of a health care system versus as an individual health care provider.

How LAPS & L-SAA Fit Together



Accountability Agreement Lessons Learned

- 1) Ministry-LHIN Accountability Agreement (M-LAA)
- 2) Hospital Accountability Planning Submission (HAPS)
Hospital Service Accountability Agreement (HSAA)
- 3) Community Accountability Planning Submission (CAPS)
Multi-Sector Accountability Agreement (M-SAA)
- 4) Long-Term Care Home Accountability Planning Submission (LAPS)
Long-Term Care Home Accountability Agreement (LSAA)

LAPS Guidelines Development

- Consultation sessions were held with associations representing LTCHs in the province, including OLTCA, OANHSS, AMO, OHA and the City of Toronto.
- Feedback from a sample of LTCHs and the associations was considered and addressed through three avenues:
 - Comments incorporated in the LAPS Guidelines.
 - Development of training sessions.
 - The development of a FAQ (Frequently Asked Questions) document.

LAPS Guidelines

Table of Contents

1. Introduction
2. Roles and Responsibilities
3. Key Planning Consideration for the LAPS and L-SAA
4. LAPS Components
5. LHIN Evaluation of LAPS
6. Linking the LAPS to the L-SAA
7. Directives, Guidelines and Policies
8. Changes Needing LHIN Review/Approval

Appendix A: Glossary

Appendix B: Description of Services

Appendix C: Financial Summary

Appendix D: LHIN Contact Information

Roles and Responsibilities - MOHLTC

In regards to Long-term Care, the MOHLTC is responsible for:

- Compliance, inspection & enforcement of LTCH.
- Licensing and approval of LTC beds.
- Setting fees for licensing.
- Determining total per diem per bed funding.
- Determining construction cost funding per diem and LTCHs that will receive the per diem.
- Approving changes of ownership, sale of businesses and amalgamations of providers for purposes of licensing.
- Approving LTCH management contracts.
- Acting as the lead in the event of a bankruptcy and approving a third-party management company.

Roles and Responsibilities - LHINs

In regards to LTC, LHINs are responsible to:

- Monitor the achievement of specific performance goals under the L-SAA.
- Performance management.
- Review and monitor: Occupancy/Utilization of beds; Placement refusal trends; Transfer request trends; Wait list profiles.
- Participate, as appropriate, in the preparation and submission of funding requests related to LTCHs through the MOHLTC annual planning cycle.
- Approve the designation of existing long-stay beds as short-stay beds.
- Set performance targets within the context of a provincial framework.

LTCH Funding – MOHLTC Responsibilities

- Reviewing the Audited Annual Report, Revenue Occupancy Report, and administering the Subsidy Calculation Worksheet, on behalf of the LHINs.
- Examples of MOHLTC funded programs include:
 - High Intensity Needs Funding
 - High Wage Transition Funding
 - Municipal Tax Allowance Funding
 - Pay Equity Funding
 - Physician On-call Funding
 - Structural Compliance Premium
 - Laboratory Services Funding
 - MDS Early Adopter Funding
 - Peritoneal Dialysis (PD) Funding

LTCH Funding – LHIN Responsibilities

- LHINs provide and administer the following types of LTCH funding:
 - Per Diem Funding (Levels of Care) funding
 - Non-Per Diem funding such as:
 - Registered Practical Nurse Funding
 - Construction Cost Funding
 - Convalescent Care Bed Funding
- Recovery of unspent LHIN operating funds identified through the revenue occupancy report and annual reconciliation process.
- Re-allocate operating funds recovered through the revenue occupancy report.

Reporting Requirements

- Financial and performance reporting required during the term of the L-SAA will be outlined in a schedule attached to the L-SAA.
- Financial Reporting continues to be based upon the calendar year:
 - OHRIS/MIS Trial Balance.
 - Revenue/Occupancy Report.
 - Audited Annual Report.
 - Financial Statements.

Reporting Requirements

- New reporting requirements are based on the fiscal year and include:
 - Performance Indicator Report – quarterly.
 - Staffing Plan as recommended by Shirlee Sharkey – annually.
 - French Language Services Accountability Report – annually *(for designated and identified homes only)*.
- Final schedule will be available upon final approval of L-SAA by LHIN Boards.

Applicable Policies

- Policies, guidelines and directives applicable to LTCHs will be outlined in a schedule attached to the L-SAA. E.g.:
 - Applicable Legislation.
 - LTC Facility Program Manual.
 - Transfer Payment Accountability Directive.
- Final schedules will be available upon final approval of L-SAA by LHIN Boards.

LAPS FORMS

- <http://www.fimdata.com/LTCHome> website under “LAPS FORMS” link
- This will bring you to the LAPS FORMS menu
 1. Service Plan – Description of Services
 2. Service Plan – Narrative
 3. Financial Summary – Tables A, B, C and D
 4. Performance Indicator Report
 5. Other required forms
- General instructions reside with the Financial Summary form on a separate tab.

LAPS FORMS – How Homes will Access

- <http://www.fimdata.com/LTCHome> website and select the “LAPS FORMS”.
- Download all forms to local drive.
- Complete submission and upload (one form at a time) to the website.
- File name upload should be standard format of name, underscore, account number and file type e.g.:
FinancialSummary_NH4321.xls
- LAPS forms can continue to be uploaded (updated) until “locked” by the LHIN.
- LHINs can apply the “lock” and “unlock” functions to an individual form or to all forms simultaneously.

Service Plan

- Each LTCH is required to complete the Service Plan (LAPS - Appendix B).
- The service plan provides the LTCH the opportunity to provide the LHIN with an overview of the home including the unique features of the home, a description the population that you serve and services that the home provides to meet the needs of their resident group and community.
- The service plan consists of two components:
 - The Description of Services.
 - The Narrative Service Plan.

1. Service Plan - Description of Services

- The Description of services provides an overview of the LTCH and includes the following information:
 - Site Identification Information.
 - Bed Types and Numbers.
 - Structural information.
 - Additional or Unique Services.
 - Community linkages.
 - Specialized Designations.
 - Services Supporting the Local Community.

Site Identification Information

<i>General Information</i>				
LTCH Legal Name:				
LTCH Common Name:				
LTCH Facility ID Number:				
Address:				
City:		Postal Code:		
Geography served (catchment area):				
Accreditation organization				
Date of Last Accreditation:		Year(s) Awarded:		

Bed Types and Numbers

<i>LTCH Classification</i>						
Licensed / Approved Beds	Total # of Beds	A	B	C	D	Other
Total Licensed / Approved bed						
Other Beds:						
	Total # of Beds	Comments/Additional Information				
Convalescent Care Beds						
Respite Beds						
Beds in Abeyance						
ELDCAP Beds						
Interim Beds						
Veterans' Priority Access beds						
Other beds available for over-bedding						

Structural Information

Structural Information			
Type of Room <i>(this refers to structural layout rather than what charged in accommodations)</i>			
Number of rooms with 1 bed		Number of rooms with 2 beds	
Number of rooms with 3 beds		Number of rooms with 4 beds	
Other			
Separate Infirmary (Y/N)		Number of Rooms	
Year of Construction		Year(s) of renovations	
Opening Date		Number of Floors	
Number of Units and Beds			
<i>Unit</i>			<i>Number of Beds</i>

Additional or Unique Services

Additional Information					
Additional Services Provided					
	Service Provided		Contract for Service		Explanation if applicable
	Yes	No	Yes	No	
Nurse Practitioner					
Physiotherapy					
Occupational therapy					
Ophthalmology/ Optometry					
Audiology					
Dental					
Respiratory Technology					
Denturist					
IV Therapy (antibiotics or hydration)					
Peritoneal Dialysis (PD)					
Support for hemodialysis (HD)					
French Language Services					

Additional or Unique Services

Secure residential home area(s)					
Specialized Dementia Care unit(s)					
Designated smoking room(s)					
Specialized unit for younger physically disabled adults					
Support for Feeding Tubes					
Specialized Behavioural treatment unit(s)					
Additional service commitments for new bed awards (1987 to 1998)					
Other - please specify					
Other - please specify					
Other - please specify					

Community Linkages

Community Linkages			
	Service Provided		Comments
	Yes	No	
Volunteer program			
Service groups			
Language interpreters			
Cultural interpreters			
Advisory council			
Community board			
Faith communities			
Other (specify)			

Specialized Designations

Specialized Designations			
	Designated		Comments
	Yes	No	
Religious			
Ethnic			
Linguistic			
Aboriginal			
Other			

Services Supporting the Local Community

Services Provided to the Community			
	Service Provided		Comments
	Yes	No	
Meal Services			
Social Congregate Dining			
Supportive Housing /SDL			
Adult Day Program			
Retirement living			
Hospital			
Other			

2. Narrative Service Plan

- Details the services that the LTCHs provide to meet the unique needs of their resident group and identify how they support the local community.
- Has 2 parts: Part A for 2010-11 and Part B for 2011-12 and 2012-13.
- Information to be included within the narrative service plan will include:
 - Strategic Goals and Priorities (incl. Redevelopment).
 - Advancement of the IHSP.
 - Situation Analysis.
 - Evaluation of Prior Year Performance (optional).
 - Changes to Operations Summary (optional).

3. Financial Summary – Table A to D

- **Table A** - pre-populated with data from the 2009 September Payment Notice – LOC per diems, CMI, # of beds including classification and maximum resident days.
- **Table B** – estimate of LHIN subsidy by envelope (pre-populated).
- **Table C** – estimate of MOHLTC Subsidy by envelope (pre-populated except for Nursing Initiative funding).
- **Table D** – Total Estimated LTC Home Revenues/Expenses.

Financial Summary – What Homes Need to Enter

- **Table C** – enter Nursing Initiative under NPC (Nursing Secretariat Initiative Funding – new graduate, mentorship, late career and best practices).
- **Table D** – Enter Total Estimated Expenses allocated by envelope and enter Other Revenue including: Preferred Revenue, Municipal Contribution, Donations and Fundraising, Interest Income and Other.
- Total column on line 37 must be zero or greater otherwise a pop-up warning message will appear: **WARNING - Total column on Line 37 must not be a deficit.**

Financial Summary – Schedule within L-SAA

- Only Tables A & B which represent the Estimated LHIN Subsidy will be attached as schedule X in the L-SAA.
- The additional financial information is to inform LHINs on all the revenues and expenses related to the operation of the LTCH.
- The Financial Summary will cover the term of the L-SAA and not be updated to reflect changes in funding.
- LTCHs will be notified of per diem/funding changes in writing when announced.

Financial Summary - Table A

Table A - pre-populated with data from the 2009 September Payment Notice – LOC per diems, CMI, # of beds including classification and maximum resident days.

Future LOC Per Diem increases will be communicated

Long-Term Care Home Name:

Recipient number:

Facility Number:

Table A Level of Care Per Diem and Beds/Resident days as at January 1, 2010												
Bed Class	Nursing and Personal Care base	Adjusted Case Mix Index	Nursing and Personal care after applying CMI/100	Program and Support Services	Raw Food	Other Accommodation (excludes Raw Food)	Total LOC Per Diem	Basic Resident Revenue per diem	Beds/Maximum Resident Days			
									Approved	Interim	Total Beds	Maximum Resident Days
1 Classified							-				-	-
2 Unclassified							-				-	-
3 Convalescent Care							-				-	-

All Green Fields Pre-populated

Financial Summary - Table B

Estimated LHIN Subsidy
(Pre-populated).

All Green Fields
Pre-populated

Table B January 1, 2010 to December 31, 2010 Estimated LHIN Subsidy						
		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Total
4	Classified and Unclassified: Levels of Care Funding	-	-	-	-	\$ -
5	Convalescent Care: Levels of Care Funding and Additional Per Diem	-	-	-	-	\$ -
6	RPN Funding					\$ -
7	Construction Costs Funding				-	\$ -
8	Estimated LOC, RPN & Construction Subsidy	\$ -	\$ -	\$ -	\$ -	\$ -
9	Less: Estimate of Basic Resident Revenue excluding preferred portion					\$ -
10	Estimated LHIN Subsidy					\$ -

No entry required
in Gray Fields

Financial Summary - Table C

Estimate of MOHLTC Subsidy by Envelope
(pre-populated except for Nursing Initiative funding).

All Green Fields
Pre-populated

Table C
January 1, 2010 to December 31, 2010. Estimated Ministry Subsidy

		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Claims /Other	Total
11	Pay Equity						\$ -
12	Equalization Adjustment						\$ -
13	Transition Fund - High Wage						\$ -
14	On-Call Physician						\$ -
15	Nursing Initiative						\$ -
16	Accreditation Differential						\$ -
17	Municipal and Capital Tax Allowance						\$ -
18	Debt Service Allowance						\$ -
19	Structural Compliance Premium						\$ -
20	Transition Support Funding						\$ -
21	Claims for High Intensity Needs						\$ -
22	Claims for Lab Costs						\$ -
23	MDS - RAI Funding						\$ -
24	Estimated Ministry Subsidy	\$ -	\$ -		\$ -	\$ -	\$ -

Enter funding received for Nursing Initiative

No entry required in Gray Fields

Financial Summary - Table D

Enter Total Estimated Expenses allocated by envelope and enter Other Revenue including: Preferred Revenue, Municipal Contribution, Donations and Fundraising, Interest Income and Other

Complete all applicable areas highlighted in Tan

Table D January 1, 2010 to December 31, 2010 Total Estimated LTC Home Revenues/Expenses								
		Nursing and Personal Care	Program and Support Services	Raw Food	Other Accommodation	Claims/	Total	
25	Estimated LOC, RPN & Construction Subsidy (from line 8)	\$ -	\$ -	\$ -	\$ -		\$ -	
26	Estimated Ministry Subsidy (from line 24)	-	-	-	-		\$ -	
27	Estimated Subsidy (includes estimated basic resident revenue)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28	Total Estimated Expenses						\$ -	
29	Estimated Subsidy less Total Estimated Expenses (before Other Revenue)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Revenue:								
30	Preferred Revenue (i.e. max. of \$18 per day for private accommodation and \$8 per day for semi private accommodation)							\$ -
31	Municipal Contribution							\$ -
32	Donations and Fundraising							\$ -
33	Interest Income							\$ -
34	Other (Provide Description):							\$ -
35	Other (Provide Description):							\$ -
36	Other Revenue Sub-total							\$ -
37	Non-deficit/Balanced Budget after Other Revenue							\$ -

L-SAA Indicator Guiding Principles

- Indicators have to pass established criteria, starting with data quality
- Minimal number, sensitive to current demands on the sector
- Recognize developmental process and importance of setting the stage for advancing accountability in the sector

LSAA Indicator Framework: Classes

- **Performance indicator:** included in the agreement
- **Pilot Indicator:** included in the agreement to initiate data collection
- **Developmental indicator:** requires additional work. Not included in the agreement.

Indicator Strategy

Domains and Indicators		Long Term Care Homes <i>Revised for September 22</i>		
		2010-11	2011-12	2012-13
Financial/Fiscal Health				
	Current Ratio (Site or Consolidated)	Pilot-NT	Pilot-NT	Performance
	Debt Service Coverage Ratio (Site or Consolidated)	Pilot-NT	Pilot-NT	Performance
Organizational Capacity / Health				
	Injury Frequency and Severity		Pilot-NT	Pilot-T
	Refusal Rates per 100 Beds	Pilot-NT	Pilot-T	Performance
High Quality Health Services				
	Compliance Status	Performance	Performance	Performance
	Prevalence of Worsening Pressure Ulcers (Stage 2 to 4)	Pilot-NT	Performance	Performance
	Incidence of New Pressure Ulcers (Stage 2 to 4)	Pilot-NT	Pilot-T	Performance
	Prevalence of Daily Physical Restraint	Pilot-NT	Performance	Performance
	Incidence of worsening bladder incontinence	Pilot-NT	Pilot-T	Performance
	Incidence of New Fractures	Pilot-NT	Pilot-T	Performance
	Incidence of Falls	Pilot-NT	Pilot-T	Performance
Systems Perspective/Integration				
	Potentially avoidable ED visits by Facility		Pilot-T	Performance
	Immunization Rates	Pilot-NT	Pilot-T	Performance

Compliance Status

Discrete Variable “*Yes or No*” “*Compliant or Non-Compliant*”.

Rationale:

- Technically possible and minimal impact.
- Broad Strategic alignment with priorities—Compliance Transformation.
- Links LHIN System Manager role with Compliance Program.
- Will be defined by Compliance Transformation Advisory Group (CTAG). Multiple sets of conditions to define non-compliance.

Domain: High Quality Health Services

- Prevalence of worsening pressure ulcers (Stage 2 to 4).
- Incidence of New Pressure Ulcers (Stage 2 to 4).
- Prevalence of daily physical restraint (based on last 7 days).
- Incidence of worsening bladder incontinence (based on last 14 days).
- Incidence of falls
- Incidence of New Fractures

Rationale:

- Aligned with compliance risk indicators and OHQC indicators
- Important measures of resident care, resident outcomes, safety & dignity
- Valid, feasible (homes are already collecting them from MDS), timeliness, actionable (within the control of homes management), responsive, good data quality and available (electronic input).

Domain: Financial / Fiscal Health

Current Ratio

- Rationale: An easy to obtain liquidity ratio, current assets divided by current liabilities, measures LTCH's ability to meet short-term obligations at a specific date. Ratio can be used to alert LHINs to potential financial risk and related care issues. No target or standard set.

Debt Service Coverage Ratio

- Rationale: Industry standard measure already collected by CMHC, and used by lenders to assess borrowers ability to repay debt, established benchmarks, used market, not depreciated or book value.

Domain: Organizational Health

Injury Frequency and Severity Measure

- Rationale: Reflects management ability to improve work environment and reduce workplace injuries. Data is available from WSIB, and aligns with OHQC Safety attribute. Metrics to be developed by indicator working group. Will produce two indicators.

Percent Refusal/Refusal Rates per 100 beds

- Rationale: Data is available from CCAC. Reflects provider ability to care for high acuity/complex residents. No target set.

Domain: System Perspective / Integration

Potentially avoidable ED visits by facility

- Rationale: Alignment with system level goals and OHQC. No additional reporting. Public Reporting Nov '09.

Immunization Rates

- Rationale: Reported and linked to MOHLTC and Public Health, system impact with reduction in beds.

Summary - Indicators

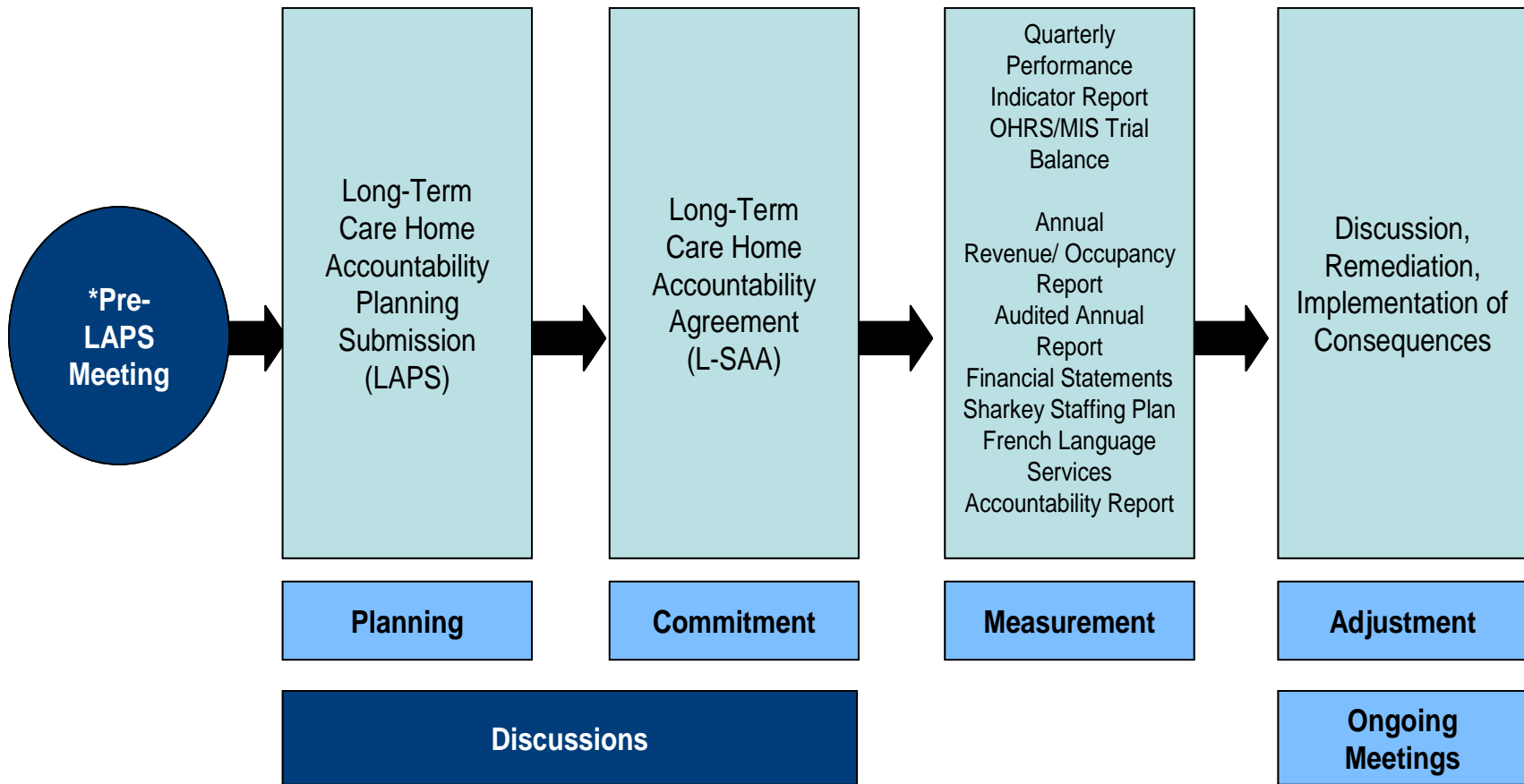
- Strong correlation between indicators, aligns to Compliance Transformation.
- Only input by operator is for the two financial ratios via FIMDATA site. Interface to be developed.
- Commitment to ongoing development of indicators for the sector.
- Consultation with sector and support for strategy.
- Potential for local indicators.

LHIN Review of LAPS

Each LAPS document will be reviewed by LHIN staff to :

- Understand the business of each LTCH
- Identify issues, risks and opportunities
- Provide a start-off point for discussion
- Ensure that the minimum requirements have been met

LHIN / LTCH Relationship Process



Key Dates

Date	Event
August 24,25, 2009	Central LHIN Info Sessions
October 5, 2009	LAPS Forms Posted on www.fimdata.com/ltchome
October 13, 2009	LAPS Education Session
November 20, 2009	LAPS Submissions due to LHINs
Jan - Feb 2010	Population of the L-SAA
March 31, 2010	Mutually Signed L-SAAs

Next Steps

- Working together to enable the completion of LAPS document
- Creating peer champions to help with completion of LAPS document
- Potential clinics for those who need additional help
- Regular updates to the FAQ document

Contacts

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Links

Seniors' Care: Long-Term Care Homes

http://www.health.gov.on.ca/english/public/program/ltc/15_facilities.html

LTCH Compliance Transformation Project

http://www.health.gov.on.ca/english/public/program/ltc/trans_project.html

RAI MDS

<https://www.ehealthontario.ca/portal/server.pt?open=512&objID=986&PageID=0&cached=true&mode=2>

Sharkee Report

http://www.health.gov.on.ca/english/public/pub/ministry_reports/staff_care_standards/staff_care_standards.html

Long-Term Care Home Renewal Strategy / Development Resources

http://www.health.gov.on.ca/english/providers/program/ltc_redev/renewalstrategy.html

Reports on LTC Homes

http://www.health.gov.on.ca/english/public/program/ltc/26_reporting.html

Long-Term Care Homes Branch (fimdata)

<http://www.fimdata.com/LTCHome/SignIn.aspx?ReturnUrl=%2fLTChome%2fltchome.aspx>

Long-Term Care Homes Branch

<https://www.ltchomes.net/ltcf2/Login.aspx>

MIKE

<https://prod.contrib.ecms.gov.on.ca/moh/login/>

Break

15 min

Questions?

