

# Long-Term Care Home Accountability Planning Submission (LAPS)

## Answers to Frequently Asked Questions

Version 2.0—November 2<sup>nd</sup>, 2009

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### PART A: GENERAL QUESTIONS

**A1: How do we get access to the Financial Information Management (FIM) data website-username and password?**

LHINs and Long-Term Care Home (LTCH) administrators can contact Cassandra Fong at [Cassandra.fong@ontario.ca](mailto:Cassandra.fong@ontario.ca) or call the Financial Management Branch (FMB) at (416) 326-9972 for assistance.

**A2: If a hospital operates interim beds, will the hospital be required to complete and submit a LAPS and sign a separate L-SAA?**

Yes. Hospitals and other organizations (i.e. retirement homes, etc.) that operate stand-alone interim beds are required to submit a LAPS and sign a separate Long-Term Care Home Service Accountability Agreement (L-SAA), the terms of which will govern the LTCH beds.

**A3. If a LHIN has an agreement with a LTCH that has more than 1 bed designation (municipal & charitable), can the LTCH consolidate these two designations and submit one LAPS?**

A separate LAPS and L-SAA is required for each LTCH. If both bed designations are within the same home, then it is reasonable for one LAPS to be completed. If the designations exist in separate sites/buildings, then two LAPS and L-SAAs will be required.

**A4. Who must approve the LAPS document before submitting it to the LHIN?**

The LAPS document should be approved by the senior administrator for the LTCH or the individual that is responsible for approval in the organization.

- A5. Do we incorporate activities that the corporate entity provides, even if this is not specific to the home (i.e. Meals on Wheels)?**  
Yes, please include all programs and services that are provided to the local community by the home. Please note whether it is provided through the specific home or their parent corporation.
- A6. How should organizations managing LTCHs in receivership approach the LAPS (narrative, deficit position etc.)?**  
LTCHs must complete all sections in the LAPS. The current operational status of the home should be identified within the situational analysis, and any risks that impact operations (as result of the receivership status) should be listed.
- A7. If LTCHs are requested to provide additional services, how will the homes be informed?**  
If LTCHs are requested to provide additional services, as occurred with the Peritoneal Dialysis (PD) in Long-Term Care Initiative, LTCHs and the LTCH Associations will receive formal communication of the initiative through the LHINs. Whenever possible, consultation with some or all of the sector prior to the release of the communication will occur.
- A8. What are the expectations around community engagement?**  
Subsection 16(6) of the *Local Health System Integration Act* (LHSIA) requires each health service provider (i.e. a LTCH operator) to engage the community where it provides health services when developing plans and setting priorities for the delivery of health services. The scope of engagement should include those communities and groups that the home would normally consult with as per their requirements under accreditation. At a minimum this would include family and residents' councils. It is understood that for the current LAPS process, time may not allow for full engagement with all groups.
- A9. Will ELDCAP beds require a LAPS and L-SAA?**  
No. ELDCAP beds are contained within a hospital's global budget and are governed by the terms of the H-SAA.
- A10. Will there be flexibility for the RPN funding and High Intensity Needs Funds (HINF) as these change or will LTCHs be held to the numbers reported from the Sept 2009 funding report?**  
LTCHs are expected to follow the existing requirements for RPN funding and HINF. The HINF program, managed by the Ministry of Health and Long-Term Care (MOHLTC), will continue to prevent unnecessary admissions to hospitals and enable the discharge of patients from hospitals to LTCHs by funding extraordinary costs of residents. It is not intended to restrict the number of high need residents entering LTCHs from the hospitals or communities as long as the eligibility requirements for funding under this program are met.

- A11. Some LHINs have not yet completed/posted their IHSP on their websites, and may not do so until after the Nov 20th LAPS due date. How does the LTCH operator complete Part A and Part B of the Service Plan Narrative that asks about advancement of the IHSP?**

The LTCH operator is advised to have a discussion with their LHIN representative to seek clarification on the LHIN's IHSP.

### **PART B: FUNDING QUESTIONS**

- B1. How do LHINs respond to questions concerning the pre-populated data in Table A through Table D in the Financial Summary?**

The Financial Summary has a tab that provides detailed information on each sub-line in the template. This information is also reproduced in the LAPS User Guide that can be downloaded at <http://www.fimdata.com/LTCHome> . Additional clarification will be provided through the established LAPS FAQ process as required. LHINs are to use this information to respond to questions related to Table B through Table D.

Table A was populated using data from the September 2009 payment notice. If an operator disagrees with the information in Table A, the concern should be forwarded through the LAPS FAQ process by sending an e-mail to [lindsay.wyers@lhins.on.ca](mailto:lindsay.wyers@lhins.on.ca)

If an operator has a question about the September 2009 payment notice, the LTCH should contact their FMB representative.

- B2. Where can I see a copy of the October payment notice?**

LTCHs should log on to the FIM data website at <http://www.fimdata.com/LTCHome> and select "Download Most Recent Payment Notice". The notice can be viewed on screen or printed.

Please note that the October payment notice must be printed before November 15th. The new payment notice is posted on the 15th of every month at which time LHINs no longer have access to the previous payment notice.

- B3. How will estimations of the MDS funding for next year be handled, considering the transition phase is almost complete.**

MDS is a pre-populated field. LTCHs are not required to enter this data. (See response to C3 also.)

- B4. What amount are we to put into the Nursing Initiative Funding box if we don't know what next year's allocation will be?**

Use the most recent information that you have available for your estimate.

- B5. Do we include the revenue and expenses of our foundation?**  
No. However, any revenue from the foundation provided for the operation of the LTCH should be included in Table D, Lines 34 or 35.
- B6. Are we to show a balanced budget of zero or a surplus? What is the definition of balanced budget-does this include amortization & depreciation.**  
A Balanced budget (as per the Policy: Parameters for the Financial Health Framework) occurs when total expenses are less than or equal to all sources of revenue. Ultimately, the financial statements, and specifically the income statement, should be the source of this information. As such, amortization and depreciation should be included based on its treatment in the income statement.
- B7. Why are the LHINs collecting the information on the financial tables C & D if this information is not in the L-SAA?**  
The information collected in tables C & D will provide the LHIN with an overall picture of the LTCH operations for the next fiscal year. Analysis and discussion will ensure that there is consistency in assumptions where appropriate and that there is a clear understanding of what will need to change in the LTCH operations in the event of less than anticipated revenue adjustments in the out years.
- B8. Has the potential impact of the HST been considered?**  
The Ministry of Finance is leading work on HST. The MOHLTC is providing support to this work and further discussions will occur once more information is known about the potential impact.
- B9. Where is fundraising revenue captured and why do the LHINs want this information?**  
Fundraising revenue is captured in Line 32. This financial data informs LHINs on all the revenues and expenses related to the operation of the LTCH.
- B10. If (non-funded) services are noted in the schedules, in the event that these monetary amounts are not available, will the home be held accountable to continue to provide these services? Can the home not report a service but still provide it (to prevent claw backs)?**  
LTCHs are requested to report all additional services that they provide. If LTCHs are not able to continue to provide services supported by other revenues, they are required to inform the LHIN of this situation as soon as possible. Discussion between the LHIN and the home will identify whether the removal of this service poses a significant impact upon the community that the home serves and options that may allow for the continuation of the program.

**B.11 Where should LTCHs list their revenue assumptions?**

Revenue assumptions may be included within the situation analysis section of the service plan narrative.

**PART C FINANCIAL SUMMARY FORMS**

**C1. In table A, what is included in the 'Other Accommodation' box?**

The Other Accommodation per diem on Table A is \$49.14. It includes the one time increase of \$1.55 to support direct resident care effective April 1, 2009. As this funding is one-time, it does not go beyond March 31, 2010. The Financial Summary is for calendar year 2010. Therefore, the calculation for Other Accommodation in Table B is  $(\$49.14 * 90 \text{ days} * \# \text{ of beds}) + (\$47.59 * 275 \text{ days} * \# \text{ of beds})$ .

**C2. In table A, how is the Municipal and Capital Tax Allowance calculated?**

The Municipal and Capital tax funding is based on September 2009 monthly payment

**C3. How is the RAI/MDS funding captured in table A?**

The RAI/MDS funding identifies the funding for a full fiscal year from April 1, 2009 to March 31, 2010.

Funding for the January 1, 2010 to December 31, 2010 period should be the same with exceptions for a change in the number of beds or additions to homes that could take place during 2010 but are currently unknown.

**C4. In table D, line 29, explain what 'Estimated Subsidy less Total Estimated Expense' means.**

The formula for Line 29 will generate a Nil balance for the recoverable envelopes (NPC, PSS and Raw Food) if the Expenses are less than the Estimated Subsidy. Since these are recoverable envelopes, any surplus in these cannot be used to offset other deficits.

**C5. In lines 28 and 29 Table D for Other Accommodation, line 29 is already populated.**

i. **Do we need to put in a number in line 28 for other accommodation expenses?**

ii. **Why is that column different from the other columns?**

Line 29 is formula driven. Yes, you need to put in a number in line 28 for other accommodation expenses.

In the column, the formula is different from NPC, PSS and RF because it is a non-recoverable envelope (see response to C4 also.)

**C6. Can you provide clarity on the meaning of added contributions (i.e. High intensity is a fixed cost per LAPS)?**

Claims based funding (Table C - Lines 21 & 22) is based on payments from the prior 12 month period which may or may not apply in 2010. These are estimates. The purpose of pre-populating as many fields as reasonably possible of the LAPS Financial Summary was to make this process simpler for the LTCHs. Remember that Tables C & D will not be attached to the L-SAA; therefore, a reasonable estimate is acceptable.

**C7. What expenses are to be included in Line 28 – Total Expenses of the Financial Summary Table of LAPS?**

Line 28 - Total Estimated Expenses - Insert Total Estimated 2010 Expenses by envelope according to GAAP. As the LAPS Financial Summary is designed to capture all expenses incurred in the operation of the Long Term Care Home, and is not a reconciling document such as the ARR, include the items considered inadmissible on the ARR such as Honorariums and Donations, Mortgage Interest, Interest on Operating Line of Credit, Other Interest, Amortization and Depreciation. Reporting of expenses should be according to GAAP.