

## Appendix A: Glossary

Terms used throughout these guidelines are defined below. Terms that appear in a single section or part are defined there for ease of reference.

**Aging at Home (AAH) strategy** is a \$1.1 billion investment over four years to expand community services for seniors and their caregivers and relieve pressures on hospitals and long-term care homes. It is one of the key strategies supporting the government's platform commitment to decrease ER wait times and associated alternative level of care (ALC) days.

**Balanced Budget** means that, in a given year, the total expenses of an entity are less than or equal the total revenue, from all sources, for the entity.

**Annual Reconciliation Report (ARR)** is also referred to as the Long-Term Care Home Annual Report; the format is developed and prepared by the Ministry. The report is completed by each LTC home and captures resident revenue and expenditure by funding envelope on a calendar year basis. Unutilized funding in the NPC, PSS and RF envelopes are recovered by the Ministry. Actual resident revenues that are greater than or less than estimated resident revenue respectively, are recovered or paid to the LTC home.

**Beds in Abeyance** are LTCH beds licensed or approved by the Ministry, which are not presently occupied or available for occupancy, and have been approved by the Director of the Performance Improvement and Compliance Branch for temporary withdrawal from the LTCH funding system, but are expected to return to the system within a specified period of time.

**Case Mix Index (CMI)** is used to express the Level-of-Care requirements of each LTC home, and represents the basis upon which Nursing and Personal Care funding at a home level is determined.

**Classified Bed** is a licensed or approved bed that has been implemented in a LTCH where the resident care needs have been assessed and a CMI has been assigned.

**Convalescent Care Bed** is a bed in a LTCH, licensed or approved by the Ministry, that is part of the Convalescent Care Program and provided to an individual who requires a period of time in which to recover strength, endurance or functioning and who are likely to benefit from a short-stay (up to 90 days) in a LTCH before returning home.

**Elderly Capital Assistance Program (EldCap)** provides services to long-term care residents in units that are collocated within hospitals, or are near hospitals, in small northern communities. EldCap beds under the EldCap program are licensed and are subject to the LTCH program requirements, are exempt from certain provisions of the *Nursing Homes Act* and Regulation 832 under the *Nursing Homes Act*, and are funded through a hospital's global budget.

**ELDCAP Bed** is a licensed bed in a LTCH that is listed in Schedule 1 of Regulation 832 under the *Nursing Homes Act*, and for the purposes of this Submission, a bed at a

LTCH listed under the definition of "home with EldCap beds" in subsection 187(18) of the LTCHA.

**FLS** means French Language Services.

**FLSA** means *French Language Services Act*. Link to Act:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90f32\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f32_e.htm)

**HSP** means health service provider as that term is defined in the LHSIA.

**IHSP** means the Integrated Health Service Plan developed and published by each LHIN pursuant to s.15 of the LHSIA. A copy of a LHIN's IHSP is available through the LHIN's office or on its web-site.

**Interim Bed** is a bed in a LTCH, licensed or approved by the Ministry that exists for a temporary period of time under the terms of a service agreement for interim beds for individuals who have been discharged from a public hospital. The purpose of the Interim LTC beds is to ensure that hospital patients who are awaiting transfer to permanent LTCHs are cared for in a home-like environment that includes programming and services that are specifically designed to meet their needs.

**interRAI MDS** is a comprehensive, standardized instrument for evaluating the needs, strengths, and preferences of those in complex continuing care and nursing home settings.

**LAPS** means Long-Term Care Home Accountability Planning Submission, a document used to negotiate a three-year service accountability agreement between the LHIN and HSP.

**LHIN** means one and LHINs means more than one Local Health Integration Network. The LHINs are 14 networks established by the LHSIA across the province. Specific information about geographic parameters and contact information can be found at [www.lhins.on.ca](http://www.lhins.on.ca).

**LHSIA** means the *Local Health System Integration Act, 2006*. This is the legislation that established the LHINs, and sets out the terms by which the LHINs may exercise the powers devolved from the Minister in respect of planning, funding and integration of their local health system. Link to the Act:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_06l04\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm)

**Long-Term Care Home (LTCH)** means a place that is licensed or approved as a long-term care home under the applicable legislation in force at the time of this Submission, including a nursing home under the *Nursing Homes Act*, and a home for the aged under the *Charitable Institutions Act* and the *Homes for the Aged and Rest Homes Act*.

**Minister** means the Minister of Health and Long-Term Care.

**ML-AA** or MOHLTC-LHIN Accountability Agreement means the accountability agreement that must be signed between the LHINs and the Minister of Health and Long-Term Care pursuant to the terms of the LHSIA.

**MIS** (Management Information System) is the term used to identify and report data organized in a format consistent with Ontario Healthcare Reporting Standards.

**MOHLTC** means the Ministry of Health and Long-Term Care.

**Multi-year Funding Targets** means an allocation for the first year of the agreement and funding targets for up to three additional years, consistent with the term of the agreement. Funding targets are to be used for planning purposes only and may be revised upward or downward at the discretion of the LHIN.

**Nursing and Personal Care (NPC) Envelope** mean per diem funding for the following expenditures: direct care staff (i.e. registered staff, personal support workers and nursing administrators), medical equipment, medical supplies and training required to meet the medically assessed needs of residents. This envelope is subject to reconciliation.

**OHRS** (Ontario Healthcare Reporting Standards) is a set of reporting standards and chart of accounts consistent with national health care reporting standards.

**Other Accommodation (OA) Envelope** means per diem funding for the following expenditures: salaries, employee benefits, purchase of service, supplies and equipment costs associated with housekeeping services, dietary services, laundry and linen services, building and property expenses, general and administrative services and facility costs. This envelope is not subject to reconciliation. Any unused amounts will be retained by the LTCH.

**Performance Corridor** means the acceptable range of results around a performance target.

**Performance Standard** means the acceptable range of performance for a performance indicator that results when a performance corridor is applied to a performance target.

**Performance Target** means the planned level of performance expected of the LTCH in respect of performance indicators.

**Program and Support Services (PSS) Envelope** means per diem funding for the following expenditures: staff, equipment and supplies required to meet the dietary, physiotherapy, speech therapy, occupational therapy, recreational programs, volunteer coordination, staff development, and pastoral care. This envelope is subject to reconciliation.

**Raw Food (RF) Envelope** means per diem funding for the purchase of raw food. Raw food includes food materials as defined as materials used to sustain life including supplementary substances such as condiments and prepared therapeutic food supplements ordered by a physician for a resident. This envelope is subject to reconciliation.

**Resident Days** is the total number of resident days calculated annually. The number of resident days is important in the calculation of the Provincial Subsidy amounts because each component of the Subsidy Calculation Worksheet is expressed as a per diem. The maximum resident days for a home is calculated by multiplying the number of beds in operation (operating capacity) by the number of days in the period under consideration.

**Resource Utilization Groups (RUGs)** is the case mix measurement algorithm that will be used to calculate CMI and adjust the NPC envelope for LTCHs that are part of the LTCH Common Assessment Project (CAP).

**SAA or “Service Accountability Agreement”** means the agreement that the LHINs must enter into with health service providers funded by the LHIN, pursuant to the terms of LHSIA.

**Short-Stay (Respite) Bed** is a licensed or approved bed in a LTCH for an individual whose caregiver requires temporary relief from their care giving duties. The short-stay beds must be available at all times and should not be used for long-term placement.

**Unclassified Bed** is a new licensed or approved bed implemented in a LTCH where the resident care needs have not yet been assessed. Unclassified beds are paid at a CMI level representing the average CMI for all homes.

**Urgent Priorities Fund (UPF)** provides the Local Health Integration Networks (LHINs) with funding to address local priorities based on their Integrated Health Service Plans (IHSPs) and consistent with objectives, criteria and parameters defined by the Ministry. The UPF provides LHINs with levers of system change to assist them in ensuring health system transformation.

**Veterans Priority Access Beds** are beds in a LTCH for which priority is given to veterans for access and for which funding is provided under an agreement between the Government of Ontario and the Government of Canada relating to veterans.