

Aging at Home Strategy 2010/11 Call for Proposals

November 02, 2009

1. Introduction

The Mississauga Halton Local Health Integration Network (MH LHIN) is issuing a limited Call for Proposals in support of year three (April 1, 2010 – March 31, 2011) of its Aging at Home (AAH) Strategy. The AAH Strategy is a provincial initiative launched in August 2007 by the Ministry of Health and Long Term Care (MOHLTC). The Strategy represents a \$700 million province-wide investment over three years.

The goal of the Strategy is to provide seniors, families and caregivers with an integrated continuum of community-based services to enable seniors to stay healthy and live more independently in their homes and communities longer. In addition, the goal is to reduce pressures on the health care system which includes a reduction of premature admission to Long-Term Care Homes (LTCH) and Hospitals and reduction of unnecessary visits to Emergency Rooms (ER).

The Strategy aims to keep seniors healthy by providing a comprehensive mix of services for seniors and their caregivers through initiatives that transform the delivery of health care, build system capacity and leverage change through innovation.

2. The Mississauga Halton LHIN's Aging at Home Strategy

Consistent with the role as the local health system manager, the MH LHIN manages the local process for determining priorities, funding and monitoring implementation of local initiatives related to the AAH Strategy.

Over the first two years of the Strategy, the MH LHIN focused on addressing system challenges with respect to Alternate Level of Care (ALC) and ER congestion. This involved increasing capacity to meet seniors' needs in their homes and communities, especially the elderly at risk. These investments ensured the appropriate level of care for residents across our communities – *the right care, at the right time, in the right setting*.

To date, the LHIN has strategically invested in initiatives to meet the goals of the AAH Strategy. This includes:

- Enhanced supports for seniors and families affected by serious mental illness and / or behavioural difficulties;
- Increased supports for daily living (24/7 personal support in seniors homes)
- Created capacity to address alternate level of care pressures (e.g. transitional bed capacity; Restore);
- Expanded support for residents of long-term care homes through Nurse Practitioners;
- Enhanced palliative care services;
- Increased adult day programs;

- Expanded health promotion and wellness initiatives (falls prevention and chronic disease prevention and management);
- Increased transportation services to help seniors get to medical and wellness appointments;
- Improved transitions for seniors from hospital to their homes (e.g. Wait at Home, Stay at Home; Restore Program);
- Enhanced acquired brain injury services;
- Created urgent geriatric assessment clinics and enhanced geriatric outreach;
- Increased intensive navigation for seniors 75+ who visit the ER and are treated and released;
- Enhanced elder abuse support services;
- Enhanced telephone re-assurance; and
- Increased home help, and home maintenance and repair services

3. Mississauga Halton LHIN's 2010/2011 Call for Proposals

The 2010/11 Call for Proposals builds on the previous years' work and is focused on three priority areas:

- ***ER and Admission Avoidance/ Timely Discharge Initiatives*** targeted to seniors to avoid unnecessary ER admissions and support timely discharge from ER and hospital.
- ***Enhanced Community Support Initiatives*** that enhance the range of home care services for seniors to avoid unnecessary ER visits, ER and hospital admissions, and support timely discharge of seniors.
- ***Outreach programs*** that target support to provide enhanced nursing assessment and treatment services in any home setting; and target outreach service towards high risk seniors who comprise high ER volume or high volume of ALC patients.

The impact of these initiatives will be to:

- Increase community support services capacity in MH LHIN for seniors:
 - To provide an alternative to LTCH placement
 - To support frail seniors' to remain safely at home
 - To promote seniors' health and wellness
- Reduce acute care pressures through reduced Alternate Level of Care patient days in hospitals
- Reduce unnecessary ER visits by seniors

The MH LHIN is already making strategic decisions in a number of areas that will carry forward into the Year III Aging at Home strategy including:

- Respite care (Please note a call for proposals for LHIN-wide in-home respite services has recently closed and the LHIN is reviewing submitted proposals);
- Palliative care;
- Additional temporary transitional bed capacity to enable appropriate discharge from acute care and transition back to the community;
- Additional adult day programs and supports for daily living (SDL) services;
- Mental health crisis intervention, support and assistance services;
- Addiction services;
- Transportation services; and,
- Behavioural unit in LTCH.

4. Priority Areas for Consideration for 2010/2011

The MH LHIN is interested in receiving proposals to provide the following services for seniors:

1. Supports for Daily Living
2. Volunteer Visiting Hospice
3. Continence care services for seniors living at home / community
4. Admission Avoidance/ Timely Discharge Initiatives
5. Outreach Program
6. Chronic Disease Prevention and Management

Service Type	Target Population and Proposal Requirements
1. Supports for Daily Living	<p>Targeted Submission (1)</p> <ul style="list-style-type: none"> - Agnes Street, Dundas Street, King Street areas in Mississauga (bounded by Hurontario Street and Confederation Parkway) are areas of current high referral rates for SDL services. Expansion in these areas will assist to accommodate the demand of referrals from Trillium Health Care. The LHIN is seeking proposals from interested Supports for Daily Living Providers to address the need in this area. Successful proposals will need to identify and articulate knowledge of and ability to deliver on, the following: <ul style="list-style-type: none"> o The ability to implement all standards in the MH LHIN framework for Supports for Daily Living o The ability to utilize the RAI-CHA instrument as the assessment instrument to determine eligibility for SDL services

Service Type	Target Population and Proposal Requirements
	<ul style="list-style-type: none"> ○ The ability to utilize the RAI-CHA software as part of daily practice ○ The ability to have assessors within the agency trained on the RAI-CHA ○ The ability to deliver all services within the standards identified for SDL services in the MH LHIN ○ The ability to work with the SDL Leadership Team in the MH LHIN to provide input and assist with the workload of system change within the SDL mandate. <p>- Expectations for this proposal will include the ability to identify why this service addresses ALC/ER or hospital discharges in general and/or LTC diversion – what local data supports the argument for expanding service into this area – what will be the process for executing the delivery of service (specify process for opening, communication methods to public and providers, referral method, level of consumer that will be targeted for service, and any other further details that assist to describe the process for opening a new SDL service in the area) – what makes you as a provider unique to deliver this service (your strengths) – what innovative methods are you proposing to address the needs of the consumers in this area.</p> <p>Targeted Submission (2)</p> <ul style="list-style-type: none"> - The MH LHIN has significantly invested in SDL over the last two years. This call for proposals is targeted to those areas that have: 1) opened SDL services and require expansion and/or 2) an area that has need for SDL services but not SDL services have been opened to date. The requirement for submission and consideration of the proposal is that a need must be identified. All proposals in order to be considered must include with submission the actual data to justify the opening of, or expansion of, a site. This data must be reliable and replicable (i.e.: ability to be proven by another source). The data must include the ability to show correlation between opening the service in the specific area and addressing ALC/ER or hospital discharges in general and/or LTC diversion. - Successful proposals will need to identify and articulate knowledge of and ability to deliver on, the following: <ul style="list-style-type: none"> ○ The ability to implement all standards in the MH LHIN framework for Supports for Daily Living

Service Type	Target Population and Proposal Requirements
	<ul style="list-style-type: none"> ○ The ability to utilize the RAI-CHA instrument as the assessment instrument to determine eligibility for SDL services ○ The ability to utilize the RAI-CHA software as part of daily practice ○ The ability to have assessors within the agency trained on the RAI-CHA ○ The ability to deliver all services within the standards identified for SDL services in the MH LHIN ○ The ability to work with the SDL Leadership Team in the MH LHIN to provide input and assist with the workload of system change within the SDL mandate.
2. Volunteer Visiting Hospice	<ul style="list-style-type: none"> - Target population: seniors experiencing life-threatening illness - Proposals should include: collaborative, LHIN-wide approach to Volunteer Visiting Hospice service
3. Continence care services for seniors living at home / community	<ul style="list-style-type: none"> - Target population: seniors living at home / community who are at risk for developing incontinence or are currently living with incontinence - Proposals should include: collaborative, LHIN-wide approach
4. Admission Avoidance/ Timely Discharge Initiatives	<ul style="list-style-type: none"> - Target population: seniors at risk of experiencing a medical crisis and going to the ER and lingering in hospital awaiting a more suitable place - Proposals should include: services / programs that avoid unnecessary ER admissions and support the timely discharge from ER; and hospital beds
5. Outreach Programs	<ul style="list-style-type: none"> - Target population: high risk seniors who comprise high ER volume or high volume of ALC patients - Proposals should include: provision of enhanced nursing assessment and treatment services in any home setting
6. Chronic Disease Prevention and Management	<ul style="list-style-type: none"> - Target population: Seniors with a chronic disease, or multiple chronic diseases, who are at risk of admission or readmission to hospital - Proposals should include: services / programs that promote management of risk factors to improve health outcomes, emphasize self-management and/or self-management supports, facilitate use of existing community services and promote a coordinated, multidisciplinary approach to care

5. Eligibility

This Call for Proposal is open to all currently funded health service providers committed to transformation and building an integrated continuum of community-based services to enable seniors to stay healthy and live more independently in their homes and communities longer and to reduce pressures on health care system.

If you are not a health service provider, as a part of the LHIN's ongoing integration agenda the submission must include a partnership with an existing health service provider. (Refer to the MH LHIN website for a list of current health service providers www.mississaugahalton.on.ca).

The following areas or requests for funding will **not** be considered in year three proposals:

- Proposal that do not address the outcomes of this request e.g. reduce ER and hospital bed utilization
- Single funding requests in excess of \$1 million
- Funds for further planning
- Purely academic research
- Capital
- Large technology infrastructure (information technology or information management projects)
- New long-term care home beds
- Proposals submitted by a single organization with no collaboration or integration opportunities identified

6. Evaluation Criteria

Proposals must:

- Address the needs of "at risk" seniors (seniors at risk of experiencing a medical crisis and going to the ER and lingering in hospital awaiting a more suitable place or are inappropriately admitted to a LTCH or hospital because of insufficient community supports).
- Clearly articulate client/patient outcomes and how the proposed initiative will reduce ER treatment times; avert ER use and reduce ALC/hospital bed pressures
- Identify expected performance improvements grounded with suggested performance indicators and note data source(s).
- Focus funding on direct client/patient care and minimize administrative and overhead costs.

- Demonstrate significant partnerships in order to ensure service quality enhancement, optimal resource use, minimal duplication, improved access, and increased coordination.
- Be innovative i.e. impact of proposed initiative on generation, transfer, and/or application of new knowledge to solve health or health system problems and application of leading practices across the LHIN.
- Maximize and leverage existing resources within the organizations and across the MH LHIN
- Have a positive impact on health equity

All proposals will be screened to ensure:

- Compliance with relevant laws or regulation and contractual arrangements
- Proposed initiative meets the priority areas of consideration of 2010/11 Call for Proposals
- Readiness to implement initiative by April 1, 2010

Proposals pass the initial screen will be evaluated based on established Board Decision Criteria. Board Decision Criteria are available on the MH LHIN website, www.mississaugahalton.on.ca.

7. Timelines and Submission Process

Please complete the detailed proposal and budget templates available on the Aging at Home page of the Mississauga Halton LHIN website, www.mississaugahaltonlhin.on.ca:

- Submit a separate PROPOSAL and BUDGET for each service and/or program.
- All sections of the PROPOSAL and BUDGET templates must be completed in order for the application to be considered.
- Submit PROPOSAL(s) to Nancy.Dembinski@lhins.on.ca by **noon on Friday, November 20, 2009.**

Timelines for Open Call for Proposals

Action	Timeline
Call for A@H Proposals	November 03, 2009
Teleconference / Meeting to Answer Questions Re Call for Proposals	November 06, 2009
Proposal Submission Deadline	November 20, 2009
Detailed Service Plans Submission Deadline	January 31, 2010
Minister's Confirmation of Allocation	Spring 2010
Board Approval (After Throne Speech and Confirmation from MOHLTC)	Late Spring 2010

8. Conditions

The MH LHIN reserves the right to request additional information from candidates and decline any or all proposals submitted.

9. Support to Applicants: Teleconferences and Background on Aging at Home Strategy

The Mississauga Halton LHIN will be hosting a teleconference on November 06, 2009 from 12:00 to 1:30 pm to answer questions regarding the 2010/2011 Aging at Home Call for Proposals. Details regarding teleconference are noted below:

Local Dial-in Number:	416.343.4997
Toll-free Dial-in Number:	1.866.440.4486
Conference ID:	3788753#

Please visit the MH LHIN website, www.mississaugahaltonlhin.on.ca and click on Aging at Home icon to obtain call for proposal related documentation and information that provides background about the Aging at Home Strategy in the MH LHIN, and will assist with the preparation of proposals.