

# Long-Term Care Home Accountability Planning Submission (LAPS) Answers to Frequently Asked Questions

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### A. GLOSSARY OF TERMS

**EldCap Bed:** a licensed bed in a LTCH listed in Schedule 1 of Regulation 832 under the *Nursing Homes Act*, and for the purposes of this submission, a bed in a LTCH listed under the definition of "home with EldCap beds" in subsection 187(18) of the LTCHA

**HSP** means a health service provider as defined in LHSIA and includes a LTCH

**LAPS** means the Long-Term Care Homes Accountability Planning Submissions

**LHSIA** means the *Local Health System Integration Act, 2006*

**L-SAA** means the Long-Term Care Homes Service Accountability Agreement

**LTC** means Long-Term Care

**LTCH** means long-term care home

**MDS** means Minimum Data Set

**MOHLTC** mean the Ministry of Health and Long-Term Care

**OHQC** means the Ontario Health Quality Council

**ARR** means Annual Reconciliation Report and is also referred to as the Long-Term Care Home Annual Report.

**Sector** refers to the long-term care homes sector

**B. GENERAL QUESTIONS**

**B1. How will LHIN-specific goals and objectives be integrated and reflected in the L-SAA and LAPS?**

A: LTCHs will have an opportunity to comment on how their operations and plans for the future will fit with LHIN specific goals and objectives in the LAPS Service Plan form. LHINs will also have the opportunity to include LHIN-specific, local indicators subject to local negotiation. LHINs are cognizant of the burden on LTCHs as we move into this new environment of accountability agreements and will therefore be cautious in the inclusion of local indicators.

**B2. Additional reports will now be required by the LHINs, in addition to reports currently provided to the MOHLTC. Will these be streamlined / shared to prevent additional burden?**

A: Yes, as far as it is possible to do so. For example, the ARR will be used by both the MOHLTC and LHINs in the reconciliation of funding.

**B3. Will the new reports be aligned with other regular reporting being submitted to the MOHLTC?**

A: Yes. The LHINs have attempted to synchronize reporting with the current MOHLTC schedule where it was possible to do so.

**B4. Is a LAPS required for each LTCH?**

A: Yes.

**B5. Do the LHIN integration provisions of LHSIA apply to the Sector?**

A: Yes. All LTCHs are subject to the provisions of LHSIA.

**B6. It will be difficult to fit the service plan into 4 pages. Can we use more pages?**

A: No. LTCHs are requested to be succinct in their response.

**B7. How will LTCHs submit the LAPS forms?**

A: All LAPS Forms and technical instructions will reside on the <http://www.fimdata.com/LTCHome> website. The LAPS forms will be available on this site as of October 5<sup>th</sup>, 2009. Completed forms can be uploaded to the website under the LAPS tab, 'File Upload' on or before November 20<sup>th</sup>, 2009.

**B8. Will a LTCH have to complete a LAPS in each year of the L-SAA?**

A: No. The LTCH will only have to complete one LAPS for the entire three year period of the L-SAA.

**B9. Why a three year L-SAA and a three year LAPS?**

A: There will be a great deal of change in the Sector over the next three years. A three year term for the L-SAA allows additional time for the implementation phase of many projects to be completed. As a result, the L-SAA developed in three years' time can better align reporting requirements with the new data that will be available. Further, there is much work to be undertaken in the Sector with respect to indicators. A three year term provides time for the LHINs and the Sector to work together on the definition and data sources for appropriate indicators and corresponding targets and standards.

**B10. Given all the changes in the Sector, including initiatives that are under development or are expected to be rolled out to the Sector over the next couple of years, is it realistic to have a three year planning cycle/agreement?**

A: A multi year plan ensures that both the LTCH and the LHIN consider the impact of care requirements for the population over time. The information will serve to inform system planning over the period in question and beyond. It is understood that these will be plans only, and it may be necessary to make adjustments based on funding announcements. It is also understood that these are the first accountability planning submissions to be prepared by LTCHs and there will therefore be a great deal of learning through the process on behalf of both the Sector and the LHINs.

**B11. Our facility provides service in French, but I don't know whether we are identified or designated. What's the difference?**

A: A **designated** HSP, program or service is one that has been officially designated under the French Language Services Act by regulation. An **identified** HSP, program or service is one that has been identified by the former district health council, the LHIN or the Health Services Restructuring Commission to provide some or all of its services in French. Most agencies already know if they are designated or identified to plan or to provide their services in French. If in doubt, please communicate with the Regional FLS Consultant assigned to serve the LHIN geographic area in which your LTCH is located. [http://www.health.gov.on.ca/english/public/program/flhs/consultants\\_dt.html](http://www.health.gov.on.ca/english/public/program/flhs/consultants_dt.html)

**B12. For LTCHs operated by hospitals (not including ELDCAP beds), what is required in terms of 'other' revenue?**

A: The amount by which the hospital "supplements" the income of the LTCH. Other revenue should be identified on lines 34 or 35 of the LAPS Financial Summary.

**B13. When will the French education materials be available?**

A: The materials will be made available in French on or around October 5, 2009.

**B14. Who was responsible for the creation of the indicators?**

A: The L-SAA Indicator Work Group which included members from the LHINs, the MOHLTC and the OHQC developed an initial list of indicators. In addition, feedback

from the Sector associations and LTCHs was considered in finalizing the list. Future indicator development will involve MOHLTC, OHQC, LHIN, Sector, and other input.

**B15. What is the deadline for the submission of the LAPS? Will it be extended?**

A: The deadline for LAPS submission is November 20<sup>th</sup>, 2009. We do not anticipate extending the deadline.

**B16. When will LAPS forms be available on FIM?**

A: The tentative date is October 5<sup>th</sup>, 2009.

**B17. Completing a LAPS will be challenging for smaller agencies or hospitals with interim or a limited number of LTC beds. Perhaps a condensed version of the guidelines for those agencies with less than 40 beds could be considered.**

A: There is no intent to develop a condensed version of the guidelines for agencies with less than 40 beds. All health care service providers will be held to the same level of review and accountability.

**B18. Will there be unique IDs for the FIM website, as currently there is one for the entire LHIN?**

A: There will only be 1 ID per LHIN.

**B19. There is the ability to run reports from the CAPS and HAPS forms on the WERS site. Will we be able to do this from LAPS forms on the FIM site?**

A: The LAPS forms will not be available on WERS. It will not be possible to run reports from the LAPS forms on the FIM site but LHINs are reminded that all of the forms will be on Excel spreadsheets that can be downloaded.

**B20. Will there be criteria to define acceptable performance?**

A: Yes.

**B21. Will the LHINs provide definitions for the types of indicators and for performance targets, corridors, standards etc.?**

A: Yes. Many will be in the L-SAA. As well, an indicator technical guide is being prepared for use by the LTCH.

**B22. What is the Sharkey Staffing Plan?**

A: Ms. Shirlee Sharkey recommended the implementation of staffing plans in her report "People Caring for People: Impacting the Quality of Life and Care of Residents of Long Term Care Homes". This staffing plan is a written document that was developed

through a collaborative process that aligns staffing resources with residents' needs. To help LTCHs prepare these staffing plans, guidelines have been developed by an Implementation Team that is chaired by Ms. Sharkey and includes residents, families, staff, operators, LHIN and MOHLTC representatives.

**C. FUNDING**

**C1. In future, will LTCHs be funded differently within LHINs and/or between LHINs to provide services as determined by the LHIN?**

A: A Funding Review Steering Committee has been struck to consider the current and future funding model in LTC. The work remains at an early stage. The Sector will be kept informed as the work progresses. .

**C2. What is the difference between “ MDS early adopter funding” and “sustainability funding”?**

A: Early adopter funding refers to funding that was provided initially to LTCHs piloting the MDS process. Funding provided to these LTCHs in subsequent years is referred to as sustainability funding.

**C3. What are the roles of the LHIN and the MOHLTC with respect to ARR?**

A: The Financial Management Branch of the MOHLTC will continue to review the ARRs on behalf of the LHINs for LHIN-managed funding, as well as Ministry-managed funding. The MOHLTC will remain the first point of contact for LTCHs with respect to this process and any related issues.

**C4. Does this mean that operators will continue to work with the MOHLTC as they do now in regards to the ARR?**

A: Yes, LTCH operators will continue to work with the Financial Management Branch, MOHLTC.

**C5. What does "review" of the ARR mean?**

A: A “review” means a review of the Annual Reconciliation Report (ARR) submission as previously performed by staff of the Regional Offices of the MOHLTC. This review is now performed by the Financial Management Branch of the MOHLTC on behalf of the LHINs for LHIN-managed funding.

**C6. Will LHINs be able to override MOHLTC direction on funding?**

A: The LHINs must provide funding to the HSPs in accordance with the Ministry-LHIN Accountability Agreement. The LHINs must require the LTCHs to spend the funding in accordance with the four funding envelopes (i.e. Nursing and Personal Care, Program and Support Services, Raw Food and Other Accommodation).

**C7. Will LHINs be able to provide enhanced funding for LTCHs and if “yes”, how will these decisions be made?**

A: How a LHIN determines what HSPs will receive extra funding, for what purposes and on what terms and conditions is at the discretion of the LHIN. LHINs are responsible for the effective and efficient use of public funds in a transparent manner and LHIN decision-making reflects this accountability.

**C8. What funding assumptions should be made when a Home completes the LAPS?**

A: The LAPS Financial Summary form will provide an estimate of funding for one calendar year. Homes should assume consistent funding (adjusted for CMI and per diem increases) during subsequent calendar years within the term of the L-SAA.

**C9. Has there been any consideration given to increasing the minimum occupancy level above the current 97% for funding purposes?**

A: Not at this time. There is a funding review underway (see question C1 above) which may provide the opportunity to raise this issues as well as other funding issues.

**C10. Will the MOHLTC be looking at three year funding models to match the timeframes of the L-SAA and LAPS?**

A: This issue will be considered through the LTCH Funding Review.

**C11. How should homes plan for year 2 or 3 when the future funding model may change?**

A: LTCH should plan on the basis of the current funding policy. There is potential for the LTCH Funding Review Steering Committee to advise on changes to the current funding policy. If advice from the LTCH Funding Review Steering Committee is accepted by the MOHLTC and recommended for implementation within the term of the agreement, then discussion with LTCH will take place to amend related schedules of the agreement.