1. Call to Order

2. Declaration of Pecuniary Interest

3. Delegations

   9:30 AM Overview of Services
   Sienna Senior Living

4. Reports - Long Term Care

   a. LTCR-CM-08-18 Changes to the 2016-2019 Long Term Care Service Accountability Agreement

      That report LTCR-CM-08-18 regarding changes to the 2016/19 Long-Term Care Home Service Accountability Agreement be received; and

      That the 2018/19 revised Long-Term Care Home Service Accountability Agreement be signed by the Warden and Clerk and returned to the Local Health Integration Network by March 5, 2018.

   b. LTCR-CM-09-18 Case Mix Index Funding

      That Report LTCR-CM-09-18 regarding the Case Mix Index be received for information.

5. Other Business

   a. Verbal Update on Rural Ontario Municipal Association (ROMA) Delegation

6. Next Meeting Dates

   a. Tuesday, March 13, 2018 – Bay Room

7. Adjournment
To: Chair Burley and Long Term Care Committee of Management Members

Committee Date: February 13, 2018

Subject / Report No: LTCR-CM-08-18

Title: Changes to the 2016/19 Long Term Care Home Service Accountability Agreement

Prepared by: Lynne Johnson, Director of Long Term Care

Reviewed by: Kim Wingrove, Chief Administrative Officer

Lower Tier(s) Affected: All Grey County

Status:

Recommendation

1. That report LTCR-CM-08-18 regarding changes to the 2016/19 Long Term Care Home Service Accountability Agreement be received; and

2. That the 2018/19 revised Long Term Care Home Service Accountability Agreement be signed by the Warden and Clerk and returned to the Local Health Integration Network by March 5, 2018.

Background and Discussion

All health service providers are required to enter into a Service Accountability Agreement (SAA) with the Local Health System Integration Network (LHIN). We have been notified that the current 2016/19 Long Term Care Home Service Accountability Agreement (L-SAA) will be updated with a new 2018/19 L-SAA.

The following memo from the LHIN provides a summary of the changes which align with recent legislative changes. The new agreement has not yet been received from the LHIN.

Legal and Legislated Requirements

There is a requirement to return the signed 2018/19 L-SAA to the LHIN by March 17, 2018. We are not yet in receipt of the document however will review the changes and prepare it for signing by the Warden and Clerk once it arrives.

Financial and Resource Implications
None

Relevant Consultation

☒ Internal- Home Administrators
☐ External (list)

Appendices and Attachments

Long-Term Care Home Service Accountability Agreement Memo 2018/19

Long-Term Care Home Services Accountability Agreement
January 19, 2018

To: Long-Term Care Home Administrators

From: Mark Brinnell, Vice President, Quality, Performance and Accountability

Re: Long-Term Care Home Service Accountability Agreement 2018/19

The purpose of this memo is to provide an update on the work underway to replace the current 2016-19 Long-Term Care Home Service Accountability Agreement (L-SAA) with a new 2018/19 Long-Term Care Home Service Accountability Agreement. The new Agreement is required to ensure alignment with recent legislative changes necessitated by the Patients First Act.

It is a requirement of the Local Health System Integration Act, 2006 (LHSIA) that LHINs enter into a SAA with each Health Service Provider (HSP) that it funds. The current L-SAA was set to expire on March 31, 2019, as will the new L-SAA. The L-SAA schedules need to be reviewed and refreshed for 2018/19 to account for any service, financial and/or performance changes for the 2018/19 fiscal year. In light of ongoing LHIN renewal activities across the province and Patients First Act legislative changes, there is pan-LHIN agreement that only minor changes will be made to L-SAA Schedules.

In the fall of 2017, the provincial L-SAA Advisory Committee gave endorsement to the pan-LHIN proposal noting an overall approach to minimal changes this cycle. However, LHINs reserve the right to amend LHIN-specific (i.e. local) indicators/obligations and/or to make any changes as required by law, policy, statute or Ministry direction.

In November 2017, the provincial L-SAA Advisory Committee endorsed the draft version of the 2018-19 L-SAA, an L-SAA template is currently being approved by LHIN Boards. The background and summary of changes to the template and Schedules are as follows:
<table>
<thead>
<tr>
<th>SECTION</th>
<th>DIFFERENCE</th>
<th>REASON FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>Updated for all SAA (H-SAA, LSAA and MSAA) templates.</td>
<td>Updated section will be consistent across all SAA templates.</td>
</tr>
</tbody>
</table>

**ARTICLE 1. ARTICLE 1.6 - DEFINITIONS & INTERPRETATION**

1.1 Definitions

- **Added the term Active Offer and its definition.**
  New section (3.6) on French Language Services has been added. *Active Offer* is noted within this section.

- **Removed the term CFMA and its definition.**
  Under updated legislation, CFMA (Commitment to the Future of Medicare Act, 2004) is no longer applicable. All references to CFMA have been removed from the document and replaced with LHSIA.

- **Updated term and definition, from e-Health to Digital Health.**
  More detailed definition of *Digital Health.*

- **Added the term Designated and its definition.**
  New section (3.6) on French Language Services has been added. *Designated* is noted within this section.

- **Added the term FLSA and its definition.**
  New section (3.6) on French Language Services has been added. FLSA is noted within this section.

- **Added the term Identified and its definition.**
  New section (3.6) on French Language Services has been added. *Identified* is noted within this section.

- **Added the term LHIN Cluster and its definition.**
  Updated section (3.4) on Digital Health has been made. LHIN Cluster is referenced within this section.

- **Added the term Mandate Letter and its definition.**
  New section (3.5) on Minister’s Mandate Letter Language has been added. Mandate Letter is noted within this section.

**ARTICLE 3. ARTICLE 3.6 - PROVISION OF SERVICES**

3.4 Digital Health

Updated title and references from e-health to Digital and/or LHIN Cluster Digital Health. Updated to Digital Health for consistency with name of provincial strategy through 3.4. Also referenced Cluster (defined in 1.1).

3.4 Digital Health (a)

Addition of the terms or replaced. Clarifies that provincial e-health priorities and Accountability Agreements may not only be amended but also replaced from time to time.

3.4 Digital Health (e)

Capitalized first letters of the term Planning Submission. Updated to indicate name of document.

3.5 Minister’s Mandate Letter language

Added new section. New section about the expectations set out in the Mandate Letter. The LHIN will share the Mandate Letter with the HSP and may add local obligations to Schedule D to advance priorities in the Mandate letter.

3.6 French Language Services

Added new section. New section about French Language Services that sets out the roles, responsibilities and obligations of HSPs depending on whether they are Identified, Designated or neither. The LHIN will provide the Ministry's Guide to the HSP.

**ARTICLE 6. ARTICLE 6.6 - PLANNING & INTEGRATION**

6.2 Community Engagement

Added reference to HSP mechanisms to engage families and patients in. Update includes reference to geographic subregions, and clarified approach to reporting.
6.1 Reporting (b) and (d) | Updated section pertaining to personal health information and LHIA. Also updated section on reporting related to Health Quality Ontario. | Clarified LHIN’s right to collect personal health information for purposes that relate to their new mandate to provide home and community care and do long-term care home placements. Also clarified expectations for HSPs regarding quality improvement.

15.10 Survival | Added one article to list of provisions to remain in effect | Added 10.5 (Supporting Documentation) to the list

The summary of changes to 2018/19 L-SAA Schedules are as follows:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Description of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Description of Home and Beds - Addition of a requirement for Homes to specify if they are &quot;Identified or &quot;Designated&quot; as offering French Language Services (FLS).</td>
</tr>
<tr>
<td>B</td>
<td>Additional Terms and Conditions Applicable to the Funding Model - No changes.</td>
</tr>
<tr>
<td>C</td>
<td>Reporting Requirements - No Changes.</td>
</tr>
</tbody>
</table>
| D        | Provincial Indicators -  
  - Removal of the indicator Long-Stay Utilization, and replacement with the indicator Percent Resident Days – Long Stay, which gauges total resident days in comparison with total available bed days. This will have an explanatory classification.  
  - Removal of the developmental indicator Wait Time from LTCH Acceptance to Placement.  
  - Renaming of Wait Time from CCAC Determination of Eligibility to LTCH Response to Wait Time from LHIN Determination of Eligibility to LTCH Response to reflect the recent transition of CCACs to LHINs.  
  - Adjustment to the Number of Resident Transfers to ED from LTC Homes Resulting in Inpatient Admissions per 1,000 LTC Home Residents to Number of Resident Transfers to ED from LTC Homes Resulting in Inpatient Admissions per 100 ED Vists for LTC Home Residents. This indicator will maintain its developmental classification.  
  - Additional changes to the technical specifications for Percent of Residents on Antipsychotics without a Diagnosis of Psychosis and Long-Term Care Home Refusal Rate were proposed for greater accuracy and/or completeness. |
Local LHIN-Specific Obligations – possible addition of ICS condition pending SLT decision.

- The South West LHIN believes that the health system has a collective responsibility to take action to improve the experience of care for Indigenous Peoples through participating in the Indigenous Cultural Safety (ICS) Program. The ICS training program is an important quality initiative designed to support health service providers in understanding their role in reconciliation, leading to improvements in the Indigenous patient experience. This training involves understanding the ongoing impacts of colonization, resulting health inequalities and can serve as the foundation to developing collaborative relationships with Indigenous Communities to build improvements and reduce disparities.

Schedule E  Declaration of Compliance - Minor update to specify the applicable period.

The following table outlines the key activities and timelines:

<table>
<thead>
<tr>
<th>Target Dates</th>
<th>South West LHIN Key Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 10, 2018</td>
<td>Confirmation of changes to local and provincial indicator targets and obligations</td>
</tr>
<tr>
<td>January 19, 2018</td>
<td>2018/19 L-SAA Agreement process memo issued</td>
</tr>
<tr>
<td>By January 31, 2018</td>
<td>Issuance of L-SAA to LTCHs</td>
</tr>
<tr>
<td>By March 17, 2018</td>
<td>LTCH Board Chair and Administrator signed L-SAA returned to LHIN</td>
</tr>
<tr>
<td>March 20, 2018</td>
<td>LHIN Board Considers Approval of 2018/19 L-SAAAs</td>
</tr>
<tr>
<td>April 1, 2018</td>
<td>New 2018-19 L-SAA comes into effect</td>
</tr>
</tbody>
</table>

The South West LHIN values the work of our HSPs and we are committed to working with you throughout this process.

Updated materials for the 2018/19 L-SAA will be made available on the LHIN website at http://www.southwesthin.on.ca/forhps/Long-TermCare.aspx.

Should you have any questions, please contact Biju Thomas, Financial Analyst at (519) 640-2605 or Biju.Thomas@lhins.on.ca.

Thank you.

c: Board Chairs, Long-Term Care Homes
   Andrew ChunIlai, Acting Board Chair, South West LHIN
   Kelly Gillis, Interim Co-Chief Executive Officer, South West LHIN
   Donna Ladouceur, Interim Co-Chief Executive Officer, South West LHIN
   Michelle McKellar, Director, Provider Contracts and Allocation, South West LHIN
   Scott Chambers, Manager, Provider Finance and Allocation, South West LHIN
   Biju Thomas, Financial Analyst, South West LHIN
Recommendation

1. That Report LTCR-CM-09-18 regarding the Case Mix Index be received for information.

Executive Summary

Case Mix Classification, also known as the Case Mix Index (CMI), is a complex process that groups individuals into categories that reflect the relative costs of services and supports they are likely to use.

The CMI sets the acuity based funding and is also used as a staff planning tool and for health system planning. During the 1st quarter of each year, long term care homes are notified of their CMI funding for a 12 month period (the funding year is April-March). The 2018-2019 CMI funding has recently been announced.

Background and Discussion

Long term care homes complete regular resident assessments that classify residents with similar needs and acuity levels. The assessments are uploaded electronically where they are processed through weighted case mix formulas and each resident is placed into one of 34 different grouping categories. The information is then used provincially to calculate the home’s per diem funding for the Nursing and Personal Care envelope.

Data is submitted quarterly and combined to establish an average level of care during the reporting period. CMI funding from April 1, 2018-March 31, 2019 is calculated on assessments submitted between April 2016 and March 2017. The changes and 2018 budget impact are
Legal and Legislated Requirements

It is a legislated requirement for long term care homes to complete and submit resident assessments on admission, readmission, quarterly and with any major change in condition.

Financial and Resource Implications

The CMI is directly related to the Nursing and Personal Care envelope and any expenditure must be meet specific eligibility criteria.

The 2018 budget was set using the 2017 CMI and there will be no negative impact to the budget related to the CMI. In conjunction with the operational review, each of the homes will be reviewing opportunities for sustaining, maintaining or improving services within the nursing department.

Relevant Consultation

☒ Internal Home Administrators, Finance Department
☐ External (list)

Appendices and Attachments

None