

Long Term Care Committee of Management
February 13, 2018 – 9:30 AM

Bay Room, Grey County Administration Building

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



Grey County **Revised** Committee Report

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](#)

201 Queens Avenue, Suite 700,
London, ON N6A 1J1

Tel : 519-473-2222
: 1-800-811-5146
Fax : 519-472-4045

southwestlin.on.ca

London (Head Office) Stratford
London (Downtown) St. Thomas
Owen Sound Woodstock
Seaford

January 19, 2018

To: Long-Term Care Home Administrators

From: Mark Brintnell, 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:

LHIN18_003A

...2

SECTION	DIFFERENCE	REASON FOR CHANGE
Background	Updated for all SAA (H-SAA, LSAA and MSAA) templates.	Updated section will be consistent across all SAA templates.
ARTICLE 1. ARTICLE 1.0 - DEFINITIONS & INTERPRETATION		
1.1 Definitions	Added the term <i>Active Offer</i> and its definition.	New section (3.6) on <i>French Language Services</i> has been added. <i>Active Offer</i> is noted within this section.
	Removed the term <i>CFMA</i> and its definition.	Under updated legislation, <i>CFMA</i> (Commitment to the Future of Medicare Act, 2004) is no longer applicable. All references to <i>CFMA</i> have been removed from the document and replaced with <i>LHSIA</i> .
	Updated term and definition, from <i>e-Health</i> to <i>Digital Health</i> .	More detailed definition of <i>Digital Health</i> .
	Added the term <i>Designated</i> and its definition.	New section (3.6) on <i>French Language Services</i> has been added. <i>Designated</i> is noted within this section.
	Added the term <i>FLSA</i> and its definition.	New section (3.6) on <i>French Language Services</i> has been added. <i>FLSA</i> is noted within this section.
	Added the term <i>Identified</i> and its definition.	New section (3.6) on <i>French Language Services</i> has been added. <i>Identified</i> is noted within this section.
	Added the term <i>LHIN Cluster</i> and its definition.	Updated section (3.4) on <i>Digital Health</i> has been made. <i>LHIN Cluster</i> is referenced within this section.
	Added the term <i>Mandate Letter</i> and its definition.	New section (3.5) on <i>Minister's Mandate Letter Language</i> has been added. <i>Mandate Letter</i> is noted within this section.
ARTICLE 3. ARTICLE 3.0 - PROVISION OF SERVICES		
3.4 Digital Health	Updated title and references from <i>e-health</i> to <i>Digital</i> and/or <i>LHIN Cluster Digital Health</i> .	Updated to <i>Digital Health</i> for consistency with name of provincial strategy through 3.4. Also referenced <i>Cluster</i> (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 <i>Planning Submission</i> .	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 6.0 - PLANNING & INTEGRATION		
6.2 Community Engagement	Added reference to HSP mechanisms to engage families and patients in	Update includes reference to geographic sub-regions, and clarified approach to reporting.

LHIN18_003A

& Integration Activities (a) and (c)	planning. Also clarified that HSPs will report on community engagement and integration activities using any template provided by the LHIN.	
ARTICLE 8. ARTICLE 8.0 - REPORTING, ACCOUNTING AND REVIEW		
8.1 Reporting (b) and (d)	Updated section pertaining to personal health information and LHSIA. Also updated section on reporting related to Health Quality Ontario.	Clarified LHINs' 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.
ARTICLE 10. ARTICLE 10.0 - REPRESENTATIONS, WARRANTIES AND COVENANTS		
10.3 Governance (a)	Updated section on code of conduct related to ethical obligations.	Clarified that the group to which one or more codes of conduct should apply.
ARTICLE 15. ARTICLE 15.0 - ADDITIONAL PROVISIONS		
15.7 Express Rights and Remedies Not Limited	Removed reference to <i>CFMA</i> .	Removal of reference to <i>CFMA</i> as it is no longer applicable.
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:

2018/19	DESCRIPTION OF CHANGES
Schedule A	<i>Description of Home and Beds</i> - Addition of a requirement for Homes to specify if they are "Identified or "Designated" as offering French Language Services (FLS).
Schedule B	<i>Additional Terms and Conditions Applicable to the Funding Model</i> - No changes.
Schedule C	<i>Reporting Requirements</i> - No Changes.
Schedule D	<p><i>Provincial Indicators</i> -</p> <ul style="list-style-type: none"> Removal of the indicator <i>Long-Stay Utilization</i>, and replacement with the indicator <i>Percent Resident Days – Long Stay</i>, which gauges total resident days in comparison with total available bed days. This will have an explanatory classification. Removal of the developmental indicator <i>Wait Time from LTCH Acceptance to Placement</i>. Renaming of <i>Wait Time from CCAC Determination of Eligibility to LTCH Response</i> to <i>Wait Time from LHIN Determination of Eligibility to LTCH Response</i> to reflect the recent transition of CCACs to LHINs. Adjustment to the <i>Number of Resident Transfers to ED from LTC Homes Resulting in Inpatient Admissions per 1,000 LTC Home Residents</i> to <i>Number of Resident Transfers to ED from LTC Homes Resulting in Inpatient Admissions per 100 ED Visits for LTC Home Residents</i>. This indicator will maintain its developmental classification. Additional changes to the technical specifications for <i>Percent of Residents on Antipsychotics without a Diagnosis of Psychosis</i> and <i>Long-Term Care Home Refusal Rate</i> were proposed for greater accuracy and/or completeness.

LHIN18_003A

	<p><i>Local LHIN-Specific Obligations</i> – possible addition of ICS condition pending SLT decision.</p> <ul style="list-style-type: none"> 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 colonialization, resulting health inequalities and can serve as the foundation to developing collaborative relationships with Indigenous Communities to build improvements and reduce disparities.
Schedule E	<i>Declaration of Compliance</i> - Minor update to specify the applicable period.

The following table outlines the key activities and timelines:

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

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.southwestthin.on.ca/forhsp/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.

- cc: Board Chairs, Long-Term Care Homes
 Andrew Chunilall, 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

LHIN18_003A

To:	Chair Burley and Long Term Care Committee of Management Members
Committee Date:	February 13, 2018
Subject / Report No:	LTCR-CM-09-18
Title:	Case Mix Index Funding
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-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

outlined in the following table.

Home	CMI 2017	CMI 2018	Increase/(Decrease)
Grey Gables	1.0014	1.0146	\$23,414
Lee Manor	1.0352	1.0841	\$198,000
Rockwood Terrace	1.0956	1.1055	\$26,675

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