Grey County Logo Committee Report

# Report LTCR-CM-22-17

**To**: Chair Burley and Members of the Long Term Care Committee of Management

**From**: Lynne Johnson, Director of Long Term Care

**Meeting Date:** September 12, 2017

**Subject: Enhanced Long-Term Care Home Renewal Application**

**Status**: Recommendation adopted by Committee of Management as presented per Resolution CM13-17; Endorsed by Committee of the Whole September 28, 2017 per Resolution CW212-17; Endorsed by Council October 12, 2017 per Resolution CC55-17;

## Recommendation

1. **That report LTCR-CM-22-17 regarding the Enhanced Long-Term Care Home Renewal Application be received; and**
2. **That the completed Application, Declaration and Attestation Forms be submitted to the Ministry of Health and Long Term Care Redevelopment Branch.**

## Background

This report is in follow up to report LTCR-CM-15-17

To qualify for funding under the Enhanced Long-Term Care Home Renewal Strategy, application must be made to the Redevelopment Branch of the Ministry of Health and Long Term Care. Staff have spoken with other municipalities, who are also working through the process, and held initial conversations with the ministry Project Manager assigned to our file.

### Application

The Application includes:

* An Excel Workbook;
* License Attestation and Declaration Forms;
* Licensing Corporate Document Checklist and
* Supporting Documents.

The workbook requires completion in accordance with the Application Guidelines, Long Term Care home funding policies and design manual and the *Long Term Care Homes Act, 2007* and *Regulation 79/10*. A number of documents require submission along with an Application Declaration that confirms the organizations’:

* intent to redevelop
* financial and organizational capacity to complete the project
* consent to disclosure of information
* consent to verify information and
* agreement with the terms of the program

The Attestation Form certifies that the application is accurate and complete, provides information on senior employees and confirms the management framework that the home will be operated under.

When the application is submitted, the Ministry will verify the completeness of the application. Once satisfied that the application is complete, public consultation, an in-depth financial and compliance review and LHIN consultation will be completed. At the end of this stage, the County will be informed of the status of the application.

## Financial/Staffing/Legal/Information Technology Considerations

It is important to proceed with the application to provide the Ministry with notice of the County’s intent to redevelop the beds and initiate public and other consultation. It will also secure redevelopment funding.

## Link to Strategic Goals/Priorities

Goal 3- Deliver Excellence in Governance and Service

## Attachments and Background Information

[Applicant Declaration](#dec)

[License Application & Eligibility Attestation Form](#app)

[MOHLTC Long Term Care Redevelopment background information](http://www.health.gov.on.ca/en/pro/programs/ltcredev/eltchrs.aspx)

Respectfully submitted by,

Lynne Johnson

Director of Long Term Care

**Applicant Declaration**

On behalf of, and with the authority of, the Applicant, I/we:

1. hereby apply to develop, design, and implement the long-term care home in accordance with the provisions and terms and conditions of this Application Guidelines, this Application, and in accordance with applicable legislation, policies, regulations and standards as amended and issued from time to time;
2. certify that the information the Applicant has supplied in support of this application is true, correct and complete in every respect;
3. confirm that the Applicant has the financial and organizational capacity to complete the development project required as outlined in this Application;
4. consent to the disclosure on a confidential basis of the Application by the ministry or the LHIN to such individuals or other parties as may be required for the purpose of reviewing the Application to administer the application process;
5. consent to the public disclosure of all information listed in theApplication Guidelines as information which may be disclosed to the public;
6. consent to the ministry performing checks with such persons/sources as the ministry in its sole discretion deems appropriate for the purposes relating to the Application;
7. consent to the ministry verifying any information provided in connection with this Application, and making any disclosures incidental to that purpose;
8. have read and agree to all the terms set out in the Enhanced Long-Term Care Home Renewal Strategy Program Statement; Application Guidelines; Application Form; Licence Application and Eligibility Attestation; and Applicant Declaration; and,
9. consent to the disclosure, and indirect collection, on a confidential basis, subject to applicable law, of information held by any third party (including a municipality or regional government) regarding the Application to the ministry as the ministry or LHIN may require for the purpose of reviewing the Application to administer the review process.

The personal information collected by the Ministry of Health and Long-Term Care in connection with this application, is collected because it is necessary for the proper administration of the Enhanced Long-Term Care Home Renewal Strategy Program and will only be used and disclosed for the purposes of: enabling the ministry to administer this application and approval process, and the resulting process of overseeing and funding the redevelopment and operations of the applicable long-term care homes; to carry out related planning; and, for purposes permitted or required by law.

Questions about the collection of this information by the ministry or the LHIN can be emailed to [**healthcapitalinvestmentbranch@ontario.ca**](mailto:LTCHCoLRI@Ontario.ca)

|  |  |
| --- | --- |
| **Signed, Sealed and Delivered in the presence of** |  |
|  | Signature of Authorized Signing Officer |
|  | (I/we have authority to bind the Applicant) |
|  | **Print Name** |
|  |  |
| **Witness** | **Title** |
|  |  |
| **Date** | **Date** |

**If second signature required:**

|  |  |
| --- | --- |
| **Signed, Sealed and Delivered in the presence of** |  |
| Signature of Authorized Signing Officer |
| (I/we have authority to bind the Applicant) |
|  | **Print Name** |
|  |  |
| **Witness** | **Title** |
|  |  |
| **Date** | **Date** |

**Licence Application & Eligibility Attestation Form**

Legal Name of the Operator (the “Applicant”)[[1]](#footnote-1):

Name of the LTC Home (the “Home”):

Home Number: Sector (check one): For-Profit  Non-Profit

Current Address of the LTC Home[[2]](#footnote-2):

Proposed Address or Location (if address of new home not known):

Number of Beds:

Name of Key Contact: Position:

Email: Phone Number:

**In signing the application, the Applicant certifies that all the information provided herein or provided together with this application, is accurate and complete, and that the Applicant has made the necessary inquiries to verify this information.**

The Applicant acknowledges that the personal information collected by the ministry in connection with this application (whether collected directly or indirectly) is collected under the authority of s. 177 of the *Long-Term Care Homes Act, 2007* (the “Act”) for the purposes of processing the application and for the administration of the Act, and may be disclosed for such purposes. The Applicant further acknowledges that any questions in respect of the collection of such personal information may be directed to[**LTCHomes.Licensing@ontario.ca**](mailto:LTCHomes.Licensing@ontario.ca)

The Applicant confirms and undertakes that where it is providing personal information about any individual in connection with this application, it has or will inform the individual (before providing the information) that the ministry is collecting the individual’s personal information in connection with this application, and will inform the individual of the information set out in the paragraph immediately above this paragraph.

**As part of the application, the Applicant is making the following attestations by way of indicating a response to each of the following questions or statements.** Full detail is required for any matter for which the Applicant is not able to provide an unqualified affirmative response.

1) (a) Please attach a complete list of the current senior employees of the Applicant (including the names, positions held, business e-mail addresses and business telephone numbers) who are involved in the operation and management of the Home. If the Applicant is not a municipality, please attach a current list of the Officers and Directors of the Applicant with the latest *Form 1: Initial Return/Notice of Change by an Ontario Corporation[[3]](#footnote-3)*, (or the equivalent, where the Applicant is not an Ontario corporation), and a list of all persons who hold a controlling interest in the Applicant (directly or indirectly).

(b) Relating to section 98(1)(a) of the Act[[4]](#footnote-4): The persons listed pursuant to paragraph 1(a) above have each read and understand their responsibilities under the Act and Ontario Regulation 79/10 (the “Regulation”), and under any other applicable law, and they and the Applicant certifies that they are capable of carrying out their responsibilities in a manner so that the Home will be operated in full compliance with the same.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If there is any reason to disagree with this statement please attach documentation providing full detail and disclosing the name of the person(s) and the reason(s) for disagreement.

2) (a) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, been involved in the operation of any other long-term care home, retirement homes, or any other matter or business including, but not limited to, health care facilities or businesses, facilities or businesses serving vulnerable populations?

Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If yes, attach full detail.

1. Relating to section 98(1)(b) and (d) of the Act: There is nothing in the past conduct of the persons listed pursuant to paragraph 1(a) above, or the Applicant, relating to the operation of a long-term care home, retirement homes, or any other matter or business including, but not limited to, health care facilities or businesses, and facilities or businesses serving vulnerable populations, which would tend to suggest that the Home will not be operated in accordance with the law and with honesty and integrity and in a manner that ensures the health, safety or welfare of its residents.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If there is any reason to disagree with this statement, please attach documentation providing full detail and disclosing the name of the person(s) and the reason(s) for disagreement.

(c) The Applicant and the persons listed pursuant to paragraph 1(a) above are competent to operate a long-term care home in a responsible manner in accordance with the Act, the Regulation and all other applicable law.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If there is any reason to disagree with this statement please attach documentation providing full detail and disclosing the name of the person(s) and the nature of the concern(s).

(d) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, ever been involved with any long-term care home where the licensee is or was in receivership or bankruptcy?

Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If yes, provide full detail.

(e) Have any of the persons listed pursuant to paragraph 1(a) above, or the Applicant, ever been involved with any long-term care home where the licence or approval is or was suspended, withdrawn or revoked in Ontario or in other jurisdictions?

Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If yes, provide full detail.

3) Relating to section 98(1)(b) and (d) of the Act: No actions or omissions taken by the persons listed pursuant to paragraph 1(a) above, or the Applicant, have resulted in:

1. legal claims or judgments (for damages) **against** the person or the Applicant which have arisen in connection with their involvement with health care facilities or businesses dealing with the elderly or other vulnerable populations, including retirement homes;
2. administrative proceedings, including investigations or disciplinary actions/orders, in respect of professional negligence; or

(c) convictions under the Criminal Code of Canada or any other provincial offence under provincial law.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

Where the Applicant has not signed in unqualified agreement with the above statement, the Applicant has attached documentation disclosing the relevant detail of each matter that results in the disagreement with the above statement, including the nature of the legal action or consequence, or professional complaint or discipline, and the name of the individual(s) relevant to this application who were involved.

4) Relating to section 98(1)(c) of the Act: The Applicant confirms that all necessary steps have been taken or are planned to operate the Home, on issuance of the licence, in a responsible manner in accordance with the Act and the Regulation and that the Applicant is in a position, in all respects, to furnish or provide the required services.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If there is any reason to disagree with this statement please attach documentation providing full detail and the nature of the concern(s).

5) The Applicant confirms its intent to operate using the existing management team and management framework for the Home using the same staff, policies, procedures and general operations as currently in use at the long-term care home.

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

If the Applicant intends to make any changes to the management of the Home including changes to management team, staff, policies, procedures and general operations, the Applicant has attached documentation disclosing these changes, including a detailed rationale explaining how this is consistent with the Applicant’s ability to continue operating the Home in a responsible manner in accordance with the Act and the Regulation and providing all required services in connection with the operation of the Home. The Applicant understands that a licensee may not allow anyone else to manage the Home except pursuant to a management contract approved by the Director in accordance with section 110 of the Act.

6) After reviewing the eligibility requirements set out in section 98 of the Act and section 270 of the Regulation, the Applicant confirms that it is not aware of any circumstance relevant to the application of those provisions that could reasonably be expected to prevent the Director from issuing the licence to the Applicant in respect of the Home. *[Not applicable to Applicant that is a municipality.]*

Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disagree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Please sign where applicable>

**The Applicant certifies that all the information provided herein and all information provided together with this application, is accurate and complete, and that the Applicant has made the necessary inquiries to verify this information.** Furthermore, full detail has been provided with respect to every matter set out above for which the Applicant is not providing an unqualified affirmative response.

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| --- | --- | --- | --- | --- |
| All the above is certified and agreed to on the |  | day of |  | , 201\_\_. |

**Legal Name of Applicant** (the current Licensee)

|  |  |  |
| --- | --- | --- |
| Per: |  | Per: |
| Authorized Signing Officer |  | Second Authorized Signing Officer  (when required) |
| (I/we have authority to bind the Applicant) |  | (I/we have authority to bind the Applicant) |
|  |  |  |
| Please print: |  | Please print: |
|  |  |  |
| Name |  | Name |
|  |  |  |
| Title |  | Title |

1. As shown on your licence and/or approval. [↑](#footnote-ref-1)
2. As set out in the current licence and/or approval. [↑](#footnote-ref-2)
3. The Form 1 (as required under the *Corporations Information Act*) must be reflective of the current officers and directors of the Applicant and must indicate that it has been filed with the Ministry of Government Services. [↑](#footnote-ref-3)
4. Although s. 98 of the Act does not apply to municipal approvals under Part VIII of the Act, the attestations requested in this document are required from municipal applicants to inform the Minister’s decision whether or not to grant a municipal approval under s. 130 of the Act, and to determine the appropriate terms and conditions to be applied to such an approval, if granted. [↑](#footnote-ref-4)