

## **APPENDIX: Summary of Regulation Changes**

### **Regulation Changes under the *Fixing Long-Term Care Act, 2021 (FLTCA)***

- The regulation establishes a revised LTC home admissions process when consent is not obtained and is aligned as much as possible with the current admission process.
- The revised process applies to long-stay beds except High Priority Access Beds, Direct Access Beds, and beds in the four Indigenous LTC homes.
- Eligibility criteria for admission to LTC has not changed.
- Similar information will be provided to patients to help ensure they are aware of the regular and revised admissions processes and their options.
- The assessments to determine eligibility will evaluate similar areas of care needs using the “most information available”. Information will be collected using existing records or in consultation with the patient’s health care providers (e.g., hospital staff, primary care provider, and home and community care services provider) as well as Developmental Services Ontario and some organizations that support people with a developmental disability.
- Selection of LTC homes by a placement coordinator will be unlimited in number and will consider the patient’s conditions and circumstances; their preferred class of accommodation, if any; and proximity of the home to their preferred location(s), within set geographic parameters.
  - A patient’s preferred location is defined in regulation as:
    - the address of a location or locations specified by the patient, or
    - where a location is not specified by the patient, their primary residence or the hospital where they are located when the homes are selected.
  - A geographic parameter of a 70 km radius (from the preferred location) will be used across Ontario except in the areas within the boundaries of the North East and North West Home and Community Care Support Services (HCCSS) regions where the radius will be 150 km.
  - A placement coordinator will be able to select a LTC home outside the geographic parameter in the North East and North West HCCSS regions, when there is no LTCH within the geographic parameter or limited vacancy within the geographic parameter (i.e., may then select the next closest LTC home(s) to preferred location that can meet patient's needs).
- Patients will be put on the existing long-stay waitlist in the crisis category for the homes selected by the placement coordinator and their preferred homes. They will remain in the crisis category of the waitlist until they are placed in a preferred home.
- A licensee will be required to review the patient’s information provided by the placement coordinator promptly and approve or withhold approval of the patient onto the LTC home waitlist in writing.
- Placement coordinators will be able to authorize admission to preferred accommodation even if basic accommodation has been requested and require it to be made available as basic accommodation.
- Similar to the current process, the patient must move into the LTC home in five days otherwise the bed may be offered to the next person on the waiting list.
- Once admitted, if the resident declines admission to any of their preferred homes they will be removed from the waitlist; it will be assumed they have accepted their current home.

## Other Changes

- The current pandemic provision is repealed since it is no longer needed. Transitional provisions are added.
- A technical amendment related to reunification priority access bed (RPAB) provision is made to allow for a vacant RPAB bed to be utilized when either spouse is discharged.

## Changes to Regulation 965 under the *Public Hospitals Act (PHA)*

- The discharge provisions under the PHA require hospitals to discharge patients who *are no longer in need of treatment in the hospital*. The regulation is being amended to clarify that this discharge obligation applies in respect of ALC patients when their admission to a long-term care home is authorized under the new FLTCA provisions added by the *More Beds, Better Care Act, 2022* (Bill 7).
- The regulation, effective November 20<sup>th</sup>, will also require hospitals to charge discharged patients a standardized fee of \$400 for every day that they remain in hospital after discharge (following a 24-hour period).