



September 14, 2022

**MEMORANDUM TO:** Health System Partners

**FROM:** Nancy Matthews, Deputy Minister, Ministry of Long-Term Care  
Alison Blair on behalf of Dr. Catherine Zahn, Deputy Minister, Ministry of Health  
Matthew Anderson, President and CEO, Ontario Health

**RE: Bill 7 Implementation to Support Ontario's *Plan to Stay Open: Health System Stability and Recovery***

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On August 18<sup>th</sup>, the government launched Ontario's [Plan to Stay Open: Health System Stability and Recovery](#). This five-point action plan was developed to address Ontario's urgent need to stabilize the health and long-term care sectors and preserve our hospital capacity this fall/winter and into the future. As we look ahead, with the potential for a new wave of COVID-19 and other respiratory illnesses, our focus remains on ensuring patients, residents, clients, and communities continue to receive the care they need from our health system. This means ensuring Ontarians receive the right care in the right place.

Together with partners across the system, we have begun immediate steps to implement several key strategies from the plan. This includes operationalizing the *More Beds, Better Care Act, 2022* (the "Act", formerly Bill 7) ([More Beds, Better Care Act, 2022, S.O. 2022, c. 16 - Bill 7 \(ontario.ca\)](#)) that received Royal Assent on August 31, 2022. The Act is aimed at facilitating the admission of eligible patients, who are clinically determined as needing an Alternate Level of Care (ALC), into a long-term care home, while they wait for placement in a preferred home.

As we move forward with this implementation, we are grounded in a 'home-first' philosophy, ensuring that, whenever possible, patients arriving in a hospital are supported in returning to their home. However, where that is not possible and long-term care is determined to be the appropriate setting, we are committed to ensuring those patients are compassionately and respectfully supported as they transition to long-term care, where their health and personal care needs can be met and their independence, safety, and quality of life enhanced.

Effective September 21, 2022, the remaining provisions of the Act will come into force. In addition, changes to the regulations under the *Fixing Long-Term Care Act, 2021* ([O. Reg. 484/22](#)) and the *Public Hospitals Act* ([O. Reg. 485/22](#), [O. Reg. 486/22](#)) will come into effect (see attached appendix for a summary of the regulations). These regulations will provide added clarity and specific requirements enabling and supporting the changes outlined in the legislation. The most significant change is the ability of Home and Community Care Support Services (HCCSS) placement coordinators, working collaboratively with hospitals and long-term care homes, to facilitate an eligible ALC patient's admission into a temporary long-term care home, while they wait for a preferred home.

All sectors should be aware of these changes as they support care to patients, families, caregivers, clients, and residents.

The following outlines some high-level information and specific direction where change is required to support this implementation:

### **Home and Community Care Support Services:**

- A comprehensive Ministry of Long-Term Care field guidance document has been developed, in partnership with HCCSS and Ontario Health, to support HCCSS placement coordinators implement the new regulations (see attached). Consistent with current best practice, integrated care teams from the hospital and HCCSS should first review all options to have the patient return to their home.
- HCCSS placement coordinators must consider various factors, in consultation with the patient and family prior to authorizing admission to a long-term care home, including a patient's care needs, accommodation requested and distance from the patient's preferred location(s). They will also consider travel for loved ones, caregivers and religious, ethnic, and linguistic preferences.
- HCCSS placement coordinators will continually engage the patient, family, caregiver, or substitute decision-maker, making every effort to seek consent at each stage of the process. If not achieved, the placement coordinator will continue to move forward with the determination of eligibility and other admission processes, without consent, with the goal of finding a suitable temporary arrangement in a long-term care home while they wait for their preferred home.
- A patient's choice of where they ultimately want to live will remain. A patient will be placed in a priority status on the wait list for a preferred home while in a temporary arrangement in a long-term care home. Where applicable, their place on a waiting list for a reunification priority access bed, would also be maintained.

### **Long-Term Care Homes**

- Long-term care homes are required to review the information sent by the placement coordinator and either approve or not approve the admission, related to the temporary arrangement, promptly and to admit an eligible patient. (In practice, this would ideally occur within less than five (5) days).

- In addition, long-term care homes should work proactively with HCCSS and their Ontario Health region to identify available specialized supports and services for patients that could enable admissions that would otherwise not be possible.
- As previously communicated by the Ministry of Long-Term Care, long-term care homes are expected to bring beds back online that are no longer needed for pandemic-related isolation purposes. This is critical to increase available capacity within long-term care homes across the province.
- Long-term care homes are authorized to collect, use and disclose an ALC patient's personal health information to enable the long-term care admissions process.

## Hospitals

- The discharge of a patient from a hospital remains a clinical decision that is undertaken in consultation with the interdisciplinary care team that facilitates ongoing dialogue with the patient, family, caregiver, or substitute decision-maker.
- HCCSS placement coordinators should keep hospitals informed throughout the eligibility assessment and application process and notify the hospital if a temporary care arrangement has been facilitated and if consent has or has not been provided by the patient or substitute decision-maker.
- Hospital personnel, as appropriate, are authorized to collect, use and disclose personal health information in respect of ALC patients as they carry out the eligibility assessment process including in cases where, despite reasonable efforts, patient consent has not been obtained.
- Hospitals will continue to be required under the *Health Insurance Act* to charge the daily chronic care co-payment to ALC in-patients who are awaiting placement in a long-term care home, subject to any applicable reductions or exemptions.
- Effective November 20, 2022, hospitals will be required under the *Public Hospitals Act* regulations to charge a standardized daily fee of \$400 to patients who no longer require hospital care, but who remain in hospital after being discharged, including ALC patients who have been authorized for admission to a long-term care home. This fee must be charged every day that the discharged patient remains in the hospital after a 24-hour period. In the case of a patient who will require care or supports in another setting after they are discharged from hospital (e.g., home care, long-term care, etc.), it is expected that members of the discharge planning team will coordinate regarding the timing of discharge to help ensure that, on the discharge date, any necessary arrangements are in place. Where issues related to the implementation of these changes arise, patients, families and caregivers should be encouraged to connect with the hospital's patient relations office.

## Primary Health Care Providers

- Primary health care providers should familiarize themselves with the changes to support communication with patients, caregivers, and families, as appropriate.

- Primary health care providers, as defined in the regulation, are authorized to collect, use and disclose personal health information respecting ALC patients as they carry out the long-term care home eligibility assessment and placement process, including in cases where, despite reasonable efforts, patient consent has not been obtained.

### Home and Community Care Service Providers

- Home and community care service providers should enhance efforts to support safe and timely transitions to home and other community settings.
- Service providers should familiarize themselves with the changes to support communication with patient, caregivers, and families, as appropriate.
- A service provider that was providing home and community care services to an ALC patient immediately before their admission to hospital is authorized to provide personal health information respecting that patient to a placement coordinator to assist the coordinator in carrying out the long-term care home eligibility assessment and placement process, including in cases where, despite reasonable efforts, patient consent has not been obtained.

As a system, we are requesting that you continue to work collaboratively through Ontario Health regional Access and Flow tables in support of a consistent and coordinated implementation approach across the province.

We understand the significant challenges ahead for our health system and know we can count on your ongoing collaboration. Our shared goal remains -- equitable access to quality care for all Ontarians by ensuring people receive the right care in the right place. Once again, thank you for your continued commitment and dedication to caring for millions of Ontarians each day.

If you have any questions or require further information, please contact the Ministry of Long-Term Care for changes under the *Fixing Long-Term Care Act, 2021* by email at [LTC.Info@ontario.ca](mailto:LTC.Info@ontario.ca), and the Ministry of Health for changes under the *Public Hospitals Act* by email at [CSU.MOH@ontario.ca](mailto:CSU.MOH@ontario.ca).

Sincerely,



Nancy Matthews  
Deputy Minister, Ministry of  
Long-Term Care



Alison Blair on behalf of Dr. Catherine Zahn  
Deputy Minister, Ministry of Health



Matthew Anderson  
President and CEO, Ontario Health

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