



Champlain

CCAC **CASC**

Community
Care Access
Centre

Centre d'accès
aux soins
communautaires
de Champlain

Long-Term Care Regulations Frequently Asked Questions (FAQs)

A guide for clients
of the Champlain CCAC

Index:

Introduction..... 1

Questions about Initiating the LTC Process..... 2

Waitlist Questions.....10

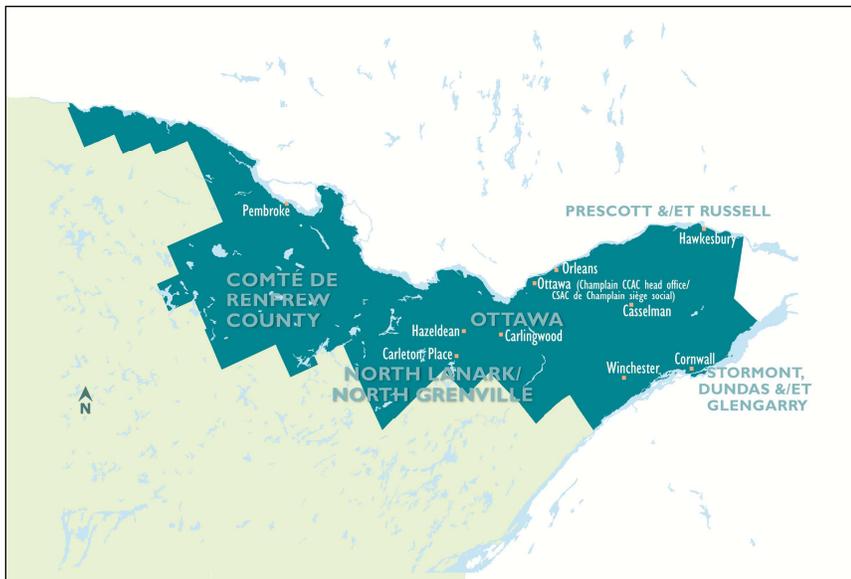
Crisis Admission Questions12

Determination of Eligibility12

Re-admission Questions.....14

Interim Bed Short Stay Questions15

Appendix17



Introduction:

The Champlain Community Care Access Centre (CCAC) is your single point of access to information about, and to apply for admission to, Long-Term Care Homes (LTCH). You cannot apply directly to the LTCH.

Each Champlain CCAC client is assigned a Care Coordinator who collaborates with clients, families, caregivers and/or substitute decision makers to assist clients in making health care choices and achieving their short and long-term health care goals. Care Coordinators are health and social service professionals with a degree or diploma from an accredited institution.

Your CCAC Care Coordinator can:

- Provide information about LTCHs;
- Provide information about financial options, if required;
- Carry out an assessment at your home or in hospital and determine your eligibility;
- Help you with the application forms and coordinate the application process to facilitate access to LTC;
- Provide information on alternatives to LTCHs, such as supportive/assistive housing, retirement homes and seniors apartments (Assisted Living Services for High Risk Seniors);
- Empower you or your decision-makers with the information you need to make an informed decision on a LTCH that suits your needs and interests;
- Place you, if necessary, on the waiting lists of the LTCHs you select;
- Offer you a bed in a chosen LTCH when one becomes available;

The following questions and answers expand on the LTCH information currently distributed by the Champlain CCAC. Applying for LTC can be a complex process and this information is designed to provide more detailed explanations about the long-term care process, specific definitions and the LTCH.

These responses reflect changes to LTCH regulations made by the Ministry of Health and Long-Term Care, which came into effect on July 1, 2010. Many of the answers also contain references to specific regulations in the Long-Term Care Act, 2007.

If you need more information or would like to further discuss the LTC process in the Champlain region, please contact your Champlain CCAC Care Coordinator at 310-CCAC, 613-745-5525 or go to www.champlain.ccac-ont.ca.

Questions about Initiating the LTC Process:

Who is responsible for handling my application into a Long-Term Care Home?

The Long Term Care Homes Act, 2007, has assigned Community Care Access Centres (CCAC) as the placement coordinators for Long-Term Care Homes (LTCHs) in the Province of Ontario. The Champlain CCAC manages the admissions process for LTCH in the Champlain region, which includes completing/collecting assessments, determining eligibility, counselling clients on their rights and options and providing all necessary information for clients to make informed decisions about selecting a LTCH.

I have Power of Attorney for Personal Care for my parent(s) (or other). Do they need to be made aware of the fact that I am putting their name on a LTCH list?

Yes, every person applying for LTC must be aware and informed. Provincial legislation has required this notification since the Health Care and Consent Act (HCCA) came into effect in 1994. It is every person's right to be evaluated by a health care professional as to whether he/she is able to understand and appreciate the consequences of his/her decision to live at home or in a LTCH.

In order to complete this capacity evaluation, the evaluator (who is usually the client's Champlain CCAC Care Coordinator if the client is living in the community) will consult with other sources, such as family members and physicians.

However, most of the evaluation will be based on conversations with the client and directed questions regarding LTCHs, as well as questions about his/her current situation, how the client is coping, how his/her caregivers are coping, what the needs are, what can be done to help, etc.

After this evaluation is completed, the client's Care Coordinator will be able to determine who needs to sign the Application for Determination of Eligibility for Admission to a LTC Home and LTCH choice forms.

A Power of Attorney for Personal Care will only come into effect *after* the Care Coordinator makes the decision that a client is incapable of making a decision about LTCHs.

It is important to note that a diagnosis of dementia does not automatically make a client unable to make LTCH decisions. A client may no longer be capable of managing his/her finances, but this does not necessarily mean he/she cannot make a decision about their personal care related to LTC.

A person's capacity to make LTCH decisions can fluctuate during the day. An evaluation should be carried out at a time when he/she functions best. Capacity can also change over time and is re-evaluated with each re-assessment.

Who can carry out my capacity evaluation for long-term and short-stay applications?

Most clients applying from the community will have their capacity evaluated by their Care Coordinator. Clients in hospital will be evaluated by either the Social Worker or the Care Coordinator at that location. The capacity evaluation is governed by the Health Care and Consent Act (HCCA), not the Long Term Care Home Act (LTCHA), and it identifies those professionals who can evaluate capacity for admission to a LTCH (professional staff who belong to a professional college).

How is my eligibility for LTC placement determined?

The assessments required to determine a client's eligibility for admission (according to Section 43 of the Long Term Care Homes Act (LTCHA), 2007) include:

- An assessment of the person's physical health, mental health and requirements for medical treatment and health care made by a Physician or Registered Nurse;
- An assessment of the client's functional capacity, requirements for personal care, current behaviour and behaviour during the previous year is made by a Care Coordinator if the client is in the community or by a LTCH health care professional if the client already resides in a LTCH. The Resident Assessment Instrument (RAI) is the tool used by Care Coordinators to collect the majority of this information. (See description below).
- Any other assessments/information that may be required in the provincial regulations.

Input from the client's caregiver(s) will also be included in the assessment process and can affect the eligibility outcome.

In order to increase consistency and objectivity, all CCACs across that province use a scoring system based on the Resident Assessment Instrument (RAI) assessment tool, which is used by the Care Coordinator during the LTCH application process.

The RAI is an internationally recognized, standardized and validated tool that is used to consistently and accurately gather information about the client's needs and strengths.

As the placement coordinator, the Champlain CCAC uses the assessments when reviewing the eligibility criteria outlined in the Act.

The eligibility criteria are as follows (Section 155, LTCH Act Regulations):

- (a) The person is at least 18 years old;
- (b) The person is an insured person under the *Health Insurance Act*;

How is my eligibility for LTC placement determined? (Cont'd)

(c) The person:

- (i) Requires *nursing care** be available on-site, 24 hours a day;
- (ii) Requires, at frequent intervals throughout the day, assistance with activities of daily living; or
- (iii) Requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring in order to ensure his/her safety or well-being;

(d) The publicly-funded community-based services available to the person and the other caregiving, support or companionship arrangements available to the person are not sufficient, in any combination, to meet the person's requirements; and

(e) The person's care requirements can be met in a LTCH. **

(**nursing care* means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.)

(**The Champlain CCAC will indicate if the client's care needs are too light or *too complex* and the client will be directed to a level of care appropriate for their needs.)

What is a functional assessment?

A functional assessment is a tool used by Champlain CCAC Care Coordinators to collect information about how a person is functioning on a day-to-day basis.

The Ministry has mandated that the Resident Assessment Instrument (RAI) is to be used to complete functional assessments.

The RAI assessment tool is an internationally recognized, standardized and validated tool that is used to consistently and accurately gather information about the client's needs and strengths. It involves a wide range of in-depth questions, such as how a person washes, dresses, walks, equipment needs, shopping, meal preparation, transportation, alarm systems, social outings, support systems, private-pay assistance, mental health, mood, behaviours, medications, etc.

Who can carry out my functional assessments?

Functional assessments are carried out almost exclusively by Champlain CCAC staff. For clients applying from another province, the Champlain CCAC must ensure that the assessments collected contain similar information and have been completed by professional staff.

There is no mandatory time frame for re-assessments, but all clients must be assessed at the time of initial application and within three months of admission to a LTCH.

Will I be admitted to the LTCH right away or is there a waitlist?

Due to the number of people waiting for beds in LTCHs and the high occupancy rate, almost every LTCH in the Champlain region has a waitlist. The waitlists can vary from weeks to several years.

What is the difference between being “eligible” for LTC and being “accepted” to the waitlist?

In order to be eligible for LTC, the client must first be assessed by his/her Care Coordinator to ensure the eligibility criteria are met (see the Eligibility answer above). Once eligibility is confirmed, the client is eligible for any LTCH in the province of Ontario and may apply to a maximum of five (5) LTCH choices. (Section 164, LTCH Act Regulations)

Each LTCH that has been selected by the client will review the application to ensure that the home can meet the client’s care needs. LTCHs can only withhold approval for one of two reasons (LTCH Act 2007, Section 44(7)):

- The home does not have the physical facilities necessary to meet the client’s care requirements; or
- Staff members at the LTCH lack the nursing expertise necessary to meet the client’s care requirements.

The LTCH can also withdraw their acceptance if a client’s condition changes and the LTCH can no longer safely meet his/her needs. (LTCH Act 2007, Section 44 (14))

If a LTCH rejects a client’s application, they must provide the reason for rejection in writing to the client/ Substitute Decision Maker, the Champlain CCAC and the Ministry of Health and Long-Term Care (Section 162, LTCH Act Regulations).

When a LTCH rejects a client, the Care Coordinator and the LTCH may have a discussion about addressing the client’s care needs, such as increased staff training or applying for high intensity needs funding. These options should be considered prior to accepting the LTCH’s rejection.

Once a client has been accepted by a LTCH, he/she will go onto the LTCH’s waitlist. The Champlain CCAC monitors these waitlists in the Champlain region and allocates available beds to the person at the top of the waitlist.

How long will it take for a LTCH to accept my application?

LTCHs have five (5) business days to review an application and advise the Champlain CCAC of acceptance or rejection. If additional information is required by the LTCH in order to make the decision, they will ask the Champlain CCAC for this information. Clients will be notified by their Care Coordinator if their assistance is needed or if this request falls outside the scope of the initial consent to collect and share the client’s information.

How long will it take for a LTCH to accept my application? (Cont'd)

Once the Champlain CCAC provides the additional information to the home, the LTCH will then have three (3) business days to make their decision. (General Regulations under the LTCH Act 2007, Section 162 (4-5))

How do I move up the waitlist?

The objective of the Long Term Care Homes Act, 2007, is to place clients with the greatest needs into LTCHs first. Therefore, each client is placed in a "priority category" (see Appendix for the category descriptions).

Since there are many people in each category at any given time, they are then ranked within each category according to when they applied for LTC (the Champlain CCAC refers to it as their "position date").

The only people ahead of a client in his/her category are those who applied before the client. When a bed is available, the Champlain CCAC will look at the LTCH's long-stay waitlist and offer the bed to the person in the highest category with the "oldest" position date and who is waiting for that type of accommodation (for example: private, semi-private or basic accommodation).

The need for a secure or non-secure unit will also be taken into account.

Can I move from one priority category to another?

Yes, the priority categories reflect need. The vast majority of clients fall into the Category 4a (see Appendix). However, if the client's circumstances change and he/she needs to be placed in a LTCH on an urgent basis, the Care Coordinator may discuss changing the client's category to a Category 1 (see Appendix).

For clients living in the community, this change in circumstances means that they, or their caregiver, are at such risk that they need to move into a LTCH within the next few days. The Care Coordinator will also discuss with the client or his/her substitute decision maker the need to consider accepting more LTCH options in order to meet the client's need for a LTCH within days due to this crisis.

What if I refuse to accept a bed when it becomes available?

Clients or their substitute decision maker(s) who refuse a bed will be removed from the waitlists for all their LTC choices and their file will be closed. This possibility is important for clients and their families to realize when they first apply to LTCHs.

The goal is to ensure that clients are not applying too soon so that the waitlists are maintained for those who are in need of LTC and are ready to move into a LTCH (Section 167, LTCH Act Regulations).

How long do I have to wait before I can reapply?

Clients may re-apply after 12 weeks. If health conditions/circumstances change significantly during this 12-week period, the client may contact his/her Care Coordinator to discuss re-opening the application sooner (Section 167, LTCH Act Regulations).

Can I change my LTCH choices?

Clients are able to change their choices at any time. If the client changes his/her mind within six (6) weeks of when his/her original choice(s) were received at the Champlain CCAC, the new choice may be backdated to the date of the original choices. If the client makes changes more than six (6) weeks after his/her original choices, the Champlain CCAC will ask the client to submit a new list of LTCH choices. The client's position date on the new list will now be the date when the second form is received by the Champlain CCAC.

What if I cannot move in right away?

If the client or his/her substitute decision maker accepts the bed, the client must move into the facility within five (5) days from the time the bed is available (which is normally the very next day). Payment for the bed begins on the first of those five (5) days.

If the client has not moved into the LTCH within five (5) days, on the noon of the 5th day he/she will be charged for the five (5) days and the case will be considered a "non-admit." This is considered to be a refusal of the bed and will close the client's LTC application for at least 12 weeks. The Champlain CCAC will then offer the bed to the next person on the LTCH long-stay waitlist. (Section 185 (1-f) LTCH Act Regulations).

Can my spouse and I go into a LTCH together?

A couple can apply to a LTCH together. There are two possible scenarios:

Scenario A: Both persons are in need of a LTCH bed and both are eligible to move to a LTCH on their own. These two people make an application for Home A. However, due to the high occupancy rates and lengthy waitlists for most LTCHs in the Champlain region, it is highly unlikely that two appropriate rooms/beds will open up at the same time and be offered to both people for admission together.

Therefore, beds will be offered one at a time based on availability. Once the first person is admitted to Home A, the partner/spouse who is still in the community will then be given a higher priority for admission (see Appendix). This will bring the partner/spouse's name to the top or near to the top of the waitlist for Home A.

The goal is to reunite this couple in order to reduce the amount of separation time. It should be noted that couples may not be automatically reunited in the same LTCH room or on the same LTCH floor. Further internal moves at the LTCH may be required if the couple wish to share a room.

Can my spouse and I go into a LTCH together? Scenario A: (Cont'd)

When a couple does share a room, the Ministry has mandated that each of them will be charged no more than the basic rate. Both of them can also apply for a rate reduction as required. This means that the couple can share a semi-private room at a basic rate.

When one spouse/partner leaves the room, the remaining spouse/partner will either remain in the same room and pay a semi-private rate or transfer to a basic room. While awaiting an internal transfer, each of them will continue to be charged the basic rate.

Scenario B: Only one person of the couple is eligible to move to a LTCH. Both people can still apply together and the eligible person will be admitted to Home A first.

However, the partner/spouse who remains in the community and does not require the level of care provided in the LTCH will NOT move to a higher priority category (see Appendix). His/her name will therefore NOT be moved to the top of the list for Home A and the partner/spouse will continue to wait with their original priority category.

The Care Coordinator will continue to reassess the partner/spouse's status and should his/her condition deteriorate to the point LTC eligibility is possible, the partner/spouse's priority category will then be changed and he/she will be moved to the top of the list. This scenario demonstrates a goal of the provincial legislation, which aims to ensure that those who have high care needs be admitted prior to those who do not require that level of care.

What is respite care?

Short-stay respite care supports family caregivers by providing relief from their caregiving responsibilities. The family is charged for this service, as outlined by the Ministry of Health and Long-Term Care. The daily rate is less than that of a basic bed. This rate may increase each July as determined by the Ministry.

Respite care falls under the Champlain CCAC's short-stay program as it involves only temporary stays in a LTCH. Clients admitted to this program have to meet the following eligibility criteria (Section 156, LTCH Act Regulations):

- (a) The person is at least 18 years old;
- (b) The person is an insured person under the *Health Insurance Act*;
- (c) The person:
 - (i) Requires *nursing care** be available on-site, 24 hours a day;
 - (ii) Requires, at frequent intervals throughout the day, assistance with activities of daily living; or
 - (iii) Requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring in order to ensure their safety or well-being;

What is respite care? (Cont'd)

(d) The person's care requirements can be met in a LTCH.**

(e) The client's caregiver requires temporary relief from his/her caregiving activities or requires temporary care in order to continue to reside in the community and is likely to benefit from a short stay in the home, and

(f) It is anticipated that the client will be returning to his/her residence within 60 days after admission

(**nursing care* means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.)

(**The Champlain CCAC will indicate if the client care needs are too light or *too complex* and the client will be directed to a level of care option appropriate for their needs.)

There are specific time limits placed on the respite program. A respite stay should not exceed 60 consecutive days. A client may use a maximum of 90 days in a calendar year.

It should be noted that there are a limited number of respite beds throughout the Champlain region and availability cannot always be guaranteed. It is best to reserve the desired dates in advance as much as possible. Dates can be reserved up to one year in advance.

Respite care should be booked prior to purchasing plane tickets, reserving hotels, etc., in order to ensure specific days are available. For those clients who have already used short-stay respite care, they can contact either their district or respite Care Coordinator to discuss availability for a repeat booking.

What is convalescent care?

Convalescent care is for clients who require specific medical and therapeutic services following surgery or a serious illness, but their condition is expected to improve. The costs for convalescent care are covered by the government and the client is not charged.

Convalescent care falls under the short-stay programs as it involves only temporary stays in a LTCH. Clients admitted to this program have to meet eligibility criteria as follows (Section 156, LTCH Act Regulations):

(a) The person is at least 18 years old;

(b) The person is an insured person under the *Health Insurance Act*;

(c) The person:

(i) Requires *nursing care** be available on-site, 24 hours a day;

(ii) Requires, at frequent intervals throughout the day, assistance with activities of daily living; or

What is convalescent care? (Cont'd)

- (iii) Requires, at frequent intervals throughout the day, on-site supervision or on-site monitoring in order to ensure their safety or well-being;
 - (d) The person's care requirements can be met in a LTCH. **
 - (e) The client requires a period of time in which to recover strength, endurance or functioning and is likely to benefit from a short stay, and
 - (f) It is anticipated that the client will be returning to his/her residence within 90 days after admission.
- (**nursing care* means nursing and other personal care given by or under the supervision of a registered nurse or a registered practical nurse.)
- (**The Champlain CCAC will indicate if the client care needs are too light or *too complex* and the client will be directed to a level of care option appropriate for their needs.)

Specific time limits do apply for convalescent care and stays cannot exceed 90 days in a calendar year.

Waitlist Questions:

How many Long-Stay waitlists can I be on?

A person can be on up to five (5) long-stay waitlists within Ontario. If a client is waiting in hospital for a LTCH bed, he/she may choose up to five (5) long-stay homes, *plus* up to five (5) short-stay interim beds.

These short-stay interim beds are dispersed amongst many LTCHs across the region. The LTCH will admit clients from hospital on a temporary basis while they await a permanent long-stay bed of their choice.

Long-stay clients who are categorized in the Crisis Category 1 (see Appendix) are *not* limited to the five choices for long-stay waiting lists and they do *not* qualify for short-stay beds unless they are categorized as a Category 1 in hospital.

A client who is deemed to be in crisis can agree to add as many LTCHs they would be willing to move to. This can increase the client's chance of having a bed offer within a few days to a week.

What if I refuse a bed offer after I've already moved into another LTCH?

Some clients in urgent situations take a bed at a LTCH that is not their first choice and then need time to sort out their first choice and their other LTCH selections. Clients who are currently residents of a LTCH need to be informed about the implications of remaining on a waitlist.

What if I refuse a bed offer after I've already moved into another LTCH? (Cont'd)

The rules that apply while the client remains on the waitlists are different for those already living in a LTCH. For example, if a client stays on five (5) waitlists and refuses a bed offer, he/she is automatically removed from *all* five (5) waitlists, including his/her first choice. But those clients already living in another LTCH which was not their first choice may choose to re-open a separate application the next day.

There is not a 12-week wait if the client is already a LTCH resident, but it must be noted that he/she does start over at the bottom of the waitlist with a *new* position date, once their re-application is complete.

Sometimes, a client may move into a LTCH and then be offered another bed at one of his/her selected LTCHs a week or two later. Clients need to be aware that the timing of LTCH notifications may not always be optimal and decisions will still need to be made within a 24-hour window.

Clients may also change the ranking of their preferred choices at any time.

How long do I have to move into a home after admission is authorized?

Once the admission is authorized, a client must move into that LTCH by noon of the fifth (5th) day. This applies to out-of-province applicants as well (General Regulations of the LTCH Act Section 185 f-i).

What is the time frame for re-application to LTCHs if I refuse a bed?

The time frame for re-application has been shortened to 12 weeks for clients from the community who have been removed from the waitlist because they refused a bed offer. Prior legislation for re-application was 24 weeks.

However, if there is deterioration in the client's condition or circumstances then he/she can reapply more quickly (General Regulations of the LTCH Act Section 167 (4)).

Clients already living in a LTCH who refuse an offer of admission will also come off all waiting lists, but they can re-apply immediately. They will also be subject to a new "Determination of Eligibility" and they will lose their previous position date on the waitlist, but they can re-apply immediately (General Regulations of the LTCH Act Section 167 (3)).

Crisis Admission Questions:

What constitutes a crisis designation?

Clients are placed in the Crisis Category 1 (see Appendix) when their situation or, in some cases, their caregiver's health is of such a concern that every effort is required to admit the client to a LTCH as soon as possible (*usually within days*).

The Care Coordinator is responsible for assessing the client's need for crisis designation and all community resources have been exhausted. The Care Coordinator will encourage clients and their families (if applicable) to consider as many LTCH choices as possible to help find a LTCH placement in a timely manner. When it is determined that the client needs crisis placement, there is no limit on the number of his/her LTCH choices.

If someone in the community is categorized as a crisis admission and is admitted to hospital, do they retain crisis priority while in hospital?

No, a client in the community who is admitted into hospital for an acute care need will be re-prioritized (see Appendix). These client's require acute medical/ psychiatry need to be stabilized and then their care requirements will be re-assessed when they are to be discharged.

If the client has not been admitted to the hospital as an in-patient and is only in the hospital emergency department due to "social admission" (meaning no acute care intervention required), the crisis priority could continue to apply. A discussion would then need to take place between the client's Hospital Care Coordinator and the hospital Social Worker.

Determination of Eligibility:

What if I was previously determined to be eligible for LTC, but now I am no longer eligible under the new regulations?

There is a review of the client's eligibility any time a re-assessment is done by a Champlain CCAC Care Coordinator. If a client is no longer eligible at the time of re-assessment, the Care Coordinator will inform the client of that finding and explain the determination of ineligibility.

A written notice of this decision will be sent to the client, which outlines the reasons for the determination and notification of his/her right to appeal the decision to the Health Services Appeal and Review Board. The Care Coordinator will also suggest alternative services and make appropriate referrals on behalf of the client with his/her consent.

What if I was previously determined to be eligible for LTC, but now I am no longer eligible under the new regulations? (Cont'd)

A client who wishes to appeal the Care Coordinator's decision of ineligibility should inform his/her Care Coordinator, who will request a peer review of the client's LTC eligibility. A group of Champlain CCAC Care Coordinators will meet within a week to review the client's assessments, needs and capabilities and decide if they agree or disagree with the Care Coordinator's finding of ineligibility.

The client's Care Coordinator will then relay the group's decision and reasoning to the client. If the client still wishes to appeal the decision, he/she is responsible for contacting the Health Services Appeal and Review Board, which will guide the client through the formal appeals process.

Contact information:

Health Services Appeal and Review Board
 Attention: Registrar Health Boards Secretariat
 151 Bloor Street, West 9th Floor
 Toronto ON, M5S 2T5
 1-866-282-2179, 416-327-8512 or by fax: 416-327-8524

How do I know which LTCHs or units and areas within a home are primarily engaged in serving the interests of a particular religion, ethnic or linguistic origin?

The client's Care Coordinator will be able to provide this information and decide if a client should be prioritized in these categories (see Appendix).

For more information about the LTCHs in the Champlain region, please visit our website, www.Champlainhealthline.ca, to find profiles and virtual tours of almost all of the homes.

In the Champlain region, there are three LTCHs with a cultural designation. This means that a client of that specific culture/religious affiliation will receive a higher category/priority when applying for a bed in these LTCHs.

These homes include Villa Marconi, which has an Italian designation for the entire home; Hillel Lodge, which has a Jewish designation for the entire home; and the Glebe Centre, which has a Chinese designation for one unit (see Appendix).

There are no designations or priorities given for homes offering a Francophone environment within the Champlain region. LTCHs in the Champlain region which offer a Francophone environment in the Ottawa are Centre d'Accueil Champlain, Residence St. Louis and CLSD Monfort. All of the LTCHs in the Eastern Counties offer services in French. They include Caressant Care Bourget, Centre d'accueil Roger Séguin, Château Gardens, Community Nursing Home, Dundas Manor, Glen-Stor-Dun Lodge, Maxville Manor, Parisien Manor, Pinecrest Nursing Home, Résidence Champlain, Résidence Prescott Russell, Sandfield Place, St. Joseph's Villa, St-Jacques Nursing Home, St-Viateur Nursing Home, Tsi ion kwa nonh so:té, Heartwood and Woodland Villa.

Re-admission Questions:

If I am a LTCH resident who is temporarily in hospital for medical or psychiatric reasons, will I be able to be re-admitted to a LTCH?

Under the new regulations, the number of days a client can be absent from his/her LTCH for a medical or psychiatric absence is fixed at 30 and 60 days, respectively (General Regulations of the LTCH Act Section 138).

The LTCH must ensure that when a long-stay client returns from a medical or psychiatric absence (or casual or vacation absence), the client must be provided with the same class of accommodation, the same room and the same bed in the room that they had before their absence. The only exception occurs if the client's needs have changed and, as a result, a different bed or room is required.

If a client remains in hospital beyond the number of days specified above, he/she will be discharged from the LTCH. However, when the client is able to return to the LTCH, he/she will re-apply and receive the highest priority for return to his/her previous home. This category is called "re-admission" (see Appendix).

If the LTCH from which the client left for hospital cannot accept the resident back to the home (for example, if the LTCH does not have a secure environment to keep the client safe from wandering out of the home), then the client's care will be evaluated by the Hospital Care Coordinator to find an appropriate discharge plan.

If I was initially admitted to my second choice LTCH and want to remain waitlisted for two or three more choices, can I re-rank the preference of these choices?

Yes, it is up to the client to determine how their remaining choices are ranked. A client can change their preference with regard to their first choice home at any time, but when this occurs, the Champlain CCAC will re-prioritize all of their remaining choices accordingly.

Is there an expectation that someone in hospital would be offered admission to LTCHs other than one of their choices?

There can be no official offer of admission to a LTCH that a client has not selected or applied to, whether that person is in the community or in hospital. The Champlain CCAC can advise of vacancies or potential vacancies in other LTCHs, however, clients cannot be told that they *must* make application to these homes.

Interim Bed Short Stay Questions:

What is the definition of Interim Beds?

The short-stay program involves interim beds dispersed throughout many LTCHs across the Champlain region. Only clients from hospitals can be admitted to these interim beds. The client who is admitted must also maintain an application(s) to at least one regular long-stay LTCH home.

The following rules apply for short-stay admissions (General Regulations of the LTCH Act Section 196):

- The admission is initially authorized for up to 120 days;
- If there is no bed offer within 120 days, the regulations allow the Champlain CCAC to extend the authorization by 60 day increments; and
- There can be *unlimited* extensions, but the client` must stay on at least one waitlist for a regular long-stay bed.

What is the accommodation charge for interim beds?

The accommodation charge for interim beds is the same as for long-stay beds. A client in an interim bed will be charged either the basic, semi-private or private rate that they have indicated they can afford.

However, there is also a regulatory provision that requires LTCHs to make an interim bed classified as a semi-private or private accommodation available as basic accommodation if there is no one on the waitlist for other rates.

I'm a veteran applying for a "veteran-designated" LTCH bed. Do I follow the same process?

If an applicant is seeking a veteran's subsidized LTCH bed, the client's Care Coordinator will help initiate the application for a "veteran-designated" LTCH bed and also assist with providing process information, completing an assessment and putting the entire LTCH application together. The veteran will need to provide his/her regimental number at this time.

A veteran's application differs from a regular LTCH application because once it is completed it is sent to Veterans Affairs Canada (VAC), which will determine the client's eligibility for a veteran's LTCH bed (LTCH Act 2007, Section 44(7)).

VAC will review a number of factors, including whether the client had overseas wartime service or if he/she is receiving a pension for a service-related disability. VAC will then advise the client in writing about his/her eligibility. VAC will also confirm the cost with the client since the beds for veterans are federally subsidized.

A veteran may also apply for a bed in any LTCH across Ontario. His/her application will be compiled and processed in the same way as any civilian application. The Champlain CCAC Care Coordinator will counsel the veteran on the provincial accommodation rates. The veteran will then be referred to VAC to discuss the possibility of additional financial support as this can differ from veteran to veteran.

Appendix:

Summary of Priority Categories 1 to 4. (General Regulations of the LTCH Act 2007, Section 171 – 177):

(Please note that categories are reviewed with clients and often discussed during counselling with the Care Coordinator about application completion, waitlist dates, etc.)

Category 1 – Crisis category:

- Highest priority is given to crisis clients who are living in the community.
- This client is defined as someone who is in such urgent need of a LTCH bed that an admission within a few days is required
- At times, clients residing in a hospital bed who are waiting to move into a LTCH will be temporarily assigned as a Category 1 when the hospital meets very specific criteria in order to try to move these clients out and free up hospital beds for patients who need acute care.
- If a hospital, unit or LTCH is permanently closing, the clients residing there may be given a Category 1 as the closure date gets closer. The goal is to move these clients to a safe environment prior to them losing their home or shelter.

Category 2 – Spouse/partner reunification:

- When a client who is eligible for a LTCH and his/her spouse/partner has been admitted to a LTCH, that client can be assigned as a Category 2 on the waitlist of the LTCH where his/her spouse/partner is now living. The goal is to try to reunite the couple as soon as possible.
- Every client who is given a Category 2 will be ranked according to the date his/her spouse/partner was admitted to the LTCH. This means that those couples who have been separated the longest will be offered a bed first.

Category 3A and 3B – Religious, ethnic or linguistic origin:

- The Champlain region has three (3) LTCHs that have been approved for a special cultural designation. These LTCHs are located in the Ottawa area:
 - 1. Glebe Centre** – One unit designated for Chinese clients and their spouse/partner.
 - 2. Hillel Lodge** – The entire home is designated for Jewish clients and their spouse/partner.

3. Villa Marconi – The entire home is designated for Italian clients and their spouse/partner.

Category 3A and 3B – Religious, ethnic or linguistic origin (Cont'd):

- This means that if a client of one of these cultural backgrounds applies to the corresponding home/unit, he/she will be given a Category 3, as opposed to a Category 4.
- Category 3A is given to those clients with cultural backgrounds who have high care needs or they are waiting placement from a hospital or they are in a LTCH bed and waiting for their first choice or they are in an interim long-stay bed and waiting for a permanent LTCH bed.
- Category 3B is assigned to those clients with cultural backgrounds who have lower care needs but they are still eligible for LTC or for those clients living in a LTCH who are waiting for more than just one more LTCH option or they are the spouse or partner of another LTCH client, but they have no real care needs of their own.

Category 4A and 4B –The most commonly used category:

- It follows all of the same requirements for Category 3A and 3B, except there is no cultural designation in this category.
- Category 4A is given to those clients who have high care needs or they are waiting for placement from a hospital or they are in a LTCH bed and waiting for their first choice or they are in an interim long stay bed waiting for a permanent bed.
- Category 4B is assigned to those clients with lower care needs but they are still eligible for LTC or those clients living in a LTCH and waiting for more than just one more LTCH option or for a spouse or partner of another LTCH client but they have no real care needs of their own.

Priority Categories by Name (no number assigned):

Re-admission category:

- This category is for clients who were living in a LTCH and who had to take extended medical leave leading to a discharge from the LTCH.
- This category outranks any and all other categories as the goal is to discharge the client from hospital back to the home they *were previously residing in*.
- If the LTCH the client was living in immediately prior to the hospital stay cannot take the client back, he/she cannot qualify for "re-admission" to another LTCH.

Priority Categories by Name (Cont'd):

Exchange category:

- Sometimes an exchange will occur when there are two clients in two different LTCHs who are waiting for a bed in the other's home and they require the same accommodation and the same level of security. The Champlain CCAC can attempt to negotiate a possible transfer date for the two clients. The goal is to get these two people to the home location they both prefer.
- Legislation allows this type of exchange to take place between a LTCH and other facilities as well, but the Champlain CCAC does not currently maintain information on clients in other facilities.