



Assisted Living Services

Frequently Asked Questions

Updated: 25 March 2024

Ontario Health (OH), with support from the Ministry of Health (MOH), have developed this question and answer (Q&A) document based on the inquiries received from Assisted Living Services (ALS) Health System Providers (HSPs) related to the *2023 ALS Policy*. Note that some questions have been edited for clarity purposes.

This document will be updated regularly as OH receives additional questions related to the implementation of the 2023 ALS Policy and any future iteration of the policy.

#	Subject	Question	Response Provided
1	Reporting Hours	<p>We have paused reporting service hours as advised by the Local Health Integration Network (LHIN). Where do we go about reporting these statistics now?</p> <p>[Note to readers: the Local Health Integration Network (LHIN) is now Home and Community Care Support Services (HCCSS)]</p>	<p>The MOH (Health Data Branch) circulated a memo regarding service hours reporting after the release of the refreshed policy in July 2023.</p> <p>A copy of the memo can be found HERE.</p> <p>This memo clearly outlines how service hours are to be counted and reported, including clarifying that reporting is optional for the 23/24 financial year but will become mandatory in 24/25. OH and MOH would encourage ALS HSPs to begin reporting their service hours as soon as possible in advance of this reporting becoming mandatory in 24/25. Please work with your OH regional partners and OH regional contacts if you have further questions after reviewing the memo.</p>

2	Reporting Hours	Are we now collecting and reporting on mandatory data, example, hours of care/hours of service?	See response to question # 1
3	Eligibility	HCCSS* informed its providers that it will update its referral process related to ALS services to include non-seniors as per the new ALS policy. Are we expected to expand our services beyond the client population we are currently serving? <i>*This question pertains to one HCCSS sub-region.</i>	The 2023 policy has not changed eligibility criteria or referral processes, but rather has aimed to articulate what already exists within the system. If an HSP has an existing focus on a particular client population, they are encouraged to continue serving this population. If the HSP would like to make an operational change that impacts funding and/or eligibility, they are encouraged to discuss this with their OH regional partners, OH regional contacts and HCCSS.
4	Eligibility	Our mandate is to serve seniors mostly 65+ and in some programs 55+. We don't serve younger groups. There is a bit of confusion that based on this policy we may be asked to serve 16+ clients specifically clients with ABI. Our objectives are clearly identified as serving senior age group. Please clarify if we need to change our mandate based on this policy to serve all age groups, and not just seniors.	See response to question # 3.
5	Intake and Referrals	Regarding intake and referrals, are HSP's now allowed to admit to the waitlist without sending a referral for assessment to Home and Community Care? It is very confusing language used in this policy.	The 2023 policy has not changed eligibility criteria or referral processes, but rather has aimed to articulate the variety that already exists within the system. If an HSP has an existing process related to referrals, assessments, and/or intake that is permissible under the 2023 ALS Policy, they are encouraged to keep those processes in place. If an HSP would like to make an operational change that impacts funding and/or

			eligibility, they are encouraged to discuss this with their OH regional partners, OH regional contacts and HCCSS.
6	Intake and Referrals	Does HCCSS still receive referrals prior to ALS for the expansion project?	See response to question # 5
7	Service Maximum Hours	Does the removal of the service maximum refer to our current 1.5hrs of care which determines our current funding allocation? If the service maximum is being removed, how does that translate into our annual budget? If there are no service maximums in place, how do we determine when a client is no longer eligible for service? What factors do we use to make this determination (i.e. discharges to LTC)? Are we aligned re: discharge and transition role identification? Are we aligned regarding complaints and appeals re language?	<p>HSPs are encouraged to use standardized functional assessments (e.g. InterRAI) to determine eligibility and ensure clients continue to meet the criteria as their needs/abilities change. The 2023 ALS Policy lays out a number of criteria, including the requirement for clients to be able to remain safely at home between visits.</p> <p>Providers should work with their OH regional partners and OH regional contacts if they feel their client caseload is becoming more acute and requires additional resources to serve.</p> <p>If the HSP would like to make an operational change that impacts funding and/or eligibility, they are encouraged to discuss this with their OH regional partners, OH regional contacts and HCCSS. Since the MOH released the 2023 ALS Policy in July 2023, OH has established an ALS Policy Implementation Working Group to develop strategies and support ALS HSPs in implementing the changes outlined in the policy. Complaints and Appeals is one of the tasks that the implementation working group is actively working on. We anticipate providing more detailed information in the coming months, including expectations for reporting and standardized business processes.</p>
8	Service Maximum Hours	No maximum/Minimum hours? Does that mean they do not have to be at least a daily visit with maximum hour visit? If a client who has been on the program declines and needs	HSPs are encouraged to use standardized functional assessments (e.g. InterRAI) to determine eligibility and ensure clients continue to meet the criteria as their needs/abilities change. When these eligibility criteria are no longer met by a client (because their functional abilities

		more services (more than ALS criteria) how long (with contingency plan in place) do we wait to remove services? 24/7 Services? what is happening regionally?	have improved or deteriorated), they should be referred to another appropriate care setting/provider. If an HSP would like to make an operational change that impacts funding and/or eligibility, they are encouraged to discuss this with their OH regional partners, OH regional contacts and HCCSS.
9	Service Maximum Hours	The new policy states all ALS HSP's must have in their service agreements provisions that account for 24 hour/7 days a week access to services. Could this be an "on-call" type service, or a number provided to clients in the event that they are seeking services outside of their normally scheduled care??	Access to 24/7 care is a pillar of ALS. ALS HSPs are required to establish models to meet this requirement.
10	Reporting Standards	Is there a possibility of revising the Key Performance Indicators (KPIs)? ALS KPIs can be much broader than just # of PSW service hours delivered as it includes other care coordination services and other instrumental and non-instrumental support given to the clients.	Current metrics have been set out in the new policy. Please reach out to your OH regional contacts for further discussion about regional KPIs.
11	Reporting Standards	We operate one of our assisted living services programs in more of a group home setting. Hours of service become more challenging in this setting as staff provide unscheduled supports as a constant throughout the day. Is there a consistent way in which you would like this information collected?	This will be clarified further in the upcoming webinar scheduled for April 27, 2024. Staff working in a group or building-based setting can have their hours of direct care/services all counted (excludes standby time during shift, travel, administrative and documentation time).

12	Service Location, Designated Service Areas	Why is the policy to not visit people when in a retirement home setting? And if this remains policy, should visiting them for a period of time when they move into a retirement home be part of the transition plan?	Individuals living in retirement homes are ineligible for ALS. This includes the provision of transitional care after the individual moves into a retirement home.
13	Transition and Discharge	Will a transition and discharge strategy be mandated or is it to be developed within each Assisted Living Program? It does not seem clear but are we correct to assume a mandated approach would ensure necessary consistency across the province?	Transition and discharge processes are not currently mandated or standardized across OH regions. If HSPs would like support in this area, OH can facilitate connections with another HSP for peer-to-peer sharing. If numerous providers express an interest in creating standardized processes, OH could create a working group to facilitate this.
14	Service Maximum Hours, Eligibility Criteria	What is the maximum service hours we can provide and also has the eligibility changed?	There are currently no maximum service hours in ALS and the eligibility requirements remain unchanged. If a client's needs become more acute and the client is no longer safe at home between visits, HSPs should work with HCCSS care coordinators or appropriate partners to reassess the client for a different type of care (e.g. Long Term Care).

*Items in BLUE denotes NEW questions.