Update on Proposed Home and Community Care Regulations under the *Connecting Care Act, 2019*

June 2021

Ministry of Health

Ontario

Your feedback is invited

- The Ministry of Health (MOH) is seeking feedback on proposed updates to regulations for home and community care services.
  - These updated regulations under the *Connecting Care Act, 2019* are targeted for finalization later this year.
- To support your feedback, this document sets out:
  - an overview of the MOH's broader plan and timeline for home and community care modernization; and
  - a description of MOH's proposed new home and community care regulations.
- Attached to this document is a fillable form for submitting your feedback on the proposed regulations.
- The ministry has scheduled several question-and-answer sessions in June and July.
  - The intention of these sessions is to provide an opportunity to clarify any of the content in these materials in order to support you in developing written feedback to MOH before regulations are finalized later this year.

Review updated summary of the regulations (this document) → Attend Q&A session → Submit written feedback to the ministry by July 15, 2021

This is an opportunity for stakeholders to ask questions about the proposed regulations.

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Home and Community Care Modernization – Overview

Transformation Priorities for HCC

The Ministry has been advancing home and community care modernization in five key areas:

Bolster Capacity to Support COVID Response

Fund and implement targeted initiatives in HCC as part of the government's broader COVID-19 response plan.

Modernize Legislation and Regulations

Create a new and modernized legislative framework for home and community care to enable Ontario Health Teams and Health Service Providers to assume responsibility for the delivery of home and community care within an integrated and person-centred service model.

Improve Accountability in Delivery

Review and update home care service provider organization procurement and contracting model.

Establish Transitional and Permanent Governance

Refocus LHINs as interim organizations responsible for maintaining home care delivery and long-term care placement functions. New name: Home and Community Care Support Services (HCCSS). Plan for end state Ontario Health takes accountability for HCC, and services are delivered through Ontario Health Teams.

Develop a Framework for HCC Transition

With a strong foundation for service continuity with Home and Community Care Support Services, set parameters for the phased transition of HCC to Ontario health Teams and establish clear roles and responsibilities for the ministry, Ontario Health and Ontario Health Teams during transition. Evaluate tests of change to prepare for full provincial scale.

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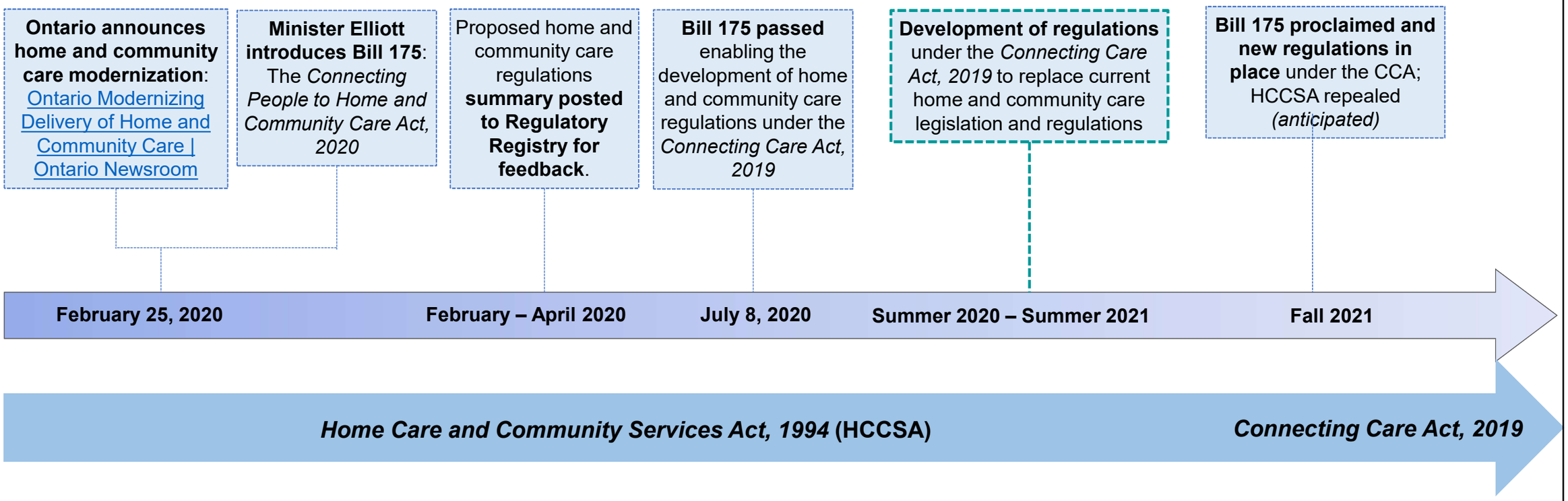
Modernizing Home and Community Care – timeline for new regulations



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Modernizing Home and Community Care Legislation and Regulations

- On February 25th, 2020, the government introduced Bill 175, the *Connecting People to Home and Community Care Act, 2020*. It received Royal assent on July 8th, 2020. It will be proclaimed into force once regulations are ready – expected later in 2021.
- The legislation embeds provisions regarding the funding and delivery of home and community care in the *Connecting Care Act, 2019,* signaling that home and community care is part of an integrated health care system.
- The new legislation and regulations would enable Ontario Health to fund Health Service Providers (HSPs) and Ontario Health Teams (OHTs) to provide more person-centred home and community care services in more flexible, locally-determined ways.

CURRENT FRAMEWORK

Home Care and Community Services Act, 1994 (HCCSA)

- Care coordination model that creates barriers to responsive, integrated care.
- Service maximums
- Dated Bill of Rights

NEW FRAMEWORK

Amend the *Connecting Care Act, 2019*

✓ Add provisions to enable integration of home and community care with OHTs and the broader health system.

Create New Regulations

- Create regulations that build and improve on the current framework, including to:
  - define an expanded scope of home and community care services that Ontario Health may fund,
  - create more flexibility for HSPs and OHTs to coordinate and deliver services at points of care, and
  - establish a more modern Bill of Rights and robust client/patient and caregiver complaints process.

Create New Guidance and Policies

- Working with Ontario Health and experts and providers, update and develop guidance and direction for HSPs, OHTs, and contracted service providers regarding care coordination arrangements, care planning considerations, and other aspects of home and community care provision.

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Proposed home and community care regulations under the *Connecting Care Act, 2019*

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Highlights

The proposed regulations would enable more modern, comprehensive, flexible, and client/patient-focused home and community care.

- The full range of services currently included in home and community care would be **carried forward**, and new **services would be added**.
- Client/patient **eligibility criteria for most services would be retained**, and **additional flexibility would be introduced** for some services **to support access and transitions**.
- **Service maximums would be removed**, and **factors to be considered in care planning would be expanded**.
- Health Service Providers and Ontario Health Teams funded for home and community care would have **flexibility, within defined parameters, to assign required care coordination functions** to their contracted front-line service providers and/or to other HSPs and OHTs – while **remaining responsible for ensuring all regulatory requirements for care coordination continue to be met**.
- The **Bill of Rights would be modernized**, including to reflect the full range of human rights set out in the Human Rights Code, and to affirm a right of persons who identify as First Nation, Metis, or Inuk to culturally appropriate care.
- Current **restrictions related to co-payments would continue**.
- Requirements for providers regarding **plans against abuse and complaints processes would be enhanced**, and **rights of appeal** to the Health Services Appeal and Review Board (HSARB) **would continue**.
- The **Patient Ombudsman's authority** to help resolve complaints about home care services would be **expanded** to include HSPs and OHTs, along with Home and Community Care Support Services.
- Self-Directed Care would continue to be available, with program parameters set out more in policy than in legislation or regulations.
- Legislative provisions supporting **quality and safety in congregate residential care settings** would be enabled, when appropriate.

Home and Community Care Services

- Traditional Healing
- Indigenous cultural support services

- Meal services.
- Transportation services.
- Caregiver support and respite services.
- Adult day programs.
- Home maintenance and repair services.
- Friendly visiting services.
- Security checks or reassurance services.
- Social or recreational services.
- Client intervention and assistance services.
- Emergency response services.
- Foot care services.
- Home help referral services.
- Independence training.
- Palliative care education and consultation services.
- Psychogeriatric consulting services relating to Alzheimer disease and related dementias.
- Public education services relating to Alzheimer disease and related dementias.
- Services for persons with blindness or visual impairment.
- Services for persons with deafness, congenital hearing loss or acquired hearing loss
- Bereavement services
- Behavioural supports
- Education, prevention, and awareness services pertaining to home and community care services, mental health and addictions, chronic disease management, aphasia and communication disorders, and vocational training and education

- Nursing services.
- Occupational therapy services.
- Physiotherapy services.
- Social work services.
- Speech-language pathology services.
- Dietetics services.
- Diagnostic and laboratory services.
- Providing medical supplies, dressings and treatment equipment necessary to the provision of nursing services, occupational therapy services, physiotherapy services, speech-language pathology services or dietetics services.
- Pharmacy services.
- Respiratory therapy services.
- Social service work services.
- Psychological services
- Training a person to provide any of these services

- Personal hygiene activities.
- Routine personal activities of living.
- Assisting a person with any of the above activities.
- Training a person to carry out or assist with any of the above activities.

- Housecleaning
- Doing laundry.
- Shopping.
- Banking.
- Paying bills.
- Planning menus.
- Preparing meals.
- Caring for children.
- Assisting a person with any of the activities referred above
- Training a person to carry out or assist with any of the activities referred above

Blue text = proposed new listed services

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What would be included in Home and Community Care Services

- The ministry is proposing **to build on the current scope of home and community care services.**

Current state	Proposed Approach
• Home and community care services (which are called 'community services' under HCCSA) comprise four groups of services: ○ professional services ○ personal support services (PSSs) ○ homemaking services ○ community support services (CSSs)	• The ministry is proposing to: ○ refrain from sorting services into 'home care' and 'community care' categories *in regulation* ★ ○ keep the four current groups of services (professional, personal support, homemaking, and community support services), and the individual services currently listed under each group (e.g. nursing, assisting a person with activities of daily living, etc.) ★ ▪ Two legacy homemaking services would be discontinued: ironing and mending. ○ introduce a new group (Indigenous Services) that includes Traditional Healing and Indigenous Cultural Support Services. ★ ▪ Indigenous Cultural Support Services would replace Aboriginal Support Services, a current community support service. ○ add psychological services as a new professional service ○ add new community support services: bereavement services; behavioural supports; and education, prevention, and awareness services pertaining to home and community care services, mental health and addictions, chronic disease management, aphasia and communication disorders, and vocational training and education services ★ ○ rename "caregiver support services" as "caregiver support and respite services" ○ retain "security checks or reassurance services" as a community support service • Services previously identified as potential new services (aphasia services, diabetes education, and pain and symptom management) have now been confirmed as being within the scope of other listed services, e.g. the new education, prevention, and awareness services. • Under the new regulations, Health Service Providers could be funded to provide any combination of these services, and Ontario Health Teams, once mature, would be funded for all of them.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

★ New approach since Feb 2020 posting based on feedback to date

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Service Maximums

- The ministry is proposing to remove service maximums from regulations and provide service allocation guidance in policy.

Current state	Proposed Approach
• Home and Community Care Support Services and other approved agencies may provide no more than a prescribed maximum number of hours of certain services. • HCCSSs may provide service volumes above the service maximums under extraordinary circumstances to persons in the last stages life, persons on a waitlist for Long-Term Care Home placement, persons with complex needs, or for no more than 30 days in any 12-month period, to any other person.	• Service maximums would be removed from regulations. • The ministry is reviewing options for providing updated policy guidance on service allocation to support equity of access.

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Client/Patient Eligibility Criteria

- The ministry is proposing to maintain current client/patient eligibility criteria for most services and introduce additional flexibility for some services.

<table>
<tr><th>Current state</th><th>Proposed Approach</th></tr>
<tr>
<td>Eligibility criteria are set out for each category of home and community care services except for community support services, where providers determine eligibility locally.

Additional eligibility criteria are set out for in-home physiotherapy and pharmacy services, among others.</td>
<td>

The ministry is proposing to retain current eligibility criteria for all home and community care services (please see next slide), with additional flexibility as follows:

expanding the list of ‘purposes’ for which professional services may be provided to include all end-of-life care (not only palliation)
allowing home and community care-funded personal support services to be provided in long-term care homes for a transitional period to newly admitted persons with behavioural issues ★
changing the eligibility criteria for in-home pharmacy and physiotherapy services to:

remove the requirement that a person be ‘unable to access the service outside the home due to their condition’ , and
replace it with a requirement that the person ‘have difficulty accessing the service outside the home due to their condition or other circumstances’

The regulations would not set out client/patient eligibility criteria for the three proposed new community support services.
The other proposed new services would have the following service-specific client/patient eligibility criteria:
<table>
<tr><td>• Psychological services</td><td>• person has a long-term mental health disability or responsive behaviours</td></tr>
<tr><td>• Traditional healing
• Indigenous Cultural Supports</td><td>• Input is requested on whether the regulations should set out client/patient eligibility criteria for either or both of these services, and if so, what those criteria should include</td></tr>
</table>
For persons needing home and community care services as part of end-of-life care, the ministry would propose new regulations to waive the requirement for Ontario Health Insurance Plan (OHIP) coverage for newcomers to Ontario who were insured by another province or territory.

</td>
</tr>
</table>

Blue text = proposed new content for regulations (not currently in/under HCCSA)

★ New approach since Feb 2020 posting

Client/Patient Eligibility Criteria (continued)

- Current 'baseline' eligibility criteria for each of group of home and community care services would be maintained, as follows:

<table>
<tr><th>Professional Services</th><th>Personal Support Services</th><th>Homemaking Services</th><th>Community Support Services</th><th>Indigenous Services</th></tr>
<tr><td colspan="3">• Person is OHIP-insured</td><td rowspan="5">Eligibility is determined by the HSP/OHT</td><td rowspan="5">Feedback is requested</td></tr>
<tr><td>• Person needs the service to return home from hospital or another institution, or to remain in their home</td><td colspan="2">N/A</td></tr>
<tr><td>• Service is reasonably expected to result in progress of the person towards rehabilitation, maintenance of functional status, or palliation or other end of life care (not applicable to pharmacy services)</td><td colspan="2">N/A</td></tr>
<tr><td colspan="3">• Place where services are to be provided has all the necessary features for the services to be provided</td></tr>
<tr><td colspan="3">• There is no significant risk of serious physical harm to provider</td></tr>
</table>

- In addition to the criteria for each group of services shown above, individual professional services would retain their current eligibility criteria (if any), e.g.:
  - For physiotherapy services provided in a congregate or group setting, the person must have been recently discharged from hospital and the services must be directly connected to the reason for admission, or the person must be 65 years of age or older.
  - For pharmacy services, the person must be taking three or more prescription medications and be at risk of medication complications due to complex medical needs and (as proposed) have difficulty accessing the service outside the home due to their condition or other circumstances.
  - For respiratory therapy services, the person must be ventilator-dependent, have artificial airways, or be receiving home oxygen services under the Ministry of Health's Assistive Devices Program.
  - For diagnostic and laboratory services, the person must be in need of nursing services, occupational therapy services, physiotherapy services, speech-language pathology services, or dietetics services.
- For physiotherapy services provided in the home, current service-specific eligibility criteria would be made more flexible, as noted on the prior slide.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Highlight: Care Coordination for Home and Community Care Services

- Care coordinators work with patients/clients to develop care plans based on an individual's needs and goals, and they ensure patients/clients have the ongoing care they need. Care coordinators go beyond the functions articulated in regulation.
- The new regulations would:
  - keep care coordination at the centre of home and community care
  - further enable integration of home and community care with primary care and other types of care by removing care coordination from current silos
  - maintain and modernize regulatory standards regarding fundamental care coordination activities, including assessing and re-assessing needs, developing and updating care plans, and initiating and coordinating services
  - enable HSPs and OHTs to implement new models of care that coordinate and provide care more responsively and effectively for patients and families, and more efficiently for providers and the broader health care system

Current State	Future State
• Home and Community Care Support Services and other approved agencies are funded to coordinate and provide home and community care. • Home and community care is often siloed from other types of care, including care assessments and records. • An approved agency cannot delegate or contract out these functions.	• Ontario Health Teams and non-profit Health Service Providers are funded to coordinate and provide home and community care. • Care coordination is more integrated with primary care and other health providers through integrated care records, integrated care delivery and improved referral networks. • Ontario Health Teams and Health Service Providers can assign care coordination responsibilities differently among care partners, including to contracted service providers or other HSPs, within specified parameters, and remain accountable for spending and outcomes.

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Highlight: Care Coordination for Home and Community Care Services (continued)

Regulations will lay the foundation for more integrated home and community care coordination and care delivery by OHTs and HSPs.

- Assessments and care plans that consider the client's wholistic needs for services across the OHT, using a teams-based approach that includes primary care, home and community care, and hospital care.

- Enabling changes to client care plans by front-line care providers and other members of the care team within accountability parameters.

- Care plans are responsive to client needs in real time to reduce emergency department visits.

- Coordination supports the circle of care, patient and family to actively participate in an integrated care plan that they can access and contribute to digitally.

Implementation Example

- Ontario Health funds a Health Service Provider in an Ontario Health Team to provide home and community care services to high-needs clients discharged from hospital partners in the Ontario Health Team.
- The Health Service Provider procures some of those services from external service providers.
- Working within parameters set by its Ontario Health Team, the Health Service Provider:
  - Assigns a degree of care coordination responsibilities for re-assessing needs and revising care plans to its contracted providers to ensure care remains responsive to the client's needs
  - Works with service provider staff work to monitor client outcomes.
- The Ontario Health Team monitors the quality and value of services provided, including to ensure the patient/client and their caregivers experience seamless, person-centred care.
- Health Service Providers and their contracted service providers leverage digital tools to share information, leverage remote monitoring to manage high risk patients, and respond effectively to the person's changing needs.

Future of Care Coordination

- Care coordination functions will continue to play a vital role in ensuring Ontarians receive high quality home and community care services
- While new regulations would enable new and innovative models of care, the responsibility of care coordination will transfer to Health Service Providers (HSPs) and OHTs carefully, deliberately, and over time.
- As with any new model of home and community care, models that allocate care coordination functions differently will be carefully considered and consider the capacity of partners to deliver in alignment with objectives for the health system, including accountability for system resources.
- To support this transition, the ministry will work with Ontario Health, HSPs, OHTs, and Home and Community Care Support Services to develop a staged implementation plan, including complementary policies and management tools for care coordination (e.g., service allocation, wait listing).

Related Upcoming Work

- Review of home care contract templates and accountability requirements to support new models of integrated care delivery.
- Development of parameters for tests of change and transition of home care functions to Ontario Health Teams.

Proposed Approach: Care Coordination

- The ministry is proposing to **retain current care coordination functions** and **enable more flexibility in care planning requirements** to support delivery that is **more efficient and responsive to changing client/patient needs** and more **oriented to client/patient outcomes**.

Current state	Proposed Approach

Care coordination functions and requirements:
• **assess** the person's requirements, taking into account other assessments and information provided.
• **determine eligibility** for services required.
• **develop a care plan**, setting out amounts of service and taking into account the person's preferences.
• **review the person's requirements** when appropriate, and **revise the care plan** when requirements change.
• **provide services in a reasonable timeframe**, and **wait-list** the patient if services are not immediately available.
• **assist the person in coordinating multiple services** (e.g. scheduling nursing and personal support visits at different times)
	• Care coordination would include the same functions: assessing needs, determining eligibility, planning care, reviewing needs and revising care plans as appropriate, providing home and community care services in a reasonable time or wait-listing, and coordinating multiple services.
	• Requirements for the care coordination would be updated to support and enable more responsive and integrated care, including as follows:
	  ○ The care coordinator would be required to actively seek to obtain assessment information already collected by other providers, with appropriate authority, and assessments would have to include consideration of social determinants of health.
	  ○ Care plans would have to set out care goals, including intended clinical and functional client/patient outcomes, and planned amounts, duration, and modalities of service.
	  ○ Assessment results and the contents of care plans would have to be provided in an accessible format to the person receiving services.
	  ○ Organizations providing multiple HCC services to a person would be required to ensure the services are coordinated in accordance with the person's wishes.
	  ○ Health Service Providers and Ontario Health Teams funded for any home and community care service would be required to refer persons to other providers if the person requests or requires a home and community care service the organization is not funded to provide.
	  ○ HSPs and OHTs would be required to ensure that French language care coordination and care services are actively offered in line with the current obligations of Home and Community Care Support Services, including their obligations under the *French Language Services Act.*

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Proposed Approach: Care Coordination (continued)

Current state	Proposed Approach
• When a care plan is developed, evaluated, or revised, the care coordinator must consider the person's preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.	• When a care plan is developed, evaluated, or revised, the following factors would have to be considered: ○ the person's preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors ○ clinical best practices ○ the effective and efficient management of human, financial and other resources ○ the availability of family and other informal caregiver supports ○ equitable access to services within available funding ○ the relative costs and benefits of providing the service inside and/or outside the home and in-person and/or virtually, and ○ opportunities for referrals to providers of non-health services related to social determinants of health.
• Service providers must ensure there is a written plan of care for persons receiving professional services, and if the care involves controlled acts, providers must ensure the plan has been developed or reviewed by the appropriate regulated health professional.	• There will be one care plan for the patient/client that includes all their home and community care services. • Providers will continue to be required to ensure that any plans for professional services involving controlled acts are developed, updated, or reviewed by the relevant regulated health professionals.
	• Providers would be required to: ○ seek to coordinate their care delivery with other providers to avoid duplication and ensure quality of care ○ work with the person, their caregivers, and other providers to develop and implement a transition plan prior to terminating a person's home and community care services.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

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Proposed Approach: Care Coordination (continued)

- The ministry is proposing to **allow Health Service Providers and OHTs flexibility to assign care coordination functions to contracted providers or other organizations** to improve system navigation, reduce transitions, and eliminate duplication in assessments and care planning.

Current state	Proposed Approach

Care Coordination must be done directly:
 	
Home and Community Care Support Services and other approved agencies must *directly (i.e. with their own employees)* carry out care coordination functions set out in legislation (i.e. assess and re-assess needs, determine eligibility, plan and revise care, coordinate multiple services) – they *cannot* have their service providers or other organizations carry out those functions.
	Care coordination functions could be carried out directly by Health Service Providers and Ontario Health Teams funded to provide care, and/or by their contracted service providers, within defined parameters:
	• Health Service Providers and Ontario Health Teams could choose to assign some or all care coordination functions (assessments and re-assessments, care planning and revisions, etc.) to one or more contracted service providers and allow each of those contracted service providers to update the person's care plan as required.
	• If assigning care coordination functions to a contracted service provider, the HSP/OHT must ensure that:
	  ○ the organization meets provincial requirements for care coordination;
	  ○ there is effective oversight of the organization's performance of care coordination functions;
	  ○ the arrangement supports equitable access to care and the appropriate use of public resources;
	  ○ the arrangement includes processes for reviewing a person's needs and adjusting their care plan, as appropriate, to support responsive care provision; and
	  ○ appropriate digital resources, data sharing arrangements, and infrastructure are in place to enable secure and effective information exchanges between the HSP/OHT and the organizations, and otherwise as required.
	• Care coordination functions would not be permitted to be further assigned or sub-contracted.
	• HSPs and OHTs funded to provide home and community care services would remain accountable for ensuring all care coordination requirements are met in relation to those services, whether care coordination is performed directly by the HSP/OHT and/or indirectly by their contracted service provider(s).

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Proposed Approach: Care Coordination (continued)

- The ministry is proposing to set out **detailed expectations and guidance on care coordination in policy**

- Additional requirements and guidance would be set out **in policy as terms and conditions of funding**, and **templates, tools, and other resources** would be developed, e.g. regarding:
  - use of the Client Health and Related Information System (CHRIS) for care planning, management, and reporting
  - use of evidence-based assessment tools, other provider assessments, and reassessment requirements
  - form and content of care plans
  - factors to consider when planning care, including the availability of the service on a publicly-funded basis from other providers
  - guidance on care planning to ensure equity of access across the province
  - system navigation, coordination of services, and information and referral services
  - assignment of care coordination functions
  - worker qualifications for assessments and planning

Bill of Rights

- The ministry is proposing to **enshrine in regulations a Bill of Rights for all persons receiving any HCC service,** modelled on the current Bill of Rights but updated to be more inclusive and comprehensive.

- All Health Service Providers and OHTs, and all their contracted and subcontracted providers, would be required to fully respect and promote these rights.
- Persons receiving home and community care services would have the right to be dealt with:
  - in a respectful manner, and to be free from physical, sexual, verbal, emotional and financial abuse
  - in a manner that respects the person's dignity and privacy, and promotes the person's autonomy and participation in decision-making
  - in a manner that is free from discrimination, as set out s.1 of the Human Rights Code*
  - in a manner that recognizes the person's individuality and is sensitive to and responds to the person's needs and preferences, including those based on ethnic, spiritual, linguistic, familial, and cultural factors
- Persons receiving home and community care services would have the right to:
  - clear and accessible information about the services provided to them
  - actively participate, in the presence of whomever they choose, in assessments of their care needs
  - participate in the development of their care plan and in any subsequent changes to the care plan, and have access to their care plan
  - give or refuse consent to the provision of any home and community care service

Continued next slide

* Human Rights Code s.1: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Please see also slide 17 regarding French Language Services.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

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Bill of Rights (continued)

- *(cont'd)* Persons receiving home and community care services would have the right to:
  - raise concerns or recommend changes in connection with the service provided and with policies and decisions that affect the person's interests, to the provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal
  - be informed of the laws, rules and policies affecting the operation of the provider
  - be informed in a clear and accessible manner of the procedures for initiating complaints
  - have their records kept confidential in accordance with the law
  - receive care in accordance with the requirements of the *Connecting Care Act, 2019* and all accompanying regulations
  - be informed of the Bill of Rights and that it could be used as grounds to submit a formal complaint should any rights be violated
- Persons who identify as First Nations, Métis or Inuk have the right to receive services in a culturally safe manner.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Locations of Service

The ministry is proposing:

- to allow the provision of home and community care-funded personal support services in Long-Term Care Homes to support transitions of persons admitted with behavioural issues
- not to allow the provision of home and community care services in hospital to clients/patients with complex needs who were receiving the services prior to admission

Current state	Proposed Approach
• Home and community care services may be provided in a person's home, in group or congregate settings, and in schools, and certain professional services may be provided in long-term care homes, all within parameters set out in regulation.	• Existing locations of services outlined in *Home Care and Community Services Act*, 1994 would be maintained. • The ministry is proposing to allow the continued provision of HCC-funded PSSs for a transitional period to persons with behavioural issues who have been admitted from home care to a long-term care home. • The ministry is no longer proposing to allow home and community care services to be provided in hospital ★

Blue text = proposed new content for regulations (not currently in/under HCCSA)

★ New approach since Feb 2020 posting

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Eligible Providers

- The ministry is proposing to allow Health Service Providers and OHTs to provide home and community care services directly and/or through contracted providers, and to prohibit contracting with for-profit providers for community support services.

Current state	Proposed Approach
• Home and Community Care Support Services and other Approved Agencies that are funded to provide home and community care services may deliver those services directly through HCCSS/Approved Agency employees, and/or indirectly through contracts with not-for-profit and/or for-profit service provider organizations.	• Once relevant provisions of the *Connecting Care Act, 2019* are proclaimed into force, Ontario Health would be able to fund OHTs and not-for-profit Health Service Providers to provide home and community care services. • The ministry is proposing to: ○ allow Health Service Providers /OHTs to provide professional services, personal support services, homemaking services, and Indigenous Services directly through employees and/or indirectly through contracts with not-for-profit and/or for-profit providers ○ prohibit Health Service Providers/OHTs from delivering Community Support Services through contracts with for-profit providers, with an exception for transportation services, security checks and reassurance services, and any current contracts.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Ontario

Methods of Delivery

- The ministry is proposing to allow home and community care services to be provided in person and/or virtually using electronic means.

Current state	Proposed Approach
Home and community care services may be delivered in-person and virtually.	• The ministry is proposing to **continue to affirm that home and community care services may be delivered in-person or virtually** using digital means, as long as the services support quality care, are appropriate, are based on assessed needs, and are in line with the person's preferences. • The ministry is proposing to modify the current requirement (for professional, personal support, and homemaking services) that a place have the 'physical features' necessary to enable the services to be provided the ministry would clarify that the requirement applies to services provided *in person* rather than virtually. • The ministry would outline guidance on virtual services in policy and/or terms and conditions of funding to support appropriate use, equity, access, and quality.

Ontario

Charges (co-pays) for Services

- The ministry is proposing to maintain a **prohibition against charges for professional and personal support services for all clients/patients** and is proposing to **prohibit charges for homemaking services for persons meeting *any* current eligibility criteria for homemaking provided by a HCCSS/HCCSS.**

Topic	Current state	Proposed Approach
Charges for Services	Charges for *personal support services* and *professional* services are prohibited, regardless of the provider. Home and Community Care Support Services are prohibited from charging for homemaking services if a person meets the eligibility criteria set out under HCCSA, but CSS agencies are able to charge for homemaking services. HCCSA allows non-HCCSS approved agencies (e.g. CSS agencies) to charge fees for homemaking services and community support services.	• Charges for *professional services* and *personal support services* would continue to be prohibited, and charges for *community support services* would continue to be allowed. o Charges would be prohibited for security checks and reassurance services provided to a person who is also receiving: o professional services, o personal support services, or o homemaking services, if the person meets the criteria below for 'no-charge' homemaking services. • The ministry is proposing to maintain current state and not allow charges for homemaking from any organization if the client meets any of the follow criteria: o the person also requires personal support services (PSS); o receives PSS and homemaking from a caregiver who requires assistance with the homemaking services in order to continue providing the person all required care; or o requires constant supervision as a result of a cognitive impairment or acquired brain injury and the person's caregiver requires assistance with homemaking. • Charges would be prohibited for the proposed new services of Traditional Healing and Indigenous Cultural Supports.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Ontario

Plans to Prevent Abuse

- The ministry is proposing to maintain a requirement for providers to have a plan to prevent abuse.

Topic	Current state	Proposed Approach
Plan Respecting Abuse	Home and Community Care Support Services and approved agencies are required to develop and implement a plan for preventing, recognizing and addressing physical, mental and financial abuse. Contractors and sub-contractors are not required under the *Home Care and Community Services Act*, 1994 to have plans respecting abuse.	The ministry would require Health Service Providers and Ontario Health Teams to: • have a plan in place to prevent, recognize and address abuse; • have plans to address training and education of employees and volunteers in methods of preventing and recognizing physical, sexual, verbal, emotional and financial abuse; and • ensure that any contracted providers have a plan for meeting the same requirements as above.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

Ontario

Complaints

- The ministry is proposing to maintain current requirements for responding to complaints, except it is proposing enhanced requirements for responding to complaints alleging abuse, harm, or risk of harm
- The ministry is proposing not to set out a list of complaint topics; instead, all complaints would require a response.

Current state	Proposed Approach
Home and Community Care Support Services and other approved agencies must have processes for reviewing client/patient and caregiver complaints on a list of complaint topics set out in regulations. Clients/patients can appeal to the Health Services Appeal and Review Board (HSARB) if they are unsatisfied with an approved agency's decisions in response to certain complaints (e.g. regarding service amounts) Clients/patients and caregivers can also make complaints to the Long-Term Care ACTION Line about a HCCSS's provision or arrangement of services. Clients/patients may also complain to the Patient Ombudsman about HCCSS-delivered professional, personal support, and homemaking services.	• Once relevant provisions of the *Connecting Care Act, 2019* are proclaimed into force, Health Service Providers and OHTs funded to provide home and community care services would be required to establish a process for reviewing complaints. • The ministry is proposing to require Health Service Providers and OHTs to: ○ have processes for recording, monitoring, and analyzing complaints data; ○ engage clients/patients and caregivers in designing and updating the complaints processes; ○ ensure their contracted and subcontracted providers have complaint processes; and ○ ensure information about a provider's complaints process is made available to the public. • To better align other health sectors, complaints requiring a response would no longer be limited to certain topics. ★ • Providers would be required to respond to complaints within 60 days, but if a complaint alleged abuse, harm, or risk of harm, the provider would be required to: ★ ○ respond within 10 business days. ○ immediately investigate the complaint ○ immediately disclose the complaint to the relevant Health Service Provider/OHT if the provider is a contracted provider • Providers would be required in their response to: ○ set out how the complaint has been addressed or why it has not been addressed; ○ for appealable topics, give notice of the response to the person to whom the decision relates or their substitute decision-maker and inform the person that the decision can be appealed to the Health Services Appeal and Review Board.

Blue text = proposed new content for regulations (not currently in/under HCCSA)

★ New approach since Feb 2020 posting

Appeals

- The ministry is proposing to **maintain current rules about appeals**.

Topic	Current state	Proposed Approach
Appeals	After making a complaint, clients/patients can appeal to the Health Services Appeal and review Board (HSARB) any of the following decisions by an HCCSS or other approved agency: • decisions about **ineligibility** to receive service • decisions to **exclude a service** • decisions related to the **amount of service**, and • decisions to **terminate service** Notice requirements and other details about appeals are set out in HCCSA.	Clients/patients would continue to be able to appeal the same HSP/OHT decisions to HSARB, and current notice requirements and other parameters would be maintained.

Patient Ombudsman

- The ministry is proposing to maintain the Patient Ombudsman's current jurisdiction over services provided by Home and Community Care Support Services, and expand that jurisdiction to include HSPs and OHTs providing those same services.

Current state	Proposed Approach

Under the *Excellent Care For All Act* (ECFAA), 2010, the Patient Ombudsman is responsible for receiving and responding to complaints, facilitating the resolution of complaints, undertaking investigations of complaints, and making recommendations to health sectors organizations following the conclusion of investigations from clients/patients or former clients/patients of a health sector organization and their caregivers, and by any other prescribed persons.
 	
Currently, 'health sector organizations' that fall under the jurisdiction of the Patient Ombudsman include: public hospitals, long-term care homes, and home and community care services with respect to:
• professional services, personal support services and homemaking services arranged and coordinated by the HCCSS;
• placement of a person into:
  ○ a long-term care home
  ○ supportive housing programs
  ○ chronic care or rehabilitation beds in a hospital
  ○ adult day programs
	Upon proclamation of the new HCC legislation and amendments to ECFAA, there will be an updated definition of a 'Health Sector Organization' to include:
	• a health service provider or OHT that is **provided for in the regulations and that provides a prescribed home and community care service** pursuant to funding under section 21 of the *Connecting Care Act, 2019*
	
	The regulations being developed now would specify that the jurisdiction of the Patient Ombudsman with respect to home and community care services would:
	• continue to apply to the same services (professional, personal support, and homemaking services)
	• continue to apply to Home and Community Care Support Services
	• newly apply to Health Service Providers and OHTs with respect to those same services
	
	This approach will ensure that the Patient Ombudsman's jurisdiction over home and community care services 'follows the services' as their provision transitions over time from Home and Community Care Support Services to Health Service Providers and OHTs.

Ontario

Self-Directed Care

- The ministry is proposing to continue Self-Directed Care, with program parameters set out more in policy than in legislation or regulations.

Current state	Proposed Approach

• Home and Community Care Support Services may provide funding to a person to purchase professional, personal support, and homemaking services.
• The care coordination and funding process for Self-Directed Care is set out in legislation: the person's needs are assessed, their eligibility for services determined, a plan of care is developed, funding is provided to eligible persons based on their plan of care and with terms and conditions, and care plans are reviewed and funding is adjusted as appropriate.
• Regulations set out that self-directed care funding is available to certain persons: children with complex medical needs, adults with acquired brain injuries, home-schooled children eligible for school health personal support or professional services, and persons in extraordinary circumstances.
• Additional program parameters are set out in program specifications.
	• Once relevant provisions of the *Connecting Care Act, 2019* are proclaimed into force, Ontario Health would have authority to fund OHTs and not-for-profit Health Service Providers to provide funds to a person to use to purchase home and community care services and manage their own care.
	• Regulations would set out that:
	  ○ HSPs and OHTs funded for Self-Directed Care would be responsible (through its own employees and/or an assigned organization) for assessing a person's care needs, determining their eligibility for services, and planning their care, as well as for re-assessments and revisions to care plans as appropriate (as they would for persons/clients outside of Self-Directed Care)
	  ○ Persons receiving Self-Directed Care funding would have the same rights of appeal to the Health Services Appeal and Review Board as persons receiving home and community care services outside Self-Directed Care, i.e,. to appeal decisions about eligibility for services, service amounts, exclusions of services from a plan, and terminations of services
	• Additional program parameters would be set out in updated policy documents.

Ontario

Residential Congregate Care Services

- The ministry is proposing t**o consult on bringing residential congregate care settings under the CCA.**

Current state	Proposed Approach
Residential accommodation is not explicitly listed as an HCC service that the Home and Community Care Support Services can fund, so the provision of HCC services in congregate or group settings that have an accommodation component (e.g. residential hospices and transitional care beds) are funded and regulated through a variety of mechanisms	• The *Connecting Care Act, 2019* includes provisions: ○ authorizing Ontario Health to assign an investigator to report on the quality of an HSP or OHT's management, or on the care and treatment it is providing, or on any other matter when in the public interest (except that for hospitals and OHTs that include hospitals, investigators may only be assigned by the Lieutenant Governor in Council (LGIC) on the Minister of Health's advice). ○ authorizing the Minister to appoint a supervisor of an HSP (other than a Long-Term Care Home) or OHT funded to provide home and community care services (except that for hospitals and OHTs that include hospitals, supervisors may only be appointed by the LGIC on the Minister's advice) • The Act also includes unproclaimed provisions, that would, once the relevant regulations are in place and the provisions are proclaimed: ○ authorize Ontario Health to fund HSPs and OHTs to provide defined home and community care services that include residential accommodation ○ authorize investigators to enter premises where such services are being provided if consent of the occupier cannot be obtained after making reasonable efforts and 24 hours' written notice has been provided to all occupiers ○ waive the usual requirement for 14 days' notice of the appointment of a supervisor to an HSP or OHT providing defined home and community care services that include residential accommodation where, in the Minister's opinion, there is an immediate threat to the health, safety or well-being of persons receiving those services. • The Ministry is planning to undertake further engagements on bringing the funding and regulation of the provision of accommodation and health care services in residential congregate premises under the *Connecting Care Act, 2019.*

Other Related Amendments

- The ministry is planning to update references in various pieces of legislation and regulation that now refer to the *Home Care and Community Services Act* (HCCSA), 1994 and terms used in HCCSA

Topic	Current state	Proposed Approach
References in other regulations	The *Home Care and Community Services Act*, 1994 is referenced in numerous regulations.	The ministry is proposing to replace current references in regulations to HCCSA with new references to the *Connecting Care Act, 2019,* including in regulations under the following acts: • *Connecting Care Act, 2019* (CCA) • *Long-term Care Homes Act, 2007* (LTCHA) • *Health Insurance Act* (HIA) • *Ontario Drug Benefit Act* (ODBA) • *Retirement Homes Act, 2010* (RHA) • *Ontario Infrastructure and Lands Corporation Act, 2011* • *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*
Subrogation	Under the *Home Care and Community Services Act*, 1994 the government can indirectly recover costs through subrogation for the provision of home and community care services that an individual requires as a result of a personal injury due to the negligence, other wrongful act or omission of another. If an injured person is including healthcare costs that include publicly funded home and community care services as part of a claim or legal action for personal injury, the province can recover these costs. The recovery of costs through subrogation enables the government to ensure fiscal responsibility and accountability of public funding.	• The ministry has continued the Minister's right to subrogate and recover costs related to HCC and long-term care by amending the *Ministry of Health and Long-Term Care Act* to adopt the scheme outlined in the *Health Insurance Act*, and by substituting references to HCCSA in Regulation 498/20 (Subrogated Claims) of the *Class Proceedings Act, 1992,* replacing them with references to the *Ministry of Health and Long-Term Care Act.* Further regulations may be made under the *MOHLTC Act* regarding subrogation.

Other Related Amendments (continued)

- The ministry is planning to update references in various pieces of legislation and regulation that now refer to the *Home Care and Community Services Act* (HCCSA), 1994 and terms used in the HCCSA

Topic	Current state	Proposed Approach
Public Vehicles Act (PVA)	Providers of transportation services as a community support service under HCCSA are currently exempted from provisions under the PVA that would otherwise require them to have an operating permit, obtain a permit to tow a trailer, and have emergency exits or push-out windows.	• The *Public Vehicles Act* is to be repealed. Regulations under the Highway Traffic Act would regulate the sector, and exemptions currently under HCCSA would be continued. • MOH is working with the Ministry of Transportation to ensure planned changes to transportation legislation continue to support the provision of HCC transportation services and avoid unnecessary administrative burdens for providers.
Home and Community Care Support Services as HSPs	Under HCCSA, Home and Community Care Support Services are approved agencies. Some provisions under HCCSA have applied to all approved agencies, but there are also specific requirements for Home and Community Care Support Services providing or arranging community services.	• The Ministry is proposing to make regulations under the *Connecting Care Act, 2019* to make certain provisions of the Act and its regulations apply to Home and Community Care Support Services as providers of home and community care services – this would ensure that all clients/patients receive equitable care, regardless of whether the care is provided by a HCCSS, HSP, or OHT.

Other Related Amendments (continued)

- The ministry is proposing to maintain the current status of First Nations and urban Indigenous organizations that provide home and community care as Health Information Custodians under the *Personal Health Information Protection Act, 2004* (PHIPA)

Topic	Current state	Proposed Approach
Indigenous organizations that provide HCC services are Health Information Custodians (HICs)	• First Nations communities are funded to provide HCC services under section 4(d) of HCCSA, and urban Indigenous organizations are Approved Agencies under the *Home Care and Community Services Act*, 1994 for the purposes of delivering HCC. • Under the *Personal Health Information Protection Act, 2004*, Health Information Custodians include 'service providers' as that term is defined under HCCSA, and the term 'service providers' includes Approved Agencies and entities funded directly under section 4 (d) of HCCSA. • First Nations and urban Indigenous organizations funded directly by the Ministry to provide HCC do not fall under any other existing HIC definitions within PHIPA , so it is necessary to update the definition of a HIC under PHIPA to continue to include Indigenous organizations that will continue to be funded to provide HCC services after the repeal of HCCSA.	• The ministry is proposing amendments to regulations under *Personal Health Information Protection Act*, 2004 (PHIPA) to replace references to the *Home Care and Community Services Act*, 1994 (HCCSA) and Approved Agencies with updated terminology to set out that Indigenous organizations funded under the *Ministry of Health and Long-Term Care Act*, 2007 (MOHLTCA) remain Health Information Custodians (HIC). • After the repeal of HCCSA, the ministry would continue its funding of Indigenous organizations for home and community care services on the same terms as today, but using its funding authority under the MOHLTCA, 2007, instead of its funding authority under HCCSA, 1994. • This approach will maintain government-to-government funding of Indigenous organizations and their current status as HICs under PHIPA, 2004. • There would be no impact on Indigenous organizations with respect to their funding for home and community care services or their Health Information Custodian status. • Please see Regulatory Registry posting here : https://www.ontariocanada.com/registry/view.do?postingId=37228&language=en

Ontario