

New Home and Community Care Services Regulation O. Reg. 187/22 under the *Connecting Care Act, 2019*

Overview

April 2022

Ministry of Health

Objectives of Today's Presentation

- Provide a brief update on the province's home and community care modernization initiative.
- Review highlights of the new Home and Community Care Services Regulation (O. Reg. 187/22) under the *Connecting Care Act, 2019*
- Receive and address questions.

Disclaimer:

- This presentation is not legal advice.
- The information provided in this presentation is not a complete description of all requirements set out in the *Connecting Care Act, 2019* or O. Reg 187/22 (Home and Community Care Services) made under that Act, or in other legislation, regulations, directives, policies, funding agreements, contracts, or other instruments.
- Health service providers, Ontario Health Teams, contracted service providers, and other persons and organizations should review the relevant legislation and regulations and consult their own legal counsel to understand their rights, obligations, and responsibilities.

Modernizing Legislation and Regulations

- The *Connecting Care Act, 2019* establishes Ontario Health Teams as the provincial model for delivering a full range of health care services.
- Bill 175, the *Connecting People to Home and Community Care Act, 2020*, embeds home and community care in the *Connecting Care Act, 2019*.
- The Ministry of Health has developed new, modernized regulations for home and community care.

Home Care and Community Services Act, 1994 (HCCSA)

- Siloed legislation and delivery system
- Care coordination model that creates barriers to responsive, integrated care.
- Service maximums

✓ **Amend the *Connecting Care Act, 2019* (July 8, 2020)**

- Establish legislation bringing home and community care under the *Connected Care Act, 2019*



✓ **Make New Home and Community Care Regulations**

- Create regulations that build and improve on the current framework, including to:
 - maintain provider stability and support continuity of current models
 - create more flexibility for HSPs and OHTs to coordinate and deliver services at points of care
 - define an expanded scope of home and community care services
 - establish a more modern Bill of Rights and more patient-centred care coordination and delivery



Update and develop Guidance and Policies (2022-2023)

- Working with partners, update provincial guidance and policies to support implementation.

Common Questions

- **The incoming legislative provisions and Home and Community Care Services Regulation...**

Do not:

- Change the role of Home and Community Care Support Services in providing home care before the transition to Ontario Health Teams.
- Entitle any organizations to provide new or different services they are not already funded to provide or to receive new funding to provide home and community care services.
- Change any of the current terms and conditions of funding agreements, including the Ministry of Health's funding agreements with Home and Community Care Support Services, Ontario Health's funding of health service providers for home and community care services, or the Ministry of Health's direct funding agreements with First Nations communities or Indigenous organizations (However, all agreements will need to be updated).
- Change any current contracts between Home and Community Care Support Services or health service providers and their contracted service provider organizations (these agreements will need to be updated).
- Set out how, when, or to where the current responsibilities and resources of Home and Community Care Support Services organizations will transition to health service providers and Ontario Health Teams.

Common Questions

- **The incoming legislative provisions and Home and Community Care Services Regulation...**

Do:

- Automatically apply to the 14 Home and Community Care Support Services organizations and all organizations funded by Ontario Health (now and in the future) to provide home and community care services.
- Only apply to home and community care services, including the care coordination services related to the provision of home and community care – not the broader health services the organizations may be providing.
- Affirm the accountability of health service providers (including HCCSS) and Ontario Health Teams for ensuring all requirements in the new Regulation are met, whether services are delivered directly by staff of the health service provider or Ontario Health Team, or indirectly by staff of service provider organizations delivering services under a contract with the health service provider or Ontario Health Team.
- Carry forward the basic process by which patients access services: needs are assessed, eligibility is determined, care is planned, services are provided, and needs are re-assessed and care plans are revised over time and as the patient's circumstances change.
- Carry forward the existing home and community care services and programs (e.g. self-directed care programs, ALS, ABI).

What's Next for the Legislation and Regulation Framework

From May 1 onward, home and community care will come under the new Regulation.

- On May 1, 2022:
 - The *Connecting People to Home and Community Care Act, 2020*, will be proclaimed into force.
 - Legislative amendments to the *Connecting Care Act, 2019* on home and community care will come into effect.
 - The *Home Care and Community Services Act, 1994* and its regulations will be repealed and no longer in effect.
 - Most provisions of the new [O. Reg. 187/22](#) (Home and Community Care Services) under the *Connecting Care Act, 2019* will come into effect.
- On September 1, 2022, a few final remaining provisions of the new Regulation will come into force, including to permit different arrangements for care coordination, expand the jurisdiction of the Patient Ombudsman, and apply French Language Services requirements to home care from HSPs and OHTs.

Highlights of New Home and Community Care Regulation

- **The slides that follow provide an overview of key provisions of the new Home and Community Care Services Regulation under the *Connecting Care Act, 2019*, highlighting what's new.**
- **Slides are organized around the following topics:**
 - Patient Bill of Rights
 - Services
 - Home and Community Care programs
 - School Health Services
 - Home and Community Care Services that include Residential Accommodation
 - Patient Eligibility Criteria
 - Care Delivery
 - Care Coordination Arrangements
 - Access to Care through Care Coordination
 - Care Planning
 - Accessible Formats, Notice, and Clear and Accessible Information
 - Safety and Quality Requirements
 - French Language Services
 - Co-payments
 - Complaints alleging abuse etc.
 - Other Complaints
 - Appeals
 - Patient Ombudsman
 - Consequential Amendments

May 1: Patient Bill of Rights (1 of 2)

- **The Bill of Rights is strengthened, including regarding patients' rights to freedom from abuse, to have their needs and preferences responded to, and to be informed about and participate in their care with the participation of their family or other caregivers.**

s. 9 (1) Every health service provider and Ontario Health Team shall ensure that the following rights of patients are fully respected and promoted:

1. A patient has the right to be dealt with by the provider of the home and community care service in a respectful manner and to be free from physical, **sexual, mental, emotional**, verbal and financial abuse by the provider.
2. A patient has the right to be dealt with by the provider of the home and community care service in a manner that respects the patient's dignity and privacy and that promotes the patient's autonomy and participation in decision-making.
3. A patient has the right to be dealt with by the provider of the home and community care service in a manner that recognizes the patient's individuality and that is sensitive to and responds to the patient's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors.
4. **A patient has the right to receive home and community care services free from discrimination on any ground of discrimination prohibited by the Human Rights Code or the Canadian Charter of Rights and Freedoms.**
5. **A patient who is First Nations, Métis or Inuk has the right to receive home and community care services in a culturally safe manner.**
6. A patient has the right to **clear and accessible** information about their home and community care services.

Note: Underlined and bolded content is new

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May 1: Patient Bill of Rights (2 of 2)

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7. A patient has **the right to participate in the assessment of their needs, development of their care plan, reassessment of their needs and revision of their care plan.**
 8. **A patient has the right to designate a person to be present with them during assessments.**
 9. A patient has the right to designate a person to participate in the development, evaluation and revision of their care plan.
 10. A patient who receives more than one home and community care service has **the right to receive assistance in co-ordinating their services from the health service provider or Ontario Health Team.**
 11. A patient has the right to give or refuse consent to the provision of any home and community care service.
 12. A patient has the right to raise concerns or recommend changes in connection with the home and community care service provided to them and in connection with policies and decisions that affect their interests, to the provider of the home and community care service, the Agency and its employees, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
 13. A patient who receives a home and community care service has the right to be informed of the laws, rules and policies affecting the operation of the provider of the home and community care service, including this Patient Bill of Rights, and to be informed, in writing, of the procedures for initiating complaints about the provider.
- (2) Every health service provider or Ontario Health Team shall ensure a copy of the Patient Bill of Rights is posted in their business premises and on their website, and at the business premises and on a website of their providers of home and community care services.

May 1: Services (1 of 5)

- **Current service categories, and services within those categories, are carried forward, and new services are added**
 - **All services in the ‘professional services’ category are carried forward, and psychology services are added**

“professional services” means the following services:

1. Nursing services.
2. Occupational therapy services.
3. Physiotherapy services.
4. Social work services.
5. Speech-language pathology services.
6. Dietetics services.
7. Training a person to provide any of the services referred to in paragraphs 1 to 6.
8. Diagnostic and laboratory services.
9. 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.
10. Pharmacy services.
11. Respiratory therapy services.
12. Social service work services.
13. Psychology services

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May 1: Services (2 of 5)

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- Psychology services have specific patient eligibility criteria, as follows:

s. 11(10) In the case of psychology services, the patient must require the services to manage,

i. a long-term mental health impairment, or

ii. responsive behaviours that the patient,

A. had before receiving the services, or

B. would be at risk of developing without the services

“responsive behaviours” means behaviours that often indicate,

(a) an unmet need in an individual, whether cognitive, physical, emotional, social, environmental or other, or

(b) a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing to an individual.

“long-term mental health impairment” means a cognitive impairment that,

(a) is continuous or recurrent,

(b) is expected to last one year or more into the future, and

(c) has the direct and cumulative effect of substantially restricting the individual’s ability to carry out one or more activities of daily living;

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- **Implementation Note:** The ministry will continue with its current funding for services even though services have been expanded to include psychological services. Decisions regarding funding separately for this new service will be addressed in time.

May 1: Services (3 of 5)

- **All services in the ‘personal support services’ category are carried forward**

“personal support services” means the following services:

1. Personal hygiene activities.
2. Routine personal activities of living.
3. Assisting a patient with any of the activities referred to in paragraphs 1 and 2.
4. Training a patient to carry out or assist with any of the activities referred to in paragraphs 1 and 2

- **Most services in the ‘homemaking services’ category are carried forward**

“homemaking services” means the following services:

1. Housecleaning.
2. Laundry.
3. Shopping.
4. Banking.
5. Paying bills.
6. Planning menus.
7. Preparing meals.
8. Caring for children.
9. Assisting a patient with any of the activities referred to in paragraphs 1 to 8.
10. Training a patient to carry out or assist with any of the activities referred to in paragraphs 1 to 8

Note: Ironing and mending are no longer included to reflect policy changes over time.

May 1: Services (4 of 5)

- **All services in the ‘community support services’ category are carried forward, and new services are added**

“community support services” means the following services:

1. Meal services.
2. Transportation services.
3. Caregiver support **and respite** services.
4. Adult day programs.
5. Home maintenance and repair services.
6. Friendly visiting services.
7. Security checks or reassurance services.
8. Social or recreational services.
9. Client intervention and assistance services.
10. Emergency response services.
11. Foot care services.
12. Home help referral services.
13. Independence training.
14. Palliative care education and consultation services.
15. Psychogeriatric consulting services relating to Alzheimer’s disease and related dementias.
16. Public education services relating to Alzheimer’s disease and related dementias.
17. Services for persons with blindness or visual impairment.
18. Services for persons with deafness, congenital hearing loss or acquired hearing loss.
19. **Bereavement services.**
20. **Behavioural supports.**
21. **Education, prevention, and awareness services pertaining to,**
 - i. **home and community care services,**
 - ii. **mental health and addictions,**
 - iii. **chronic disease management,**
 - iv. **aphasia and communication disorders, and**
 - v. **vocational training and education for persons with a cognitive or physical impairment to assist them to enter the work force or education system in the community**

Note: Community Support Services are services that can be safely and appropriately delivered by a person who is not a regulated health professional and not acting under the supervision of a regulated health professional. If the service provided involves controlled acts, or requires the skill and expertise of a regulated health professional to be safely and appropriately delivered, then the service would be considered a professional service.

May 1: Services (5 of 5) - Home and Community Care Programs

- **The *Connecting Care Act, 2019* carries forward ‘self-directed funding’ programs (the Direct Funding Program managed by the Centre for Independent Living Toronto; Family-Managed Home Care)**

s. 21(1.1) The Agency may provide funding to a health service provider or Ontario Health Team for the purpose of the provider or Team providing funding to or on behalf of an individual to purchase home and community care services.

- **Assisted Living Services and Attendant Outreach programs are carried forward, and they remain exempt from the patient eligibility criteria set out in regulation for personal support services and homemaking services.***

s. 33(4) A health service provider or an Ontario Health Team is exempt from sections 12 and 13 of this Regulation with respect to,

- (a) the provision of assisted living services in accordance with the assisted living services and supportive housing programs of the Ministry; and
- (b) the provision of attendant outreach services in accordance with the attendant outreach services program of the Ministry.

- **Acquired Brain Injury programs are carried forward, and they remain exempt from prescribed eligibility for personal support services and homemaking services provided to patients with acquired brain injuries.***

s. 33(5) A health service provider or an Ontario Health Team that provides personal support services or homemaking services to patients with acquired brain injuries is exempt from sections 12 and 13 of this Regulation with respect to those services.

*** Note: Eligibility criteria for personal support services and homemaking services provided under these programs are set out in the applicable program policies.**

May 1: Indigenous Services

- **A new category of ‘Indigenous services’ has been added**

“Indigenous services” means the following services:

1. **Traditional healing.**
2. **Indigenous cultural support services***

* Note: ‘Indigenous cultural support services’ replaces ‘Aboriginal support services’ as a community support service.

- **Traditional healing must be provided through an Indigenous person or entity**

Indigenous services

s. 8 **A health service provider or an Ontario Health Team that is funded under section 21 of the Act to provide traditional healing shall only provide that service if the provider, Team or their provider of traditional healing is an Indigenous person or entity.**

Implementation notes:

- During the 2021 consultations on the regulations, the Ministry of Health heard that it is important to co-create a provincial framework with First Nations, Inuit and Métis communities and organizations on the new services that supports local decision making. Developing a framework is an important next step. The ministry hopes a framework can be established in 2022.
- Once the provincial framework is in place, the ministry will authorize Ontario Health to begin funding health service providers and Ontario Health Teams to provide traditional healing and Indigenous cultural support services under the framework.
- Current service delivery will continue pending the establishment of this framework:
 - Health service providers currently providing aboriginal support services will continue to be able to provide those services.

May 1: School Health Services (1 of 3)

- **All school health services and their patient eligibility criteria are carried forward – with new flexibility for virtual learning.**

“attending school” means,

- (a) in the case of a patient who is enrolled as a pupil at a school,
 - (i) attending on the school premises,
 - (ii) being transported to or from the school on a school bus or other school vehicle,
 - (iii) participating in a school trip or activity outside the school premises,
 - (iv) **participating in remote learning during a full or partial school closure or during or in relation to the COVID-19 pandemic, and**
 - (v) **participating in online learning that is mandated by the Ministry of Education,** and
- (b) in the case of a patient who is educated at home, receiving instruction at home.

- **All current school health *professional services* are carried forward...**

- s. 11(5) ... a health service provider or an Ontario Health Team may provide the following professional services, and only the following professional services, to a patient who is attending school:
 1. Dietetics services.
 2. Nursing services.
 3. Occupational therapy services, when provided to a patient who is enrolled as a pupil at a private school or to a patient who is educated at home.
 4. Physiotherapy services, when provided to a patient who is enrolled as a pupil at a private school or to a patient who is educated at home.
 5. Speech-language pathology services, when provided to a patient who is enrolled as a pupil at a private school or to a patient who is educated at home.
 6. Medical supplies, dressings and treatment equipment necessary to the provision of the services referred to in paragraphs 1 to 5.
 7. Training of school personnel to provide any of the services referred to in paragraphs 1 to 5.

May 1: School Health Services (2 of 3)

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- ... and all current patient eligibility criteria for those services are carried forward.

s. 11(6) A health service provider or an Ontario Health Team shall not provide the professional services listed in subsection (5) to a patient who is attending school unless the following eligibility criteria are met:

1. The patient must be an insured person under the *Health Insurance Act*.
2. The patient must be enrolled as a pupil at a school or must be a patient who is educated at home.
3. The patient must require the services in order to be able to,
 - i. attend school, participate in school routines and receive instruction, or
 - ii. receive satisfactory instruction at home in accordance with clause 21 (2) (a) of the *Education Act*.
4. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.
5. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.

May 1: School Health Services (3 of 3)

- **All school health *personal support services* are carried forward...**

s. 12(3) ... a health service provider or an Ontario Health Team may provide the following personal support services, and only the following personal support services, to a patient who is attending school:

1. Personal hygiene activities.
2. Routine personal activities of living.

(4) A health service provider or an Ontario Health Team may also provide the following ancillary services:

1. Medical and personal equipment necessary to the provision of the services referred to in paragraphs 1 and 2 of subsection (3).
2. Training of school personnel of a private school to provide any of the services referred to in paragraphs 1 and 2 of subsection (3) to patients enrolled as pupils at the school, and assisting the personnel in providing them

- **... and all current patient eligibility criteria for those services are carried forward.**

s. 12(5) A health service provider or an Ontario Health Team shall not provide the services listed in subsections (3) and (4) to a patient who is attending school unless the following eligibility criteria are met:

1. The patient must be an insured person under the *Health Insurance Act*.
2. The patient must be enrolled as a pupil at a private school or be a patient who is educated at home.
3. The patient must require the services in order to be able to,
 - i. attend school, participate in school routines and receive instruction, or
 - ii. receive satisfactory instruction at home in accordance with clause 21 (2) (a) of the *Education Act*.
4. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.
5. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.

May 1: Home and Community Care Services that include Residential Accommodation

- **Effective May 1, 2022, the Connecting Care Act, 2019 includes oversight provisions for premises where ‘home and community care services that include accommodation’ are provided.**

- The new Home and Community Care Services Regulation defines these premises very narrowly, capturing only a small number of bedded transitional care programs that are already operating as of May 1.

s. 2(1) “home and community care services that include residential accommodation” means those services that include both community services provided under the Home Care and Community Services Act, 1994 and accommodation that was funded by the Agency immediately before the coming into force of this subsection.

- **Investigations of such premises are facilitated by provisions allowing investigators to enter dwellings without the consent of the occupier if:**

- (a) the consent of the occupier cannot be obtained, after making reasonable efforts;
- (b) **the dwelling is a premises owned or operated by health service provider or Ontario Health Team funded under section 21 to provide prescribed home and community care services that include residential accommodation at the premises;** and
- (c) written notice has been given to each occupier of the dwelling at least 24 hours before the entry.

- Immediate appointments of supervisors for owners or operators of such premises are facilitated if there is an immediate threat to patients.

Immediate appointment, emergency

s. 27 (7.1) [A 14-day notice requirement] does not apply in respect of a **health service provider or Ontario Health Team funded under section 21 to provide prescribed 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 home and community care services at the premises owned or operated by the provider or Team.**

*** Note:** The Ministry of Health will engage broadly before amending this Regulation to establish any new residential care programs.

May 1: Patient Eligibility Criteria (1 of 5)

- **Current patient eligibility criteria for each category of services are carried forward, and some patient eligibility criteria are relaxed.**
 - **Patient eligibility criteria for professional services are carried forward, except that:**
 - **eligibility criteria for professional services for patients in the last stages of life are clarified...**

s.11 (1) A health service provider or an Ontario Health Team shall not provide professional services to a patient unless the following eligibility criteria are met:

1. The patient must be an insured person under the *Health Insurance Act*.
2. The services must be necessary to enable the patient to remain in their home or enable them to return home from a hospital or other health care facility.
3. Except in the case of pharmacy services, the services must be reasonably expected to result in progress towards,
 - i. rehabilitation,
 - ii. maintenance of functional status, or
 - iii. palliative care goals or other end-of-life care goals, in the case of a patient who is in the last stages of life.
4. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.
5. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.

Note: The regulations have previously required that “*the services must be reasonably expected to result in progress towards palliation, in the case of a patient who is in the last stages of life.*” The new wording clarifies that professional services may be provided to a person with other end-of-life care goals, including in the context of medical assistance in dying.

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May 1: Patient Eligibility Criteria (2 of 5)

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- ... and eligibility criteria are slightly relaxed for in-home physiotherapy and pharmacy services for all patients.

s.11 (1) A health service provider or an Ontario Health Team shall not provide professional services to a patient unless the following eligibility criteria are met:

... 6. In the case of pharmacy services,

- i. the patient must be taking three or more prescription medications,
- ii. the patient must be at risk of medication complications due to complex medical needs, and
- iii. the patient must have **difficulty accessing the services in a setting outside their home because of the patient's condition or circumstances.**

7. In the case of physiotherapy services and medical supplies, dressings and treatment equipment necessary to the provision of physiotherapy services,

- i. if the services are provided in the patient's home, the patient must have **difficulty accessing the services in a setting outside the home because of the patient's condition or circumstances,** or
- ii. if the services are provided in a congregate or group setting,
 - A. the patient must be 65 years of age or older, or
 - B. the patient must have been recently discharged as an inpatient of a hospital and the services must be directly connected to the condition, illness or injury for which they were admitted to **or treated for** in the hospital.

Note: The regulations have previously required that to be eligible for in-home pharmacy or in-home physiotherapy services, the patient must have been "***unable to access the services outside their home because of their condition***", and for in-home physiotherapy, the services must have been "***directly connected to the condition, illness or injury for which they were admitted to the hospital***".

May 1: Patient Eligibility Criteria (3 of 5)

- **Patient eligibility criteria for personal support services are carried forward...**

- s. 12 (1) Subject to subsection (2), a health service provider or an Ontario Health Team shall not provide personal support services to a patient unless the following eligibility criteria are met:
 1. The patient must be an insured person under the *Health Insurance Act*.
 2. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.
 3. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.

- **... with new flexibility: patients with responsive behaviours who are moving into a Long-Term Care Home can receive continuing personal support services on a transitional basis from a familiar home and community care worker after moving into the Home.**

- (2) A health service provider or an Ontario Health Team shall not provide personal support services to a patient who is a resident of a long-term care home unless all of the following eligibility criteria are met:
 1. It has been less than 21 days from the day on which the patient moved into the long-term care home.
 2. The patient has responsive behaviours.
 3. The patient was eligible for and receiving personal support services as a home and community care service immediately before moving into the long-term care home.
 4. The services are to be provided by the same worker or workers who were providing personal support services on a continuous basis to the patient before the patient moved into the long-term care home and the patient is familiar with the worker or workers.
 5. The patient would be likely to have difficulty transitioning into the long-term care home without the services.
 6. The patient would be likely to successfully transition into the long-term care home with the services

May 1: Patient Eligibility Criteria (4 of 5)

- **Patient eligibility criteria for *homemaking services* from *Home and Community Care Support Services* are carried forward...**

- s. 13 (3) ... a local health integration network shall not provide homemaking services to a patient unless the following eligibility criteria are met:
1. The patient requires personal support services along with the homemaking services.
 2. The patient receives personal support services and homemaking services from a caregiver, and the caregiver requires assistance with the homemaking services in order to continue providing care to the patient.
 3. The patient requires constant supervision as a result of a cognitive impairment or acquired brain injury and the patient's caregiver requires assistance with the homemaking services.
 4. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.
 5. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.

- **...and criteria 4 and 5 above now apply if homemaking is provided by *other health service providers* or by *Ontario Health Teams*.**

- s. 13 (1) **A health service provider or an Ontario Health Team shall not provide homemaking services to a patient unless the following eligibility criteria are met:**
- 1. The place in which the services are to be provided must have the physical features necessary to enable the services to be provided.**
 - 2. The risk that an individual who provides the services to the patient will suffer serious physical harm while providing the services must not be significant or, if it is significant, the provider of the services must be able to take reasonable steps to reduce the risk so that it is no longer significant.**

- **Residents of retirement homes and Long-Term Care Homes remain ineligible for homemaking services.**

- s. 13(2) A patient is not eligible to receive homemaking services if the patient is a tenant in a care home within the meaning of the Residential Tenancies Act, 2006 or is a resident of a long-term care homes.

May 1: Patient Eligibility Criteria (5 of 5)

- For all services, the ‘waiting period’ for Ontario Health Insurance Plan (OHIP) coverage for newcomers to Ontario is waived for patients in the last stages of life who have moved from another Canadian province or territory where they were insured under a publicly funded health care insurance plan (‘Dan’s Law’)

Exemptions from certain eligibility criteria

- s. 14 (1) A patient is exempt from any eligibility criterion of this Regulation requiring them to be an insured person under the *Health Insurance Act* if the patient,
- (a) is in the last stages of life;
 - (b) is living in Ontario;
 - (c) immediately before living in Ontario was a resident of another province or territory of Canada and was an insured person under the publicly funded health care insurance plan of that province or territory; and
 - (d) has submitted an application to the General Manager under the Health Insurance Act to establish their entitlement to be an insured person under that Act, in accordance with the regulations under that Act.

May 1: Care Delivery

- The Regulation continues to allow Health Service Providers and Ontario Health Teams funded to provide home and community care to deliver those services directly – through their staff – and/or indirectly, through contracted service provider(s).
- Health Service Providers and Ontario Health Teams are newly required to ensure their plans for direct and/or indirect delivery meet certain requirements.

Continuity of care, etc.

s.5 In deciding whether to provide home and community care services other than care co-ordination services directly or indirectly, a health service provider or an Ontario Health Team shall ensure that its decision supports continuity of care, equitable access to care, an integrated experience of care, system stability and sustainability of service delivery.

- There is a new requirement that any indirect delivery of community support services be through not-for-profit entities, with exceptions.

s.7 (1) Where a health service provider or an Ontario Health Team provides a community support service indirectly, the provider or Team shall ensure that the service is provided by a not-for-profit entity, except where the community support service is,

(a) a transportation service;

(b) a security check or reassurance service; or

(c) a service provided by a for-profit entity for the duration of an agreement for the purchase of the service that was in existence immediately before the coming into force of this section.

September 1: Care Coordination Arrangements

- The new Regulation coming into effect on May 1 will carry forward the current requirement that care coordination decisions be made directly by HCCSS organizations, health service providers and Ontario Health Teams, i.e. through their own staff.

s. 7(2) A health service provider or an Ontario Health Team shall not provide care co-ordination services indirectly.
- On September 1, amendments to the Regulation will come into effect that will allow, within certain parameters, HCCSSs, health service providers, and Ontario Health Teams to make care coordination decisions indirectly, i.e. to enter into arrangements with other organizations, including their contracted service providers, to have them make care coordination decisions on their behalf.

As of September 1, 2022:

s. 7(2) A health service provider or an Ontario Health Team may provide care co-ordination services indirectly.

(2.1) The health service provider or Ontario Health Team may obtain the care co-ordination services indirectly from another person or entity that is not a health service provider or an Ontario Health Team only if,

- before obtaining the services, the provider or Team determines that the person or entity is capable of meeting the requirements for the provision of the care co-ordination services set out in this Regulation and in the terms and conditions of funding that the Agency considers appropriate and in accordance with the funding that the Agency receives under section 18 of the Act and the Agency's accountability agreement;
- the person or entity has the appropriate digital resources, data sharing arrangements and infrastructure in place to enable secure and effective data and other information exchanges between the provider or Team, the person or entity and any other person or entity, as needed;
- the arrangement supports equitable access to care and the appropriate use of public resources;
- the arrangement includes a process for reviewing a patient's needs and adjusting the patient's care plan, as appropriate, to support responsive care provision;
- the provider or Team maintains effective oversight over and responsibility for the care co-ordination decisions of the person or entity; and
- the person or entity providing the services on behalf of the health service provider or Ontario Health Team is prohibited from purchasing or otherwise obtaining the services from any other person or entity.

May 1: Access to Care through Care Coordination (1 of 4)

- **The care coordination process by which patients access home and community care services remains the same.**

s. 10 When a patient applies to a health service provider or an Ontario Health Team for any of the home and community care services, other than care co-ordination services, that the provider or Team is funded to provide under section 21 of the Act, the provider or Team shall, before providing the service,

- (a) assess the patient's requirements;
- (b) determine the patient's eligibility for the services that the person requires; and
- (c) for each patient who is determined to be eligible, develop a care plan in accordance with the requirements for care plans.

- **Care coordination services are now explicitly defined**

s. 2(1) "care co-ordination services" means the services required to facilitate access to and co-ordinate the provision of home and community care services to patients, including,

- (a) assessing and reassessing patient requirements,
- (b) making determinations of eligibility,
- (c) developing, evaluating, and revising care plans,
- (d) making referrals to other providers, and
- (e) terminating the provision of a service.

May 1: Access to Care through Care Coordination (2 of 4)

- **Planned services must be provided in a reasonable time, and patients must be wait-listed if services are not immediately available**

Requirement to provide service in reasonable time

s. 20 A health service provider or an Ontario Health Team shall ensure that the home and community care services outlined in a patient's care plan are provided to the patient within a time that is reasonable in the circumstances.

Waiting list

s. 21 If a home and community care service outlined in a patient's care plan is not immediately available, the health service provider or Ontario Health Team shall ensure the patient is placed on a waiting list for that service and shall advise the patient when the service becomes available.

- **Patient needs must be reassessed when appropriate, and care plans revised as necessary when the patient's needs change.**

Reassessment and care plan revision

s. 5 If a patient is receiving a home and community care service, other than care co-ordination services, provided by a health service provider or an Ontario Health Team, the provider or Team shall,

(a) reassess the patient's requirements when appropriate, depending on the patient's condition and circumstances; and

(b) evaluate the patient's care plan and revise it as necessary when the patient's requirements change.

May 1: Access to Care through Care Coordination (3 of 4)

- **Patients seeking a home and community care service the provider is not funded to provide must be referred to a funded provider**

Referral

- s. 23 **When a person applies to a health service provider or an Ontario Health Team for a home and community care service the provider or Team is not funded to provide, the provider or Team shall refer the person to another health service provider or Ontario Health Team funded to provide the home and community care service the person is seeking**

- **Patients receiving more than one service (including from multiple providers) must have their services coordinated**

Co-ordination of services

- s. 22 If a patient is receiving more than one home and community care service, the health service provider or Ontario Health Team **or providers or Teams, as applicable**, shall ensure that the patient **and a person designated by the patient, if any**, are assisted in co-ordinating the services the patient receives, in accordance with the patient's needs and with consideration of the patient's preferences

May 1: Access to Care through Care Coordination (4 of 4)

- A transition plan is required before terminating all of a patient's home and community care services.

Transition plan for termination

s.26 (1) Before terminating all home and community care services in a patient's care plan, a health service provider or an Ontario Health Team shall ensure that,

(a) in participation with the patient, or, if the patient is incapable, the person who is lawfully authorized to make a relevant decision on the patient's behalf, or a designate of the patient or the authorized person, if they so wish, a written transition plan is developed that,

(i) considers the patient's goals and preferences,

(i) identifies the information required to safely transition from receiving home and community care services from the provider or Team, and

(iii) supports a seamless transition to the next care provider, if any; and

(b) the portions of the plan within the control of the provider or Team are implemented.

(2) The health service provider or Ontario Health Team shall ensure that,

(a) a copy of the transition plan is provided to the patient, or, if the patient is incapable, to the person who is lawfully authorized to make a relevant decision on their behalf, and to anybody designated by the patient or authorized person; and

(b) an explanation of the plan is provided to the patient, or, if the patient is incapable, to the person who is lawfully authorized to make a relevant decision on their behalf, and to anybody designated by the patient or authorized person, upon request.

May 1: Care Planning (1 of 3)

- **Health Service Providers and Ontario Health Teams must ensure certain factors and information are considered when a patient's needs are assessed or re-assessed, their eligibility for services is determined, and their care plan is developed or revised:**

s.16 In assessing a patient's requirements, determining eligibility and developing a care plan, or in reassessing a patient's requirements and evaluating and revising a care plan, a health service provider or an Ontario Health Team shall consider,

- the availability and capacity of family and other caregivers to provide care to the patient;**
- the availability of publicly-funded services that would meet the patient's needs; and**
- opportunities for referrals to providers of non-health services.**

s.17 In assessing and reassessing a patient's requirements, a health service provider or an Ontario Health Team shall,

- take into account all assessments and information that are provided to the provider or Team relating to the patient's capacity, the patient's impairment or the patient's requirements for home and community care services or other health care;
- where the assessment process reveals that a person has additional information** about the patient's capacity, the patient's impairment or the patient's requirements for home and community care services or other health care that is relevant to the provider or Team's assessment or reassessment of the patient's requirements related to home and community care services, **make reasonable efforts to obtain that information;**
- provide an opportunity to participate in the assessment and reassessment to,
 - the patient, and
 - if the patient is incapable, the person who is lawfully authorized to make a decision on behalf of the patient concerning the assessment or reassessment; and
- provide an opportunity to the patient to designate a person to be present with them during the assessment or reassessment.**

May 1: Care Planning (2 of 3)

s.18 In developing, evaluating, and revising a care plan, a health service provider or an Ontario Health Team shall...

(a) include in the care plan, at a minimum,

(i) the amount of the home and community care service,

(ii) the duration of the service,

(iii) whether the service is to be provided in person or virtually using electronic means, and

(iv) the care goals for the patient, including targeted clinical and functional outcomes for the patient;

(b) provide an opportunity to participate fully in the development, evaluation and revision of the care plan to,

(i) the patient who is the subject of the care plan,

(ii) if the patient who is the subject of the care plan is incapable, the person who is lawfully authorized to make a decision on behalf of the patient concerning the service in the care plan, and

(iii) the person, if any, designated by the persons referred to in subclauses (i) and (ii);

(c) take into account the patient's preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;

(d) **consider clinical best practices in the provision of a service and the costs and benefits of providing the service,**

(i) in different locations in which the service could be provided if the patient is eligible to receive the service in more than one location, and

(ii) in person or virtually using electronic means.

Note: There are no more service maximums in regulation.

- **Additional service planning (and provision) considerations:**

s.6 A health service provider or an Ontario Health Team that is funded by the Agency under section 21 of the Act to provide a home and community care service or to provide funding to or on behalf of an individual to purchase a home and community care service shall consider and promote the following in the provision of services and in the provision of the funding to purchase services:

1. The effective and efficient management of human, financial and other resources involved in the delivery of the services.
2. Equitable access to the services through the application of consistent eligibility criteria and uniform rules and procedures.

May 1: Accessible Formats, Notice, and Clear and Accessible Information (1 of 2)

- **Patients and their substitute decision-makers and designates have a right to receive written information in a format accessible to them...**

s. 3 Where this Regulation requires a notice, plan, report, decision, or other information to be in writing and given to a patient or other person, and **where the patient or person requests that the notice, plan, report, decision or other information be given in an accessible format**, a health service provider or an Ontario Health Team shall ensure the notice, plan, report, decision, or other information is also given in **an accessible format that meets the needs of the patient or other person**.

- **... and patients and their substitute decision-makers have the right to receive clear and accessible information about their services, and clear and accessible explanations of their assessment information and care plans.**

s. 25 (1) A health service provider or an Ontario Health Team shall ensure that a patient or, if the patient is incapable, the person lawfully authorized to make a decision on behalf of the patient concerning the home and community care services is provided with **clear and accessible information about the home and community care services provided to the patient**.

(2) If a person who makes a request referred to in clause 24 (2) (c) to a health service provider or an Ontario Health Team for access **to a patient's assessment information or care plan also requests an explanation of the assessment information or care plan**, the provider or Team shall ensure that the person is provided with **a clear and accessible explanation**.

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May 1: Accessible Formats, Clear and Accessible Information, and Notice (2 of 2)

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- ... and to be **notified of their rights**, including their right to receive clear and accessible explanations of their assessment information and care plans.

s. 24 (1) A health service provider or an Ontario Health Team shall ensure that the notice described in subsection (2) is given to each of their patients, to any person who is lawfully authorized to make a relevant decision concerning a home and community care service on behalf of an incapable patient, and to anybody designated by the patient or authorized person.

(2) The notice shall,

- (a) set out the rights listed in the Patient Bill of Rights and shall state that the health service provider or Ontario Health Team is obliged to ensure those rights are fully respected and promoted;
- (b) set out the procedures for making complaints or suggestions respecting the provision of home and community care services;
- (c) state that a request for access to a record of personal health information, including assessment information and the care plan may be made by a person entitled to the access under the Personal Health Information Protection Act, 2004, and shall specify the person to whom the request must be made; and
- (d) state that a person making a request under clause (c) for access to assessment information or the care plan may request a **clear and accessible explanation of the assessment information and the care plan**.

May 1: Safety and Quality Requirements

- **The requirement to develop a plan to prevent abuse is expanded to now include and address sexual, emotional and verbal abuse.**

s. 28(1) A health service provider or an Ontario Health Team shall develop and implement a plan for preventing, recognizing and addressing physical, **sexual**, mental, **emotional, verbal** and financial abuse of patients who receive home and community care services provided by the provider or Team.

(2) The plan required under subsection (1) shall provide, among other things, for the education and training of employees and volunteers in methods of preventing, recognizing and addressing physical, **sexual**, mental, **emotional, verbal** and financial abuse

- **The requirement to ensure a quality management system is developed and implemented is carried forward.**

s. 27 A health service provider or an Ontario Health Team shall ensure that a quality management system is developed and implemented for monitoring, evaluating and improving the quality of the home and community care services provided by the provider or Team.

- **The requirement for regulated health professionals to plan and document the provision of professional services is carried forward.**

S. 19 (1) The provider of a professional service shall ensure that, if the professional services provided to a patient involve treating or advising the patient within the scope of practice of a health profession as defined in subsection 1 (1) of the Regulated Health Professions Act, 1991, the provision of the service is planned and documented, and, as necessary, reviewed and revised by a member of the College that relates to the professional services provided.

(2) The requirement in subsection (1) does not apply to the provision of nursing services to a patient who resides in a long-term care home.

September 1: French-Language Services

- Starting Sept. 1, Health Service Providers and Ontario Health Teams funded to provide home and community care services that are professional services, personal support services, or ‘no-co-pay’ homemaking services must actively offer those services in French and, upon request of the patient, provide the services in French or refer the patient to another provider.

s. 29.1 (1) **When a person applies to a health service provider or an Ontario Health Team** that is funded to provide professional services, personal support services, homemaking services for which the provider or Team may not charge or accept payment or the care co-ordination services for these services, **and the person indicates a preference to receive services in French, the provider or Team shall provide the services in French or refer the patient to another health service provider or an Ontario Health Team that offers the services in French.**

(2) An obligation under subsection (1) does not in any way alter an obligation that otherwise exists in law on a health service provider or an Ontario Health Team to provide home and community care services in French.

(3) An obligation under subsection (1) is subject to such limits as circumstances make reasonable and necessary, if all reasonable measures to comply with the requirements have been taken or made.

(4) A health service provider or an Ontario Health Team that is funded to provide professional services, personal support services, homemaking services for which the provider or Team may not charge or accept payment or the care co-ordination services for these services **shall take reasonable and appropriate measures, including providing signs, notices and other information on the services and initiating communication with the public, to make it known to members of the public that the services may be received in French** in accordance with this section.

- **Implementation Note:** The Ministry will be working with OH to support HSPs and OHTs through the further development of system capacity for referrals while leveraging existing (reporting) mechanisms and infrastructure to support and enable active offers and the provision of home and community care services, including care coordination, in French,

May 1: Co-Payments

- **Co-payments continue to be prohibited for:**

- **professional services and personal support services provided to all patients, and**
- **homemaking services provided to patients with specified 'higher acuity needs'**

s. 29 (1) Subject to subsections (2) and (3), if a health service provider or an Ontario Health Team provides a homemaking service or community support service the provider or Team may require payment from the patient for the service and may accept a payment made by or on behalf of the patient for the service.

(2) A health service provider or an Ontario Health Team shall not require payment from the patient or accept payment made by or on behalf of the patient if the homemaking service is provided to the patient in the following circumstances:

1. The patient requires personal support services along with the homemaking services.
2. The patient receives personal support services and homemaking services from a caregiver, and the caregiver requires assistance with the homemaking services in order to continue providing care to the patient.
3. The patient requires constant supervision as a result of a cognitive impairment or acquired brain injury and the patient's caregiver requires assistance with the homemaking services.

- **Co-payments continue to be permitted for *Community Support Services*, except they are newly prohibited for security checks and reassurance services provided to patients with specified higher acuity needs.**

s. 29 (3) A health service provider or an Ontario Health Team shall not require payment from the patient or accept payment made by or on behalf of the patient if the patient is receiving security checks or reassurance services together with a professional service, a personal support service or a homemaking service described in subsection (2) provided by the provider or Team.

- **Co-payments are prohibited for *Indigenous Services***

May 1: Complaints Alleging Abuse etc.

- Health service providers and Ontario Health Teams must have a process for reviewing complaints alleging abuse, neglect, or improper or incompetent service delivery that resulted in harm or risk of harm to the patient

s. 30 (1) The process for reviewing complaints required by section 43.10 of the Act must include, at a minimum, review of the following types of complaints received from any person:

1. An allegation of abuse or neglect of a patient that resulted in harm or a risk of harm to the patient, or improper or incompetent service delivery to a patient that resulted in harm or a risk of harm to the patient by any of the following:
 - i. The health service provider or Ontario Health Team.
 - ii. A staff member of the health service provider or Ontario Health Team.
 - iii. A provider of home and community care services of the health service provider or Ontario Health Team, including any employee or contractor of that provider.

- Certain actions are newly required when such a complaint is received.

s. 30 (3) A health service provider or an Ontario Health Team that receives a complaint about a matter described in paragraph 1 of subsection (1) must ensure the following occurs:

1. Immediate acknowledgement of the complaint to the person making the complaint, if known.
2. Immediate commencement of an investigation of the complaint.
3. Provision of a response to the complainant, if known, within 10 days of receipt of the complaint, that includes, at a minimum, the steps taken to address the complaint.
4. Within a reasonable time following the commencement of the investigation,
 - i. conclusion of the investigation, and
 - ii. creation of a written report documenting the findings of the investigation and, if the investigation shows the complaint to be founded, the steps taken or planned to be taken to prevent a similar incident from occurring.

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May 1: Complaints Alleging Abuse etc.

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- **Additional new requirements apply when a contracted service provider:**
 - **is aware of an incident that resulted in harm or risk of harm to a patient, or**
 - **receives a complaint alleging abuse etc.**

- s. 30 (12) **A health service provider or an Ontario Health Team shall ensure that their provider of home and community care services establishes a process for reviewing complaints respecting the services that includes, at a minimum,**
- (a) **a process for immediately reporting to the provider or Team any incident that resulted in harm or a risk of harm to a patient; and**
 - (b) **in the case of a complaint described in paragraph 1 of subsection (1), requirements to,**
 - (i) **immediately report the complaint to the provider or Team,**
 - (ii) **provide a written record of the complaint to the provider or Team as soon as practicable,**
 - (iii) **inform the provider or Team of the response to the complaint, and**
 - (iv) **if requested by the provider or Team, provide written status updates on any investigation commenced by the provider of the home and community care services.**

May 1: Other Complaints

- **A requirement to respond to other complaints within 60 days is carried forward, and new requirements apply to the response**

s. 30 (9) **A response to a complaint [other than a complaint alleging abuse, etc.] must include, at a minimum,**

(a) **the steps taken to address the complaint; or**

(b) **if the complaint has not been addressed, why it has not been addressed and when the person who made the complaint can expect the complaint to be addressed.**

May 1: Appeals

- **Current patient rights of appeal for the same care coordination decisions are carried forward and continue to apply to any organization funded to provide services.**

s. 31. (1) For the purposes of section 43.11 of the Act, the following are the prescribed decisions of a health service provider or an Ontario Health Team that may be appealed to the Appeal Board:

1. A decision that the patient is not eligible to receive a particular home and community care service.
2. A decision to exclude a particular home and community care service from the patient's care plan.
3. A decision respecting the amount of any particular home and community care service set out in the patient's care plan.
4. A decision to terminate the provision of a home and community care service to the patient.

- **The new Regulation clarifies that decisions about whether to provide 'direct funding' are not appealable (e.g. for the Family-Managed Home Care program, and the Self-Directed Funding program administered by the Centre for Independent Living Toronto)**

(2) For the purposes of subsection (1), when a health service provider or an Ontario Health Team provides funding to or on behalf of a patient to purchase a home and community care service,

- (a) a decision about eligibility for a service does not include a decision about eligibility to receive funding to purchase the service;
- (b) a decision to exclude a particular service does not include a decision to exclude funding to purchase that service;
- (c) a decision about an amount of service does not include a decision about the amount of funding to purchase that service; and
- (d) a decision to terminate a service does not include a decision to terminate funding to purchase that service.

Note: Health service providers and Ontario Health Teams are responsible for managing appeals of care coordination decisions made by their contracted service providers, should they have such an arrangement in place (as permitted after Sept. 1).

September 1: Patient Ombudsman

- The Patient Ombudsman’s current jurisdiction to receive, attempt to resolve and investigate complaints about home care services provided by *HCCSS organizations* is maintained after May 1...

ECFAA s. 1 “health sector organization” means...

- (c.1) a local health integration network within the meaning of the *Local Health System Integration Act, 2006*, but only with respect to:
 - (i) a prescribed home and community care service that is provided by a local health integration network

s. 2 (2) For the purposes of subclause (c.1) (i) of the definition of “health sector organization” in section 1 of the Act, the following are the prescribed home and community care services:

1. Professional services.
2. Personal support services.
3. Homemaking services, but only if a local health integration network is not permitted to charge for the service.

- ... and effective September 1, the Patient Ombudsman’s **jurisdiction is expanded to also include *health service providers and Ontario Health Teams providing those same home care services.***

Effective Sept. 1, O. Reg. 236/16 under the *Excellent Care For All Act, 2010* will be amended to add:

s. 2(3) Every health service provider and Ontario Health Team that is funded under section 21 of the *Connecting Care Act, 2019* to provide any of the services listed in subsection (4) of this section is a provider or Team for the purposes of clause (b) of the definition of “health sector organization” in section 1 of the Act.

(4) For the purposes of clause (b) of the definition of “health sector organization” in section 1 of the Act, the following are the prescribed home and community care services:

1. Professional services.
2. Personal support services.
3. Homemaking services, but only if the health service provider or Ontario Health Team is not permitted to charge for the service.



May 1: Consequential Amendments

- **Consequential amendments to other regulations are also being made, largely as a housekeeping matter, e.g. to:**
 - Replace references to the outgoing *Home Care and Community Services Act, 1994* with references to its successor legislation, the *Connecting Care Act, 2019*
 - Replace terms specific to the outgoing legislation (e.g. 'approved agency') with terms used in the *Connecting Care Act*.
- **These consequential amendment essentially carry forward the current state, including to:**
 - Carry forward eligibility for Ontario Drug Benefit Program and Trillium Program benefits for persons receiving home and community care services that are professional services (and extend eligibility to persons receiving substantially equivalent services from an Indigenous organization funded under the *Ministry of Health and Long-Term Care Act*).
 - Carry forward an exemption from ambulance co-payments for patients receiving home and community care services that are professional services (and extend the exemption to persons receiving substantially equivalent services from an Indigenous organization funded under the *Ministry of Health and Long-Term Care Act*).
 - Carry forward exemptions from certain requirements under the *Highway Traffic Act* for vehicles being operated by or on behalf of a health service provider or Ontario Health Team to transport persons receiving home care services from that organization (and extend the exemptions to vehicles operated by Indigenous organization funded under the *Ministry of Health and Long-Term Care Act*).
 - Carry forward the rights of the Minister of Health with respect to subrogated claims, and clarify the identity of involved parties when reading the *Class Proceedings Act, 1992* in the context of subrogated claims involving the Minister of Health.

Thank you!

Please submit your questions using the link in the chat.

Disclaimer:

- This presentation is not legal advice.
- The information provided in this presentation is not a complete description of all requirements set out in the *Connecting Care Act, 2019* or O. Reg 187/22 (Home and Community Care Services) made under that Act, or in other legislation, regulations, directives, policies, funding agreements, contracts, or other instruments.
- Health service providers, Ontario Health Teams, contracted service providers, and other persons and organizations should review the relevant legislation and regulations and consult their own legal counsel to understand their rights, obligations, and responsibilities.

Appendix

Timing – coming into effect of different provisions

Provisions coming into effect on **May 1, 2022**

- Updated Bill of Rights
- Currently-funded services carried over and new services are added
- Relaxed eligibility criteria for professional services
- Transitional PSSs in LTCHs permitted
- Self-directed funding programs carried over
- Exceptions to prohibitions against charging carried over.
- New rule: CSS contracts must be w/ not-for-profit service provider organizations
- Enhanced care planning requirements in place
- New ‘basic’ and enhanced complaints processes requirements (re: abuse etc.) in place
- Enhanced ‘plans against abuse’ requirements in place (except: ensure service provider organizations have a plan)
- Appeals provisions carried over
- Technical updates (subrogation, exemptions, consequential amendments)
- Enhanced ‘notice to new patients’ requirements in place
- Current bedded transitional care programs outside licensed premises brought under CCA

Provisions coming into effect on **September 1, 2022**

- Care Coordination assignments allowed in certain circumstances
- Health service providers must ensure their service provider organizations have plans against abuse
- French Language Services requirements apply
- Patient Ombudsman jurisdiction expanded

Home and Community Care Services

- Traditional Healing
- Indigenous cultural support services

- 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

- 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

Highlights of New Home and Community Care Regulations

- **Patient Experience**

- The **Patient Bill of Rights** is modernized, including to strengthen rights to patient and caregiver participation in care planning and delivery, establish a patient's right to clear and accessible information about their care, and affirm rights to culturally safe care.
- Avenues for patients and families to **express concerns** are enhanced: complaints processes are more robust for serious allegations, rights of appeal are carried forward, and the Patient Ombudsman's jurisdiction is expanded to include all funded home care providers.
- **French language service and referral** requirements are carried forward and expanded to all funded home care providers.

- **Continuity of Care and Improved Access**

- Home and community care services will **continue to be provided based on individual needs assessments and care plans**.
- The **full range of home and community care services** (professional, personal support, homemaking, and community support services) is carried forward, and **new services** are added: behavioural supports, bereavement supports, wellness and information services, psychology, traditional healing, and Indigenous cultural supports.
- Patient eligibility criteria for services are also carried forward – with **targeted expanded access** to in-home pharmacy and physiotherapy, transitions to long-term care, and end-of-life care.
- **Patient needs are better reflected**: service maximums are removed, care plans must reflect best practices, wrap-around community supports must be considered, consider virtual and/or group or congregate care.

- **Connectedness**

- **New Models**: OHTs and health service providers have new flexibility to deliver home and community care services through a variety of **new models** with other providers.
- **Responsive care: OHTs and health service providers can empower front-line providers to** make timely **care coordination** decisions.