

Resident Health and Well-Being Program

Frequently Asked Questions (Fiscal Year 2023-24)

1. What is the Resident Health and Well-Being Program?

The Resident Health and Well-Being (RHWB) Program, launched by the Ministry of Long-Term Care (the Ministry) in December 2022, is intended to enhance resident access to social support services provided by Registered Social Workers (RSWs), Social Service Workers (SSWs) and other Allied Health Professionals (AHPs) to increase overall health, well-being and quality of life in long-term care (LTC) homes.

The RHWB Program aims to increase the provision of social support services provided by RSWs, SSWs and other AHPs towards a best practice minimum of 30 minutes of care per resident every four weeks.

To support this program, the Ministry is providing up to \$19,963,600 over three years to LTC homes to provide social support services to LTC residents and/or their families/caregivers by expanding access to RSWs, SSWs and other eligible AHPs as follows:

- \$6,523,200 in 2022-23;
- \$6,653,700 in 2023-24; and
- \$6,786,700 in 2024-25.

2. Which types of staff are eligible to provide social support services as part of the RHWB Program?

The intent of the RHWB Program is to increase overall resident health, well-being and quality of life through enhanced social support services, working towards a best practice minimum of 30 minutes of care per resident every four weeks by RSWs, SSWs and other eligible AHPs.

LTC homes are responsible for ensuring LTC staff providing these services are skilled and qualified in their respective scope of practice and in accordance with the requirements set out in the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* (O. Reg. 246/22).

Therefore, LTC homes should identify the staff roles and responsibilities in accordance with the assessed needs of each resident.

Eligible role types for the RHWB fund include RSWs, SSWs and other AHPs who are qualified to provide social support services. See definitions of the eligible role types below:

- A RSW is an individual who possesses a certificate of registration for social work with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) and is registered under the *Social Work and Social Service Work Act, 1998*. A RSW is responsible for assisting clients to achieve optimal psychosocial and social functioning and can provide a specific diagnosis to a client.
- A SSW is an individual who possesses a certificate of registration for social service work with the OCSWSSW and is registered under the *Social Work and Social Service Work Act, 1998*. A SSW is responsible only for helping clients with their social functioning and cannot provide a specific diagnosis to a client.
- Other AHPs qualified and trained to provide social support services to enhance resident health and well-being. Please refer to section 2.4 of the *2023-24 Resident Health and Well-Being Program Funding Policy* (dated April 2023) for additional details.

3. How much funding will the LTC sector receive for this fiscal year (April 2023 - March 2024)?

The government is investing up to \$6,653,700 in 2023-24 to support the continuation of staffing initiatives as part of the RHWB Program.

Note: The Ministry provided up to \$6,523,200 in 2022-23, effective January 1, 2023 to March 31, 2023, to all eligible LTC homes to increase social support services as part of the new RHWB Program.

4. How much funding will each individual home receive for this fiscal year?

For this fiscal funding period (April 1, 2023 – March 31, 2024), effective April 1, 2023, LTC home licensees will receive \$7.24 per bed, per month, through the RHWB Fund based on the number of operational beds as of December 2022.

The following types of beds are excluded from this funding:

- The Elder Care Capital Assistance Program (ELDCAP) beds;
- Beds in abeyance; and
- Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by the LTC home licensees as of November 2022.

Note: Please note that the fixed monthly allocation for the 2022-23 fiscal period was a higher amount than the fixed monthly allocation for the current 2023-24 fiscal period because the entire investment for the previous fiscal period was evenly distributed over three-monthly installments, instead of 12-monthly installments for the current fiscal period.

Funding provided to homes for the April 2023 to March 2024 period must be used by March 31, 2024.

5. How has the Ministry accounted for new and/or developed beds coming online during fiscal year 2023-24?

The Ministry will conduct a periodic review of new and/or redeveloped beds as they become operational and adjust funding accordingly. At this time, up to \$108,166 will be held in reserve to provide funding for approved new beds that are anticipated to come online.

6. Has the Ministry reconsidered funding eligibility of previously excluded bed types (i.e., ELDCAP beds, Ontario Health funded beds)?

The two types of beds noted below were ineligible for RHWB funding in 2022-23, however these beds are now eligible for funding effective April 1, 2023:

- All beds with a Temporary License operated only as “interim beds” as defined in the Regulation that were solely funded by Ontario Health under the respective Accountability Agreement; and
- Convalescent Care beds that were solely funded by Ontario Health.

7. Why is there a decrease in the projected monthly allocation for the subsequent fiscal period (2024-25)?

The intent of providing the notional out-year allocation ranges to LTC home licensees was to provide an indication of future funding to support ongoing planning of social support services. As noted in the *2023-24 Resident Health and Well-Being Program Funding Policy* (dated April 2023), the notional amount for 2024-25 will be subject to further approvals, including, ward bed occupancy, current bed capacity, scheduled new beds expected to come online, and other unforeseen events. The Ministry will communicate the precise funding amount for 2024-25 at the beginning of the next fiscal year.

Please note that the fixed monthly allocation for the 2023-24 fiscal period may be a higher amount than the notional monthly allocation range for the 2024-25 fiscal year as overall bed capacity in the sector is anticipated to increase within the 2023-24 fiscal year and onwards.

RHWB Out-Year Notional Allocation	
	2024-25
Annual Funding	\$6,786,700
Notional Monthly Allocation Range Per Bed, Per Month	\$6.72 - \$7.42

8. Is the 2023-24 funding in addition to the LTC Staffing Increase funds provided for Allied Health Professionals?

Yes, the funding provided in 2022-23 and 2023-24 are separate from and is in addition to the funding being provided to LTC home licensees to increase staffing levels, specifically the AHP Staffing Supplement, aimed at increasing direct hours of care for residents as part of the government’s [“A better place to live, a better place to work: Ontario’s long-term care staffing plan”](#) (the Staffing Plan), and the system-level average direct hours of care AHP targets established in the FLTCA.

Note: This funding is also separate from and is in addition to other existing funding (e.g., Level-of-Care funding) being provided to LTC home licensees.

9. How will the Ministry measure whether the LTC homes are providing a minimum of 30 minutes of social support services per resident every four weeks? How should LTC homes report the hours of care provided by RSWs, SSWs and other AHPs to the Ministry?

The program’s best practice target is to work towards a minimum of 30 minutes of care per resident every four weeks by RSWs, SSWs and other eligible AHPs as the program matures. This is not a mandatory hours of care target established by the Ministry. The quarterly LTC Staffing Data Collection (Staffing Survey) will be used to monitor changes in the utilization of RSWs, SSWs and other AHPs in LTC homes. The Staffing Survey captures the staffing headcount of RSWs, SSWs and other AHPs, and hours of care provided by RSWs, SSWs and other AHPs. LTC home licensees should continue to track the worked and paid hours for each role type in accordance with the requirements outlined in the Staffing Survey.

Overall, the RHWB Program is expected to support a modest increase in the Staffing Plan’s system-level average AHP direct care time targets.

Please refer to the Staffing Survey supporting documents for details and contact QualityandInnovation@ontario.ca for any policy/program questions related to the survey and contact askhealthdata@ontario.ca for any technical/user support questions related to the survey.

10. What is the difference between the best practice target set for the RHWB Program and the direct hours of care target(s) set for the Allied Health Professionals in the FLTCA?

The system-level average direct hours of care AHP targets set out in the FLTCA are legislated and part of the government's Staffing Plan, which commit to increasing the system average direct care provided by AHPs to 36 minutes per resident, per day by March 31, 2023.

While the RHWB Program does not designate a mandatory care target provided by RSWs, SSWs and other AHPs, the RHWB Program funding aligns with the government's Staffing Plan in increasing direct care to residents. Overall, the RHWB Program is expected to support a modest increase in the Staffing Plan's system-level average AHP direct care time targets.

Accordingly, the best practice target set by the RHWB program, and the legislated targets set out in FLTCA are both important components to achieving the Ministry's goal of increasing the direct care time provided to LTC residents.

11. What are the information and financial reporting requirements related to the Resident Health and Well-Being Fund?

For the 2023 calendar year, LTC homes must report the "Resident Health and Well-Being Fund" expenditures for the period of April to December 2023 in the 2023 Annual Report. For the 2024 calendar year, LTC homes must report expenditures for the period of January to March 2024 in the 2024 Annual Report. In the 2024 Reconciliation, the Ministry will match the funding provided to the LTC homes for the period of April 2023 to March 2024 against the April 2023 to March 2024 expenditures reported in the 2023 and 2024 Annual Report.

Please refer to section 6.0 of the *2023-24 Resident Health and Well-Being Program Funding Policy* (dated April 2023) for financial reporting obligations applicable to funding provided for this fiscal year period (April 1, 2023 – March 31, 2024).

12. Has the Ministry reconsidered eligibility of additional Allied Health Professional roles/positions that are tasked with providing direct resident care?

The *2023-24 Resident Health and Well-Being Program Funding Policy* (dated April 2023) has been updated to include the following job titles as part of the list of qualifying allied health professional roles/positions:

- Added Physician Assistant
- Added Nurse Practitioner
- Removed Infection Control Practitioner and added Infection Control Lead

For additional information, including an updated list of eligible AHP roles/positions, please refer to section 2.4 of the *2023-24 Resident Health and Well-Being Program Funding Policy* (dated April 2023).