

**Policy: Updated 2022-2023 Long-Term Care Staffing Increase
Funding Policy**

Date: November 2022

1.0 Introduction

The government released “[A better place to live, a better place to work: Ontario’s long-term care staffing plan](#)” (Staffing Plan) in December 2020 with commitments to improve Ontario’s long-term care (LTC) sector by increasing staffing levels.

Effective April 2022 to November 2022, to support the continuation of staffing initiatives and the provincial direct hours of care targets for fiscal year 2022-23 established in the *Fixing Long-Term Care Act, 2021*, LTC home licensees received the same fixed monthly amount allocated for fiscal year one as follows:

- RN, RPN, and PSW Staffing Supplement: \$599.49 per bed, per month
- Allied Health Professionals Staffing Supplement: \$112.94 per bed, per month

Effective December 2022, LTC home licensees will begin to receive an increased fixed monthly amount for the remainder of fiscal year two as follows:

- RN, RPN, and PSW Staffing Supplement: \$679.35 per bed, per month
- Allied Health Professionals Staffing Supplement: \$128.00 per bed, per month.

This funding includes:

- Up to \$566,705,300 for year two to increase direct care time provided by registered nurses (RNs), registered practical nurses (RPNs), and personal support workers (PSWs) to a provincial daily average of three hours and 15 minutes per resident, per day by the end of fiscal year two (March 31, 2023); and;
- Up to \$106,768,600 for year two to increase or maintain direct care time provided by allied health professionals (AHPs) to a provincial daily average of 36 minutes per resident, per day, by the end of fiscal year two (March 31, 2023).

Staffing Plan Commitments and the *Fixing Long-Term Care Act, 2021* System-Level Targets for Increased Staffing Levels

Current Levels (2018 data)	2021-22 (to be achieved by Q4) Average	2022-23 (to be achieved by Q4) Average	2023-24 (to be achieved by Q4) Average	2024-25 (to be achieved by Q4) Average
RNs, RPNs, and PSWs: 2 hours and 45 minutes	3 hrs	3 hrs 15 min	3 hrs 42 min	4 hrs
AHP: 30 minutes	33 min	36 min	36 min	36 min

1.1 Purpose

This 2022-2023 LTC Staffing Increase Funding Policy dated November 2022 outlines the terms and conditions of the funding provided to LTC home licensees effective December 1, 2022, up to the end of this fiscal year (March 31, 2023).

This policy is applicable to the 2022-2023 fiscal year LTC staffing increase funding for RN, RPN, and PSW Staffing Supplement and the Allied Health Professionals Supplement.

2.0 Out-Year Notional Allocations

The charts below depict the projected out-year allocations communicated to LTC home licensees on October 15, 2021 based on fiscal year one ward bed occupancy and approved budget assumptions. A review of these projections will be considered at a later date based on updated information including but not limited to, ward bed occupancy, bed count, new beds expected to come online and staffing levels. The notional ranges are provided to inform planning; the Ministry of Long-Term Care (“the Ministry”) will communicate the confirmed funding amounts for each applicable year.

RN, RPN, and PSW Staffing Supplement		
	2023-24	2024-25
Annual Funding	\$1,114.5942M	\$1,673.0035M
Notional Monthly Allocation Range per bed, per month	\$1,007.88 - \$1,213.87	\$1,304.95 - \$1,753.70

Allied Health Professionals Staffing Supplement		
	2023-24	2024-25

Annual Funding	\$135.5925M	\$148.1602M
Notional Monthly Allocation Range per bed, per month	\$122.61 - \$148.07	\$115.51 - \$155.31

3.0 Recipient Eligibility Criteria

Existing non-profit, for-profit, and municipal LTC operators licensed or approved to operate a LTC Home under the *Fixing Long-Term Care Act, 2021* (“Act”) and *Ontario Regulation 246/22* (“Regulation”) and is a party to a Letter of Agreement for Minister Direct Funding to Long-Term Care Homes (DFA) with the Ministry are eligible to receive this funding. -

4.0 Funding Methodology and Payment

- 4.1 Funding will be administered in accordance with this Policy and/or the applicable agreement between the Ministry and the Licensee/Approved Operator.
- 4.2 For the funding period of April 1, 2022 – November 30, 2022, funding was allocated on a per bed, per month basis based on the number of operational beds calculated at the start of this program for year 2021-22 (See Long-Term Care Staffing Increase Funding Policy dated October 15, 2021 and 2022-2023 LTC Staffing Policy dated April 1, 2022).

Beginning December 1, 2022, funding will be allocated on a per bed, per month basis based on the number of operational beds calculated as of August 2022.

The following types of beds are excluded from this funding:

- The Elder Care Capital Assistance Program (ELDCAP) beds;
- Convalescent care beds that are funded solely by Ontario Health (see note below);
- Beds that are issued a Temporary Licence under Section 114(1)(b) of the Act operated only as interim beds as defined in Ontario Regulation 246/22 made under the Act, where Ontario Health provides all related funding to the LTC Licensee for the beds under this Temporary Licence in accordance with applicable Ministry-LHIN Accountability Agreement;
- Beds in abeyance; and,
- Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by the LTC licensees as of September 2022.

Note: Convalescent care and interim beds funded partially or in full by the Ministry are eligible for this funding.

- 4.3 Funding will be provided to LTC home licensees starting April 1, 2022 through twelve fixed monthly installments, paid through the regular monthly payment schedule. As such, the funding will continue to flow through the following distinct protected funding lines:

Funding Line	RN, RPN, and PSW Staffing Supplement	Allied Health Professionals Staffing Supplement
Per bed, per month allocation (Applicable for 8 months: April 1, 2022-November 30, 2022)	\$599.49 for every operational bed in the home, subject to conditions set out in this Policy.	\$112.94 for every operational bed in the home, subject to conditions set out in this Policy.
Per bed, per month allocation (Applicable for 4 months: December 1, 2022-March 31, 2023)	\$679.35 for every operational bed in the home, subject to conditions set out in this Policy.	\$128.00 for every operational bed in the home, subject to conditions set out in this Policy.

- 4.4 A top-up adjustment will be made effective December 1, 2022 as outlined in section 4.3.
- 4.5 Funding will not be otherwise adjusted for occupancy throughout the year or at the time of reconciliation.
- 4.6 The Ministry will conduct periodic review of new and/or redeveloped beds as they become operational and adjust funding accordingly.
- 4.7 Funding provided to homes for the December 2022 to March 2023 period must be used by March 31, 2023.

5.0 Expenses Under the “RN, RPN, and PSW Staffing Supplement” Funding

- 5.1 The new funding will be restricted for the purpose of retaining and/or recruiting of RNs, RPNs, and PSWs to accomplish the increase in “direct resident care” time outlined in the Staffing Plan.
- 5.2 *The Guideline for Eligible Expenditures for Long-Term Care Homes, 2017* defines “direct resident care” as hands-on care provided to residents of LTC homes and includes, but is not limited to, assessments, eating, bathing, toileting, dressing, lifting, moving residents, medical/therapeutic treatments, and medication administration.
- 5.3 Eligible expenditures shall fall into one or more of the following:
 - a. Salaries, wages, and benefits of RNs, RPNs and PSWs hired to accomplish the increase in direct resident care time.

- b. Salaries and wages, to top up hours or for increasing wages for existing staff (RNs, RPNs, PSWs), convert PT to FT positions or hire new RNs, RPNs, and PSWs to accomplish the increase in direct resident care time.
- c. Part-time and overtime hours performed by RNs, RPNs and PSWs to accomplish the increase in direct resident care time.
- d. Salaries, wages, and benefits for RNs, RPNs and PSWs recruited from an Agency to accomplish the increase in direct resident care time.
- e. Orientation and onboarding time of RNs, RPNs and PSWs hired to accomplish the increase in direct resident care time.

5.4 Ineligible expenditures include the following:

- a. Any retroactive expenses related to recruitment cost and salaries for the period prior to April 1, 2022.
- b. Salaries, wages and benefits of LTC Home staff who do not provide direct resident care in their capacity as a RN, RPN or PSW as part of their regular tasks.
- c. Professional fees/government fees, preparation of work permits, housing, flights to and from Canada and health insurance.
- d. Operating and administrative costs related to recruitment of RNs, RPNs, and PSWs hired for this initiative.
- e. Education and training related benefits, including education allowances, education fund, and education leave.
- f. Supplies and equipment.
- g. Administrative supplies and office equipment (e.g., paper, toner, fax, phones, printer, photocopier, etc.).

6.0 Expenses Under the “Allied Health Professionals Staffing Supplement” Funding

6.1 The new funding shall be restricted for the purpose of retaining and/or recruiting of Allied Health Professionals to accomplish the increase in “direct resident care” time outlined in the Staffing Plan. (See s.5.2 for definition of “direct resident care” time.)

6.2 In order to be eligible for the use of Allied Health Professionals Staffing Supplement fund, direct care tasks and other related responsibilities shall be performed by staff with the following job titles:

- a. Physiotherapist
- b. Restorative aids/lead (Rehab/Therapy Aide) for supporting the Restorative Care Program
- c. Social Worker
- d. Social Service Worker
- e. Occupational Therapist
- f. Speech-Language Therapist
- g. Activity Director/Activity Assistant and designated staff who provide assistance and support to participate in the Recreational and Social Programs

- h. Health Care Attendant / Aide
- i. Resident Service Aide
- j. Dietician (Dietitian time in accordance with the Ministry's current directives under the Personal Support Services (PSS) envelope and any additional increase may be expensed under the "Allied Health Professionals Staffing Supplement" as deemed appropriate by the LTC Home.)
- k. Religious and Spiritual Practice related positions (e.g., Chaplain, Pastoral Care)
- l. Assistant Director of Care / Nurse Manager
- m. Attending Nurse Practitioner
- n. Clinical Manager
- o. Clinical Nurse Specialist / Nurse Clinician
- p. Director of Care
- q. Infection Control Practitioner
- r. Other applicable PSS and Nursing and Personal Care funded roles/positions designated to help residents improve or maintain their ability to perform activities of daily living.

Note: This list is subject to change based on data collected through the LTC Staffing Data Collection (Staffing Survey) and feedback from the sector, in the sole discretion of the Ministry.

6.3 Eligible expenditures shall fall into one or more of the following:

- a. Salaries, wages, and benefits including overtime of Allied Health Professionals who provide direct care to residents.
- b. Salaries and wages to top up hours for existing Allied Health Professionals, convert PT to FT positions or hire new Allied Health Professionals to accomplish the increase in direct resident care time.
- c. Salaries and wages related to the purpose of increasing wages for existing Allied Health Professionals, convert PT to FT positions or hire new Allied Health Professionals to accomplish the increase in direct resident care time.
- d. Part-time hours and overtime hours performed by RNs, RPNs and PSWs to accomplish the increase in direct resident care time.
- e. Salaries, wages, and benefits for Allied Health Professionals recruited from an Agency for accomplishing the increase in direct resident care time.

6.4 Ineligible expenditures include the following:

- a. Salaries, wages, and benefits of LTC Home staff who do not provide direct resident care in their capacity as an Allied Health Professional (see list above).
- b. Operating and administrative costs related to recruitment that are eligible under the "Other Accommodation" envelope.
- c. Supplies, equipment, and services.
- d. Education and training related benefits, including education allowances, education fund, and education leave.

- e. Professional fees/government fees, preparation of work permits, housing, flights to and from Canada and health insurance.

7.0 Mandatory Reporting and Accountability Requirements

- 7.1 The LTC home licensees shall only use this fund for the defined purposes outlined in sections 5 and 6.
- 7.2 The LTC home licensees shall report expenditures pertaining to the “RN, RPN, and PSW Staffing Supplement” on a separate line in Section I, Part A of the licensee’s Long-Term Care Home Annual Report (Annual Report) for a defined 12-month period, in accordance with the form and manner set out in the *Long-Term Care Home Annual Report Technical Instructions and Guidelines*.
- 7.3 For the 2022 calendar year, LTC homes licensees shall report the “RN, RPN, and PSW Staffing Supplement” expenditures for the period of April to December 2022 in the 2022 Annual Report. For the 2023 calendar year, LTC homes licensees shall report expenditures for the period of January to March 2023 in the 2023 Annual Report. In the 2023 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for the period of April 2022 to March 2023 against the April 2022 to March 2023 expenditure reported in the 2022 and 2023 Annual Report.
- 7.4 The LTC home licensees shall report expenditures pertaining to the “Allied Health Professionals Staffing Supplement” on a separate line in Section I, Part A of the licensee’s Annual Report for a defined 12-month period, in accordance with the form and manner set out in the Long-Term Care Home Annual Report Technical Instructions and Guidelines.
- 7.5 For the 2022 calendar year, LTC homes licensees shall report the “Allied Health Professionals Staffing Supplement” expenditures for the period of April to December 2022 in the 2022 Annual Report. For the 2023 calendar year, LTC homes licensees shall report expenditures for the period of January to March 2023 in the 2023 Annual Report. In the 2023 Reconciliation, the Ministry will match the funding provided to the LTC home licensees for the period of April 2022 to March 2023 against the April 2022 to March 2023 expenditure reported in the 2022 and 2023 Annual Report.
- 7.6 The LTC home licensees shall create and maintain records, for the period from April 1, 2022 to March 31, 2023 and report to the Ministry on the use of funds in accordance with the requirements set out in this Policy.
- 7.7 The LTC home licensees shall not redirect unused funds to any of the level-of-care envelopes. Unused funds shall be returned to the Ministry.
- 7.8 The LTC home licensees shall provide program status updates upon request from the Ministry from time to time, in form and content as directed by the Ministry, including information about the use of funds related to the recruitment/retainment of eligible staff for the purpose of meeting direct care time targets for fiscal year two.
- 7.9 The LTC home licensees shall comply with the quarterly/annual reporting requirements of the Staffing Survey as communicated by the Ministry on July 22, 2021 and December 3, 2021, including specific quarterly and annual reports on:

- Nursing (RNs and RPNs) and PSW staffing data.
 - Allied Health Professionals staffing data.
- 7.10 The LTC home licensees shall comply with any further reporting instructions provided by the Ministry relating to the format and content of the reports, and/or evaluation of the program.
- 7.11 The LTC home licensees shall comply with the requirements under the *Fixing Long Term Care Act, 2021* and the Regulation, and any other applicable agreements, policies, procedures, and laws.

8.0 Relevant Resources

- Updated Frequently Asked Questions (Fiscal Year Two Funding: 2022-23)
- Long-Term Care Homes Staffing Data Submission Frequently Asked Questions
- 2022-23 Long-Term Care Staffing Increase Funding Policy dated April 1, 2022
- Long-Term Care Staffing Increase Funding Policy dated October 15, 2021